ISSUE BRIEF

LGBTQ change efforts ("conversion therapy")

Background

"Conversion therapy" refers to any form of interventions, such as individual or group, behavioral, cognitive or milieu/environmental operations, which attempt to change an individual's sexual orientation or sexual behaviors (sexual orientation change efforts [SOCE]) or an individual's gender identity (gender identify change efforts [GICE]).[1] Practitioners of change efforts may employ techniques including:

- Aversive conditioning (e.g., electric shock, deprivation of food and liquids, smelling salts and chemically induced nausea)
- Biofeedback
- Hypnosis
- Masturbation reconditioning
- Psychotherapy or systematic desensitization[2]

Underlying these techniques is the assumption that homosexuality and gender identity are mental disorders and that sexual orientation and gender identity can be changed. This assumption is not based on medical and scientific evidence. Professional consensus rejects pathologizing homosexuality and gender nonconformity, in addition, empirical evidence has demonstrated that homosexuality and variations in gender identity are normal variants of human expression not inherently linked to mental illness. However, the unfounded misconception of sexual orientation and gender identity "conversion" persists today in some health, spiritual and religious practitioners.[3]

According to the UCLA Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy, as of 2018, almost 700,000 lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) adults in the U.S. had received "conversion therapy"; in addition, an estimated 57,000 youths will receive change efforts from religious or health care providers before they turn 18 years old.[4]

Health implications for LGBTQ individuals

Evidence does not support the purported "efficacy" of SOCE in changing sexual orientation.[5] To the contrary, these practices may cause significant psychological distress.[6] One study showed that 77 percent of ex-SOCE participants reported significant long-term harm, including the following symptoms:

- Depression
- Anxiety
- Lowered self-esteem

1. John Bancroft, et al., *Peer Commentaries* on Spitzer, 32 Archives of Sexual Behavior 5, 419-68 (Oct. 2003).
2. American Psychological Association, Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (Aug. 2009).
3. Jack Drescher, *Ethical issues in treating gay and lesbian patients*, 25 Psychiatric Clinics of North America 3, 605-21 (Sep. 2002).
4. Christy Mallory, Taylor Brown & Kerith Conron, The Williams Institute on Sexual Orientation and Gender Identity Law, UCLA School of Law, Conversion therapy and LGBT youth (Jan. 2018)
5. American Psychological Association, *supra* note 2
6. *Id.*

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- Internalized homophobia
- Self-blame
- Intrusive imagery
- Sexual dysfunction[7]

Participants also reported significant social and interpersonal harm such as alienation, loneliness, social isolation, interference with intimate relationships and loss of social supports.[8]

SOCE may also increase suicidal behaviors in a population where suicide is prevalent. In young adults between 15 and 24 years old, suicide has been the second leading cause of death since 2011, and LGBTQ young adults are more than twice as likely to report a history of suicide attempts in comparison to their heterosexual peers.[9] Similarly, LGB adults are three to five times more likely to have a suicidal attempt in comparison to their heterosexual counterparts.[10] Young LGBTQ adults who report higher levels of parental and caregiver rejection are 8.4 times more likely to report having attempted suicide.[11] One study found nearly 30 percent of individuals that underwent SOCE reported suicidal attempts.[12]

GICE may cause similar long-term harm as SOCE. According to the American Psychological Association Consensus on Efforts to Change Gender Identity, there is a lack of published research on efforts to change gender identity among children and adolescents. No existing research supports that mental health and behavioral interventions with children and adolescents alter gender identity.[13]

Ethical Concerns

All leading professional medical and mental health associations reject "conversion therapy" as a legitimate medical treatment. In addition to the clinical risks associated with the practice, the means through which providers or counselors administer change efforts violate many important ethical principles, the foremost of which: "First, do no harm."

A health care provider's nonjudgmental recognition of and respect for patients' sexual orientations, sexual behaviors and gender identity are essential elements in rendering optimal patient care in health, as well as in illness. This recognition is especially important to address the specific health care needs of people who are or may be LGBTQ, as these patients often experience disparities in access to care. Yet administering change efforts is an inherently discriminatory practice often administered coercively and fraught with ethical problems, such as:

7. Ariel Shidlo & Michael Schroeder, *Changing Sexual Orientation: A Consumers' Report,* 33 Professional Psychology: Research and Practice 3, 249-59 (2002).
8. *Id.*
9. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, *10 Leading Causes of Death by Age Group, United States,* https://www.cdc.gov/injury/wisqars/LeadingCauses.html; Andrea Miranda-Mendizábal, et al., *Sexual orientation and suicidal behaviour in adolescents and young adults: systematic review and meta-analysis,* 211 British Journal of Psychiatry 2, 77-87 (Aug. 2017).
10. Travis Hottes, Laura Bogaert, Anne Rhodes, David Brennan & Dionne Gesink, *Lifetime Prevalence of Suicide Attempts Among Sexual Minority Adults by Study Sampling Strategies: A Systematic Review and Meta-Analysis,* 106 Am J Public Health 5, e1-e12 (May 2016).
11. Caitlin Ryan, David Huebner, Rafael Diaz, & Jorge Sanchez, *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,* 123 Pediatrics 1, 346-52 (Jan. 2009).
12. Shidlo, supra note 7.
13. Therapy Supporting and Affirming LGBTQ Youth: Statements of professional consensus regarding sexual orientation and gender identity and expression, American Psychological Association, https://www.apa.org/advocacy/civil-rights/sexualdiversity/lgbtq-therapy.aspx.

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- Uninformed consent: change efforts are often prescribed without full descriptions of risks and disclosure of lack of efficacy or evidence
- Breaches of confidentiality: content of treatment, sexual orientation and gender identity may be shared with family, school or religious leaders without proper consent
- Patient discrimination: change efforts reinforce bias, discrimination and stigma against LGBTQ individuals
- Indiscriminate and improper treatment: change efforts are recommended regardless of evidence
- Patient blaming: the failure of treatment may be blamed on the patient.[14]

It is clinically and ethically inappropriate for health care providers to direct mental or behavioral health interventions, including SOCE and GICE, with a prescriptive goal aimed at achieving a fixed developmental outcome of a child's or adolescent's sexual orientation, gender identity or gender expression.[15]

State laws

To date, 14 states (California, Connecticut, Delaware, Hawaii, Illinois, Maryland, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, Vermont and Washington) and the District of Columbia have enacted laws banning "conversion therapy" for minors. Importantly, these laws do not prohibit counseling and therapies that help patients struggling with sexual or gender identity to develop coping and self-acceptance skills.

Medical society and other healthcare association positions

The American Medical Association and GLMA: Health Professionals Advancing LGBTQ Equality (GLMA) oppose the use of reparative or conversion therapy for sexual orientation or gender identity. Other medical societies have policies or statements similarly opposing these policies, including the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American College of Physicians and American Academy of Pediatrics.[16] Other health care associations including the American Association for Marriage and Family Therapy, American Counseling Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization: Regional Office of the World Health Organization have similar policies.[17]

AMA policy

H-160.991 Health Care Needs of Lesbian, Gay, Bisexual and Transgender Populations

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients;

14. *Id.*; Jack Drescher J, et al., *The Growing Regulation of Conversion Therapy,* 102 J Med Regulation 2, 7-12 (Jan 2016).
15. American Psychological Association, *supra* note 13.
16. See American Psychiatric Association, Commission on Psychotherapy by Psychiatrists, *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies),* 157 American Journal of Psychiatry 10, 1719-21 (Oct. 2000); American Academy of Child and Adolescent Psychiatry, The AACAP Policy on "Conversion Therapies (Feb. 2018); Hilary Daniel & Renee Butkus, American College of Physicians, *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians,* 163 Ann Intern Med 2, 135-7 (July 2015); American Academy of Pediatrics, Committee on Adolescence, *Homosexuality and Adolescence,* 92 Pediatrics 4, 631-4 (1993).
17. Policy and Position Statements on Conversion Therapy, Human Rights Campaign, http://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy.

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these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and **(c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.**

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people. (CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17) (emphasis added)

GLMA policy

GLMA 099-97-114 Reparative or Conversion Therapy

GLMA: Health Professionals Advancing LGBTQ Equality condemns the behavioral and psychological interventions known as "reparative" or "conversion" therapies that attempt to change sexual orientation and gender identity. (Approved 1997; Amended & Reaffirmed pending final GLMA Board approval 2018)

For additional information or assistance with legislation to ban conversion therapy in your state, please visit www.ama-assn.org/go/arc or contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at annalia.michelman@ama-assn.org or (312) 464-4788.

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