

**SAMPLE LEGISLATION  
AND ADVOCACY  
TOOLKIT TO  
PROTECT YOUTH  
FROM “CONVERSION  
THERAPY”**





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## ORGANIZATION DESCRIPTIONS

The National Center for Lesbian Rights and The Trevor Project are the leading national organizations working on efforts to protect youth from so-called “conversion therapy.”

**The National Center for Lesbian Rights** is a national non-profit legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender people and their families through litigation, policy advocacy, and public education. NCLR is committed to addressing the full range of legal issues that affect LGBT people in all aspects of work, family, and community life, including those that specifically impact youth. The mission of NCLR’s Youth Project is to secure safety, equality, and opportunity for all LGBT youth—particularly those who are most marginalized and vulnerable. Learn more at [www.NCLRrights.org](http://www.NCLRrights.org).

**The Trevor Project** is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning young people through age 24. The Trevor Project saves young lives through its accredited, free, and confidential lifeline, secure instant messaging services which provide live help and intervention, a social networking community for LGBT youth, in-school workshops, educational materials, online resources, and advocacy. The Trevor Project is a leader and innovator in suicide prevention. Learn more at [www.TheTrevorProject.org](http://www.TheTrevorProject.org).

## TERMINOLOGY

The practices used by therapists who falsely claim to be able to change a person’s sexual orientation or gender identity are known by different names, such as so-called “conversion therapy,” “reparative therapy,” “ex-gay therapy,” “conversion efforts,” and “sexual orientation change efforts.” These terms all refer to the same harmful practices, but there are some contexts in which using a particular term may be preferable or even necessary to advance legislation protecting youth from these practices.

For example, while the terms “conversion therapy” and “reparative therapy” are the most recognized and best understood by the general public, they mischaracterize these harmful practices as therapy, providing false legitimacy. Moreover, they imply that LGBT people can or should be “converted” or “repaired,” when in fact modern science recognizes that being LGBT is not a disorder that requires treatment, and that these practices are ineffective and harmful. “Sexual orientation change efforts” (often abbreviated to SOCE) is a more clinical term for these practices that is well-understood in the mental health profession, but it has little recognition among the general public.

There are great benefits to using the term “sexual orientation change efforts” in legislation. This is the neutral, professionally accepted term used by mental health professionals and organizations, including in research and policy statements that describe why SOCE is unsafe, inappropriate, and should not be used by ethical practitioners. When speaking to the general public, however, it is advisable to use other terms to describe what the bill does so that its purpose can be clearly understood.

## PURPOSE OF THIS DOCUMENT

This toolkit provides sample legislation and best legislative practices for state LGBT, mental health, and child welfare advocates who seek to protect young people from so-called “conversion therapy,” also known as “reparative therapy,” “ex-gay therapy,” and “sexual orientation change efforts.” There is an overwhelming scientific consensus that these practices have no scientific basis, contradict the modern scientific understanding of sexual orientation, and put young people at risk of serious harm, including severe depression and suicide. In addition to harming youth directly, the therapists who engage in these practices prevent parents from obtaining accurate information about their child’s sexual orientation and gender identity, including the critical importance of family acceptance and support to a child’s long term health and wellbeing. Youth in the child welfare and juvenile justice systems may be especially vulnerable to these practices. Some researchers estimate that as many as one-third of LGBT youth may encounter these practices in some form.

This document draws upon successful efforts to enact state laws protecting youth from these dangerous practices. It also incorporates lessons learned from successfully defending these laws against legal challenges filed by anti-LGBT groups. The sample legislation, based upon bills introduced in several states and successfully defended in court, is both comprehensive and adaptable to the existing law and legislative climate in your state. This toolkit also contains talking points and other messaging tools used in other successful state campaigns as well as the most common opposition arguments.

Please refer to the included Resources Section for additional information. Note that every state is different, and it is best to reach out for support in drafting or advocating for legislation. If you are planning on developing a law protecting LGBT youth from these dangerous practices, please contact The Trevor Project, Government Affairs Department (202-204-4730 or [Advocacy@TheTrevorProject.org](mailto:Advocacy@TheTrevorProject.org)) and Samantha Ames, Staff Attorney at the National Center for Lesbian Rights (415-365-1308, [SAmes@NCLRights.org](mailto:SAmes@NCLRights.org)).

## DRAFTING THE LEGISLATION

### Sample Legislation

AN ACT concerning the protection of minors from attempts to change sexual orientation, gender identity, or gender expression.

BE IT ENACTED by the [LEGISLATIVE BODY] of the State of [STATE]:

Section 1. This act shall be known as the “Youth Mental Health Protection Act”.

Section 2. The Legislature finds and declares that:

a. Contemporary science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness;

b. The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources;

c. The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: “[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth”;

d. The American Psychiatric Association published a position statement in March of 2000 in which it stated:

(1) “Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental

theories whose scientific validity is questionable. Furthermore, anecdotal reports of ‘cures’ are counterbalanced by anecdotal claims of psychological harm. In the last four decades, ‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm”;

(2) “The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed”; and

(3) “Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his or her sexual homosexual orientation”;

e. The American Academy of Pediatrics in 1993 published an article in its journal, *Pediatrics*, stating: “Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation”;

f. The American Medical Association Council on Scientific Affairs prepared a report in 1994 in which it stated: “Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it”;

g. The National Association of Social Workers prepared a 1997 policy statement in which it stated: “Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and, in fact, they may be harmful”;

## REGULATING THROUGH PROFESSIONAL CODES

The most effective and legally appropriate way to enact legislation protecting LGBT youth from so-called “conversion therapy” is through amending state laws that regulate professional counselors and empower governmental bodies to enforce those regulations. Each state has professional licensing boards with the authority and responsibility to regulate the practice of medicine to protect public health and safety. Laws protecting youth from so-called “conversion therapy” fit squarely within this legal framework. They simply require licensed mental health practitioners to follow professional standards and to refrain from using practices that have no basis in science or medicine and that pose serious risks to young people’s health and safety. While these practices are potentially harmful to all patients, the risks they pose to minors are particularly great. For example, research has shown that youth experience these practices as a form of family rejection, making them more likely to engage in unprotected sexual intercourse, use illegal drugs, suffer from depression, and attempt suicide.

h. The American Counseling Association Governing Council issued a position statement in April of 1999, and in it the council states: “We oppose ‘the promotion of “reparative therapy” as a “cure” for individuals who are homosexual”;

i. The American School Counselor Association issued a position statement in 2014 which states that: “It is not the role of the professional school counselor to attempt to change a student’s sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student’s sexual orientation or gender as these practices have been proven ineffective and harmful”;

j. (1) The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender identity, or gender expression, and in it the association states: “As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice; and

(2) Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts

are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes”;

k. The American Academy of Child and Adolescent Psychiatry in 2012 published an article in its journal, *Journal of the American Academy of Child and Adolescent Psychiatry*, stating: “Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated”;

l. The Pan American Health Organization, a regional office of the World Health Organization, issued a statement in 2012 stating: “These supposed conversion therapies constitute a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements.” The organization also noted that reparative therapies “lack medical justification and represent a serious threat to the health and well-being of affected people”;

m. The American Association of Sexuality Educators, Counselors, and Therapists issued a statement in 2014 stating: “[S]ame sex orientation is not a mental disorder and we oppose any ‘reparative’ or conversion therapy that seeks to ‘change’ or ‘fix’ a person’s sexual orientation. AASECT does not believe that sexual orientation is something that needs to be ‘fixed’ or ‘changed.’ The rationale behind this position is the following: Reparative therapy (for minors, in particular) is often forced or nonconsensual. Reparative therapy has been proven harmful to minors. There is no scientific evidence supporting the success of these interventions. Reparative therapy is grounded in the idea that non-heterosexual orientation is ‘disordered.’ Reparative therapy has been shown to be a negative predictor of psychotherapeutic benefit”;

n. Minors who experience family rejection based on their sexual orientation face especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression,

3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. This is documented by Caitlin Ryan et al. in their article entitled Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults (2009) 123 Pediatrics 346; and

o. [STATE] has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting its minors against exposure to serious harms caused by sexual orientation change efforts.

Section 3. As used in this section, “sexual orientation change efforts” means any practices or treatments that seek to change an individual’s sexual orientation, including efforts to change behaviors or gender identity or expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender; except that sexual orientation change efforts shall not include counseling that:

a. provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change sexual orientation or gender identity; or

b. provides support to a person undergoing gender transition.

Section 4. a. A person who is licensed to provide professional counseling under [CITE TO RELEVANT STATE LAW], including, but not limited to, a psychiatrist, licensed practicing psychologist, certified social worker, licensed clinical social worker, licensed social worker, licensed marriage and family therapist, certified psychoanalyst, or a person who performs counseling as part of the person’s professional training for any of these professions, shall not engage in sexual orientation change efforts with a person under 18 years of age.<sup>1</sup>

b. Any sexual orientation change efforts attempted on a patient by a licensed professional as defined in section 4(a) on a patient under 18 years of age shall be considered unprofessional conduct and shall subject them to discipline by the relevant licensing entity.

Section 5. This act shall take effect immediately.

## THE SIGNIFICANCE OF LEGISLATIVE FINDINGS

Legislative findings have been a very important tool for passing and upholding anti-conversion therapy legislation. The legislative findings in the sample legislation clearly demonstrate the scientific basis and broad medical consensus for the legislature’s action, giving courts a clear basis to uphold them. In addition to protecting a bill from legal challenge, including legislative findings serves to educate lawmakers and the public on how ineffective these practices are and the harm a parent risks by subjecting their child to them.

Some states do not have a practice of including legislative findings in the legislative language. In those states, it becomes especially important to develop a strong record during any hearings on the bill by raising the positions of mental health professional organizations and relevant research. By working closely with the bill’s sponsor and committee staff, this information may be included in the sponsor’s memo, the committee report, and other relevant legislative history.

## ADVOCACY AND MESSAGING

### Coalition Building

One of the most vital components of a successful campaign to pass a bill to protect youth from so-called “conversion therapy” is assembling a diverse coalition of supportive organizations. Because these bills regulate state-licensed mental health professionals, it is critical that advocates show that the legislation is supported by mental health care providers. In California, Senate Bill 1172 passed in 2012 because it reflected the unanimous consensus of all credible mental health professionals and organizations that conversion therapy is ineffective and harmful. Having outspoken advocates for these laws from within the mental health profession underscores the scientific consensus and the weight of the risks at play. There is no one who can better highlight that conversion therapy is not legitimate therapy, but a relic of historical prejudice and discrimination against LGBT people. When mental health professionals confirm the overwhelming scientific consensus that conversion therapy is ineffective and harmful, it is easier to understand that the opposition does not reflect a legitimate alternative scientific viewpoint or treatment option, but rather unsupported and misleading claims by anti-LGBT extremists who seek a license to practice quackery.

Professional mental health organizations that have publicly supported these life-saving regulations include:

- American Association for Marriage and Family Therapy (and state chapters)
- American Counseling Association (and state chapters)
- American Psychoanalytic Association
- American School Counselors Association (and state chapters)
- National Association of School Psychologists (and state chapters)
- National Association of Social Workers (and state chapters)
- State chapters of the American Psychological Association
- State chapters of Mental Health America
- State behavioral health professional boards
- State councils of community mental health agencies
- State LGBT behavioral health associations
- Specialized state behavioral health associations (often dedicated to a particular population such as women, Latinos, African Americans, etc.)

If possible, it is best to engage mental health organizations in your state by reaching out to them prior to introduction of the bill, building relationships and working to answer any questions or concerns they might have about the need for the bill, the effect upon their profession, and the scope of the legislation. In addition to mental health professional organizations, a successful coalition should involve those most affected by conversion therapy: young people and their parents. Young people can be involved through inclusion of gay-straight alliances and networks or youth serving organizations. Conversion therapy can be extremely damaging, and the trauma can leave lasting feelings of shame and pain that make it difficult for survivors to discuss their experiences publicly. However, those who have had time to process their experiences and are comfortable sharing their stories can be most effective advocates. Finally, parents of LGBT youth who realize too late that they have been manipulated by the conversion therapy industry can be involved through coordination with organizations like PFLAG. When the time comes to hold hearings on the proposed legislation, it will be invaluable to have an established coalition from which you can draw upon mental health professionals, school professionals, parents, young people and adults who have experienced the harms caused by conversion therapy first hand.

## Messaging and Talking Points

This section contains a number of talking points drawn from successful campaigns in California and New Jersey and modified to reflect current best practices. The points are meant to be adaptable to a variety of state contexts, and they include both general messaging for all audiences as well as specialized messaging for mental health experts and others.

### General Talking Points

- [This bill/Bill #] will protect youth from so-called “conversion therapy,” a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being LGBT is a mental illness that needs to be cured—a view with no scientific basis.
- This bill protects young people from state-licensed therapists in [State] who falsely claim to parents and youth that being LGBT is a mental illness, and therefore take advantage of parents and harm vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can’t allow one more young person to be targeted and hurt by these dangerous and discredited practices.

### Talking Points for Lobbyists and Key Spokespeople

- The nation’s leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National

Association of Social Workers, the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have issued position statements warning about the dangers of these practices.

- [State] has a responsibility to protect all young people from these dangerous practices. [Bill #/name] is similar to many other laws that protect youth from known dangers. For instance, state law protects young people from child abuse and neglect at the hands of their parents and other adults. Current law also protects young people from being able to buy alcohol and tobacco, as well as from physical or verbal harassment, and bullying and discrimination at school.<sup>2</sup>
- [State] youth and families have a right to expect that a therapist practicing under a license from the state will not put them at risk of severe harm, including depression, substance abuse, and suicide.

- Young people who undergo conversion therapy report increased long-term depression, and many have taken their own lives as a result. LGBT youth are already at heightened risk for suicide; conversion therapy presents additional, unnecessary and preventable, risk factors.
- This legislation is carefully drafted to clearly and narrowly define these dangerous and discredited practices.
- This legislation is carefully drafted to clearly and narrowly define these dangerous and discredited practices.
- Conversion therapy does not include therapies that provide support or acceptance of LGBT identities, therapy that facilitates social support or identity exploration, or therapy that addresses unlawful conduct or unsafe sexual practices.

#### Talking Points for Mental Health Professionals

- Few practices have hurt LGBT people more than so-called “conversion therapies” that attempt to change their sexual orientation or gender identity.
- Most therapists understand that trying to change a young person’s sexual orientation or gender identity is harmful, wrong, and abusive. But, in every state, some therapists continue to engage in these dangerous practices, deceiving parents, and causing LGBT youth to suffer lasting trauma.
- All the nation’s leading medical and mental health organizations have come out against these practices—which include the use of shame, verbal abuse, and even aversion techniques like electric shocks—saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBT people.
- These practices are based on false notion that LGBT youth need to be “converted” or “repaired.”
- Conversion therapy is especially dangerous to young people, who have no protections against being coercively subjected to these ineffective and harmful practices.

#### Talking Points to Address Specific Questions

*If asked whether the regulation of this issue be left up to the professional licensing boards and not the Legislature:*

- Licensing boards will only be able to effectively address dangerous and discredited conversion therapy if it is classified as “unprofessional conduct” by the legislature.<sup>3</sup> That is exactly what this legislation does.
- Youth face many barriers to bringing complaints against unprofessional therapists. Passage of this legislation will help protect youth from coercion and prevent harms from conversion therapy before they occur.
- We need this legislation to educate parents and youth so that young people are protected before they are harmed. We should not wait for the damage to occur before protecting young people from abuse at the hands of unethical or ill-informed mental health professionals.

*If asked whether there is a need for this legislation in your state/whether there is conversion therapy in your state:*

- Experts believe that up to one-third of lesbian, gay, bisexual, and transgender youth experience efforts to change their identity, including by therapists.
- This bill will provide clear guidance to providers and the community that conversion therapy is a harmful and unacceptable practice among licensed providers within [State]. Young people experience conversion therapy as a form of family rejection. Lesbian, gay, bisexual, and transgender youth who are subject to family rejection are at heightened risk for depression, substance abuse, and suicide. By educating parents about the harmfulness of these practices, this bill will help improve health outcomes among vulnerable youth.

*If asked whether this bill interferes with parental rights and decision-making:*

- The fundamental rights of parents do not include endangering their children by forcing them to undergo medical practices that have been rejected by the scientific community as discredited and harmful.
- The law already protects against other forms of child endangerment; this bill makes it clear to parents that so-called “conversion therapy” is a dangerous and discredited practice that has no legitimate purpose.
- This bill will protect parents from being taken advantage of by practitioners of harmful conversion therapy practices.

*If asked whether this bill interferes with the free speech or religious freedom of therapists:*

- The bill regulates only professional therapy, which is a form of medical treatment that is highly regulated to protect the public’s health and safety. We expect the state to regulate potentially dangerous medical treatments, and this is no exception.

- This bill does not restrict any protected First Amendment speech. It prohibits discredited treatments by state-licensed mental health care professionals. It does not apply to clergy or to individuals who provide religious instruction. It also does not prevent anyone from publishing, discussing, or advocating any viewpoints or beliefs regarding sexual orientation or anything else.

### Sample Resources

This section contains sample action alert language, tweets, Facebook posts, and one pagers that can be modified to reflect your campaign and state law background. Links to additional resources can be found in the Resources section.

### Email to Constituents Requesting Action

Subject: Ask Your State Representatives to Protect LGBT Young People!

Dear [First Name],

We need your help. The [ add governing body and where it’s at in the legislative process ] will soon vote on a bill protecting LGBT young people from so-called “conversion therapy” inflicted on LGBT young people by practitioners who falsely claim to be able change their sexual orientation or gender identity.

[Add bill name]—authored by [add legislator’s name]—will protect LGBT youth from these dangerous practices which can deceive parents and cause LGBT youth to suffer lasting trauma.

All the nation’s leading medical and mental health organizations have come out against these practices—which include the use of shame, verbal abuse, and even aversion techniques like electric shocks—saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, social withdrawal, and even suicide.

But you can help end the practices—which have far too often resulted in young people taking their lives—by telling your lawmaker that you want him or her to protect young people by supporting [add bill name].

No other young person should ever be shamed by a mental health professional into thinking that who

they are is bad, and you can help protect them by calling or emailing your legislator now.

We can't turn our backs on young people, especially when all we need to do is pick up the phone or send an email to ask our lawmakers to sign this bill into law.

Can you help?

In solidarity,  
Xxxx

### Letter to Lawmaker for Action Alert

I am writing to ask you to help protect minors by supporting the [bipartisan?] [Bill #], which would protect young people from dangerous and discredited so-called “conversion therapy.” Please do not leave children vulnerable to this harmful practice.

These harmful practices are based on the false claim that being gay or gender non-conforming is a mental illness that should be cured. In fact, in 1973 the American Psychiatric Association determined that homosexuality was not a mental illness, but a normal variant of human nature. Unfortunately, young lesbian, gay, bisexual, and transgender (LGBT) people may be coerced into and subjected to anti-gay conversion therapy, resulting in a range of negative outcomes including depression, substance abuse, and suicidality.

There is no credible evidence that these practices work to change an individual's sexual orientation and these practices are not condoned by any mainstream medical organization. The American Psychological Association “advises parents, guardians, young people and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder.”

[Bill #] will prevent licensed counselors from engaging in anti-gay conversion therapy with a person under 18 years of age. [Current status and recent action on bill]

Please help to protect the youth of [State] from these damaging and discredited practices.

### Sample Tweets

Below are a variety of sample tweets that can be used at various stages of legislative advocacy. Using the bill number as a hashtag can be useful for pulling together online conversations. For example, Senate Bill 689 could be #SB689. You may also find it useful to include the hashtag #LGBT. If you are targeting a specific lawmaker, you should include that lawmaker's Twitter handle so that your followers can also tweet at them. The character limit for tweets is 140, but try to keep your messages around 100 characters to leave space for others who may want to retweet or add comments. If you are promoting a specific petition, article, or action alert, you can create a short URL using Bit.ly or TinyURL.com.

### General Advocacy Tweets

-  Sign this petition to protect #LGBT youth from dangerous & harmful conversion therapy: [Short link to petition] [#bill]
-  Support [#Bill] to protecting #LGBT youth from dangerous, discredited practices to change sexual orientation or gender identity.
-  Being #gay or #trans is NOT a mental illness says @APAPsychiatric & every major mental health group. Support [#Bill]
-  Conversion therapy is extremely dangerous & can lead to depression, substance abuse & suicide. Support [#Bill] #LGBT
-  #LGBT youth who are subjected to conversion therapy are at heightened risk for depression, substance abuse, and suicide. Support [#Bill]

### Targeted Tweets

-  [State residents, e.g. Californians], tell [Governor's Twitter] to show his support for #LGBT youth by signing [#Bill] into law [Short link to action]
-  Conversion therapy takes advantage of parents and harms vulnerable youth by making false claims. Tell [Senator/Gov] this is not OK! Support [#Bill]
-  Conversion therapy uses rejection, hatred & shame to force young people to change who they are. Tell [Gov] to sign [#Bill].

## Sample Facebook Posts

We have included sample Facebook posts below that can be used at various stages of legislative advocacy. When a bill is nearing a hearing date or a vote, make sure to relay the urgency and time left for people to take action. Encourage your personal networks to share posts and to add personal stories if possible. Using the bill number as a hashtag can be useful for pulling together online conversations. For example, Senate Bill 689 could be #SB689. You may also find it useful to include the hashtag #LGBT. If you are promoting a specific petition, article, or action alert, you can create a short URL using Bit.ly or TinyURL.com.

### General Advocacy Posts

 We need your voice to help stop #LGBT youth from being forced into dangerous conversion therapy that can lead to depression, shame, substance abuse, and suicide.

Like and share to show support for [State] [#Bill], which will protect young people from dangerous and discredited practices that try to change sexual orientation, gender identity, or gender expression.

 Protect #LGBT youth from dangerous and harmful conversion therapy by signing this petition: [link].

Then like and share to show support for [State] [#Bill], which will protect young people from discredited practices that try to change sexual orientation, gender identity, or gender expression.

### Targeted Posts

 No young person should be shamed for being who they are. Ask [Governor] now to show [his/her] support for LGBT youth by signing [Bill #] into law. [link]

 [Bill#] will protect LGBT young people from dangerous and discredited conversion therapy, but only if [Governor] signs it into law. Call or email [Governor] now and ask him to protect [state] young people by signing [Bill#]. [Link]

## Sample Letters to Editors

### Sample Letters to the Editor for Mental Health Professionals

[State] [Governor/legislative body] is considering a bill [Bill#] to protect lesbian, gay, bisexual, and transgender young people from so-called “conversion therapy.” These dangerous and discredited practices falsely claim to be able to change sexual orientation, gender identity or expression. Among other harmful practices, therapists who practice conversion therapy degrade young people by telling them that who they are is bad. No one should ever be shamed into thinking that their identity is wrong, and we can’t allow young people to continue to be harmed by these dangerous practices. We are taught to treat others the way we want to be treated, and we should not subject innocent young people to dangerous practices that can result in depression, substance abuse, and suicide. It is critical that we step up to ensure that [Governor/state] puts an end to this destructive practice. We have an obligation to protect all young people from harm.

John Doe, title  
City

No one should ever be told that they were made anything but perfect. Yet, young lesbian, gay, bisexual, transgender, people are often told that they need to change who they are—or face a life full of rejection by their family, their faith, and God. [State] [Governor/legislative body] is considering [Bill#], which would protect young LGBT people from so-called “conversion therapy,” which can include the use of shame, pornography, psychological abuse, and even aversive conditioning. We need to embrace all people, and that means not turning our backs when we see one of our own being singled out and targeted. As caring Christians, it is our responsibility to ensure the safety of our children. We cannot lose one more of our own to the depression and suicide these discredited and damaging practices so often lead to. We must encourage [Governor/state] to sign [Bill#].

John Doe, title  
City

**Sample Letter to the Editor for Parents**

Our society hinges on the well-being of our youth, and it is imperative that we do everything we can to protect them from harm—especially from dangerous practices that we know can lead to depression and suicide. [State] [Governor/legislative body] is considering [Bill#], which will protect lesbian, gay, bisexual, transgender, youth from so-called “conversion therapy” that falsely claims to be able to change their sexual orientation, gender identity, or gender expression. These practices often lead to severe depression, substance abuse, and even suicide. One life lost to these toxic and scarring practices is too many, and it is our job as parents, citizens, and Christians to ensure that they are stopped. We are all taught to treat others the way we want to be treated, and we can’t stand by while young people are forced to change who they are through shame and abuse.

Jane Doe, title  
City

As a parent of a young gay man, I was appalled when I learned of the dangerous and ineffective practice of trying to change a young person’s sexual orientation through “conversion therapy” that can lead to extreme depression and suicide. [State] [Governor/legislative body] is considering [Bill#] that will protect vulnerable LGBT youth from these dangerous practice, which include the use of shame, pornography, psychological abuse, and even aversive conditioning. The short and long term effects of this so-called “therapy” are extremely detrimental to the developmental psyche of a young person, and we must ensure the safety of our children by doing all that we can to put an end to unethical practices that seek to harm them.

Jane Doe, title  
City

**Sample Letter to the Editor for Religious Allies**

No one should ever be told that they were made anything but perfect. Yet, young lesbian, gay, bisexual, transgender, people are often told that they need to change who they are—or face a life full of rejection by their family, their faith, and God. [State] [Governor/legislative body] is considering [Bill#], which would protect young LGBT people from so-called “conversion therapy,” which can include the use of shame, pornography, psychological abuse, and even aversive conditioning. We need to embrace all people, and that means not turning our backs when we see one of our own being singled out and targeted. As caring Christians, it is our responsibility to ensure the safety of our children. We cannot lose one more of our own to the depression and suicide these discredited and damaging practices so often lead to. We must encourage [Governor/state] to sign [Bill#].

John Doe,  
City

**Sample Letter to the Editor for LGBT Adults**

I was always taught to treat others the way I wanted to be treated. I was appalled to learn that lesbian, gay, bisexual, transgender, youth are being targeted for so-called “conversion therapy” that tells them they are bad because of who they are. These dangerous and discredited practices—which include the use of shame, pornography, psychological abuse, and even aversive conditioning—lead to devastating problems, including depression, substance abuse, and even suicide. I’m gay, and it pains me to know that some LGBT youth are being told that they’re made anything but perfect. [State] [Governor/legislative body] is considering [Bill#], and it is crucial that each and every caring resident reach out to him and ask him to sign it into law. We have an obligation to protect all young people from harm. We can’t turn our backs.

John Doe,  
City

**Sample One Pager**

# Youth Mental Health Protection Act (Bill #)

## **CONVERSION THERAPY IS DANGEROUS AND DISCREDITED**

So-called “conversion therapy,” sometimes referred to as “reparative therapy,” “ex-gay therapy,” or “sexual orientation change efforts,” includes a range of dangerous and discredited practices aimed at changing a person’s sexual orientation, including efforts to change gender identity or expression. These harmful practices are based on the false claim that being gay, lesbian, bisexual, transgender, or (LGBT) is a mental illness that should be cured. In fact, this view has been rejected as scientifically invalid by the American Psychiatric Association and every major mental health group. Unfortunately, young LGBT people may be coerced and subject to these harmful practices, which put youth at risk for serious harms such as depression, substance abuse, and suicidality.

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## **CONVERSION THERAPY IS NOT AN ACCEPTED MEDICAL PRACTICE**

Conversion therapy has been denounced by every mainstream medical and mental health association, including the American Medical Association and American Psychological Association.

- The American Psychological Association, “advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder. . . .”
- The American Medical Association, “opposes, the use of ‘reparative’ or ‘conversion’ therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation.”

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## **THIS BILL WILL PROTECT LGBT YOUTH FROM HARMFUL CONVERSION THERAPY**

The Youth Mental Health Protection Act will protect LGBT youth from dangerous and discredited practices aimed at changing one’s sexual orientation, including efforts to change gender identity or expression. The bill will prevent licensed mental health care providers in [State] from practicing conversion therapy on youth under the age of 18. This legislation will:

- Protect youth from being coerced into treatments which are ineffective and which can lead to depression, decreased self-esteem, substance abuse, and suicidality.
- Prevent parents from being taken advantage of by deceptive agents of the conversion therapy industry.
- Help ensure that LGBT young people receive mental health care that is ethical, affirming, and culturally competent.
- Not affect religious or non-licensed counseling.

While we cannot know the precise number of youth who have been subjected to these practices within [State], experts believe that up to one-third of LGBT youth experience attempts to change their identity, including by therapists.

## Sample Organizational Letters of Support

**Re: Support for [Bill#], Youth Mental Health Protection Act**

Dear [Main Sponsor],

[Organization] is pleased to support your bill entitled the Youth Mental Health Protection Act [Bill#], which would protect youth under the age of 18 from so-called “conversion therapy” in [State]. [Insert organizational description]

Conversion therapy, sometimes referred to as “reparative therapy,” “ex-gay therapy,” or “sexual orientation change efforts,” is a set of practices by mental health providers that seek to change an individual’s sexual orientation, including efforts to change gender identity or expression. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients’ coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person’s sexual orientation. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation’s leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.<sup>4</sup> Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.<sup>5</sup> Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.<sup>6</sup>

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.<sup>7</sup>

[State] law already prohibits discredited and unsafe practices by licensed therapists, including [psychosurgery, convulsive therapy, and experimental treatments or behavior modification programs that involve aversive stimuli or deprivation of rights].<sup>8</sup>

[Bill#] would prevent licensed mental health providers in [State] from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The bill will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBT youth. We thank you for introducing this important legislation.

Sincerely,

## PREPARING FOR LITIGATION

### *History of Litigation*

In 2012, NCLR worked with Equality California to help draft and pass California’s Senate Bill 1172, which Governor Jerry Brown signed into law, making California the first state in the country to protect LGBT young people from so-called “conversion therapy.” The following year, NCLR and The Trevor Project worked with New Jersey legislators and Garden State Equality to pass the second bill of its kind, which Governor Chris Christie signed into law.

Immediately after each bill was signed into law, anti-LGBT legal groups filed lawsuits challenging them on behalf of conversion therapy practitioners. NCLR intervened in each of those lawsuits to help the state attorneys general defend the laws. Courts from the District Court of New Jersey to the Ninth Circuit Court of Appeals have agreed that these bills are constitutional. The anti-gay legal groups challenging the bills have vowed to appeal all the way to the Supreme Court, but NCLR and state advocates will continue to defend their constitutionality for as long as it takes to ensure all youth are safe from these practices.

### *Rebutting Misinformation About These Important Laws*

Anti-LGBT groups often seek to sow confusion and defeat these important laws by claiming protecting youth from these practices violates the rights of therapists or parents. These arguments have no legal validity and can be easily corrected through strong public education.

Some opponents claim that these laws violate the free speech rights of therapists. In fact, therapy constitutes a form of medical treatment, which is highly regulated by law, and completely distinct from a public citizen’s right to express their views on a topic. The law is very clear that the state can regulate medical treatment, including treatments that happen to involve the use of speech (as in fact almost all medical treatments do to some extent).

Other opponents argue that these laws infringe on therapists’ religious freedom. But, for the health and safety of the public, all doctors are required to adhere to generally accepted medical standards, regardless of their religious views.

Opponents also sometimes claim that these laws infringe on the rights of parents to decide which medical treatment is best for their children. However, parents do not have a right to force the state to permit licensed medical providers to engage in harmful and discredited practices.

Finally, a handful of opponents have raised the completely false and deeply offensive argument that being sexually abused can cause a person to be LGBT and that conversion therapy is an appropriate treatment in such cases. There is absolutely no scientific basis for that argument, as experts in caring for victims of sexual abuse can verify.

## ADDITIONAL RESOURCES

### *Social Science*

American Psychological Association, Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), available at <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

A. Lee Beckstead, Can We Change Sexual Orientation?, 41 Archives of Sexual Behavior 121, 122-23 (2012).

Margaret Rosario, Eric W. Scrimshaw, & Joyce Hunter, Disclosure of Sexual Orientation and Subsequent Substance Use and Abuse Among Lesbian, Gay, and Bisexual Youths: Critical Role of Disclosure Reactions, 21 Psychol. Addictive Behav. 175 (2009).

Emily F. Rothman, et al., Parents’ Supportive Reactions to Sexual Orientation Disclosure Associated with Better Health: Results from a Population-Based Survey of LGB Adults in Massachusetts, 59 J. Homosexuality 186 (2012).

Caitlin Ryan, et al., Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults Pediatrics 346 (2009).

## POLICY POSITIONS

American Academy of Child and Adolescent Psychiatry, Practice Parameter on *Gay, Lesbian, or bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents*, 51 J. Am. Acad. Child & Adolescent Psychiatry 957 (2012), available at <http://www.guideline.gov/content.aspx?id=38417#Section420>.

American Academy of Pediatrics, *Homosexuality and Adolescence*, 92 Pediatrics 631 (1993), available at <http://pediatrics.aappublications.org/content/92/4/631.full.pdf>.

American Association for Marriage and Family Therapy, *AAMFT Position on Couples and Families* (2009), available at [http://www.aamft.org/imis15/content/about\\_aamft/position\\_on\\_couples.aspx](http://www.aamft.org/imis15/content/about_aamft/position_on_couples.aspx).

American Counseling Association, *Ethical Issues Related to Conversion or Reparative Therapy* (2013), available at <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>.

## STATEMENTS

Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated.

“Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”

“[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available.”

“The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement ‘opposing the promotion of reparative therapy as a cure for individuals who are homosexual.’ . . . [T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA’s position and the Ethics Committee’s statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics.”

## POLICY POSITIONS

American Medical Association, Health Care Needs of Gay Men and Lesbians in the United States, 275 J. Am. Med. Ass’n 1354 (1996), available at <http://www.amsa.org/programs/barriers/jama96.pdf>.

American Psychiatric Association, *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)* (2000), available at [http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000\\_ReparativeTherapy.pdf](http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000_ReparativeTherapy.pdf).

American Psychoanalytic Association, *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2012), available at [http://www.apsa.org/About\\_APsaA/Position\\_Statements/Attempts\\_to\\_Change\\_Sexual\\_Orientation.aspx](http://www.apsa.org/About_APsaA/Position_Statements/Attempts_to_Change_Sexual_Orientation.aspx).

## STATEMENTS

“Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it.”

“Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of ‘cures’ are counterbalanced by anecdotal claims of psychological harm. In the last four decades, ‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm.

The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation.”

“As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.”

## POLICY POSITIONS

American Psychological Association, *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts* (2009), available at <http://www.apa.org/about/policy/sexual-orientation.pdf>.

## STATEMENTS

“Therefore be it resolved that the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

Be it further resolved that the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

Be it further resolved that the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

Be it further resolved that the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others’ sexual orientation;

Be it further resolved that the American Psychological Association concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation;

...

Be it further resolved that the American Psychological Association advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth;

Be it further resolved that the American Psychological Association encourages practitioners to consider the ethical concerns outlined in the 1997 APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (American Psychological Association, 1998), in particular the following standards and principles: scientific bases for professional judgments, benefit and harm, justice, and respect for people’s rights and dignity[.]”

## POLICY POSITIONS

American School Counselor Association (ASCA), *The Professional School Counselor and LGBTQ Youth* (2014), available at <http://www.schoolcounselor.org/school-counselors-members/about-asca-%281%29/position-statements>

American School Health Association, *Quality Comprehensive Sexuality Education* (2007).

National Association of Social Workers, *“Reparative” or “Conversion” Therapies for Lesbians and Gay Men* (2000), available at <http://www.naswdc.org/diversity/lgb/reparative.asp>.

National Association of Social Workers, *Policy Statement: Lesbian, Gay, and Bisexual Issues* (2005), available at <http://www.socialworkers.org/da/da2005/policies0505/documents/lgbissues.pdf>.

## STATEMENTS

“The professional school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student’s sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student’s sexual orientation or gender as these practices have been proven ineffective and harmful (APA, 2009). School counselors provide support to LGBTQ students to promote academic achievement and personal/social development. Professional school counselors are committed to the affirmation of all youth regardless of sexual orientation, gender identity and gender expression and work to create safe and affirming schools.”

“[T]he American School Health Association . . . expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research . . . [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by . . . insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience.”

“[P]roponents of reparative and conversion therapies, such as the most commonly cited group NARTH, claim that their processes are supported by scientific data; however, such scientific support is replete with confounded research methodologies. . . . [Reparative and conversion therapies] cannot and will not change sexual orientation. Aligned with the American Psychological Association’s (1997) position, NCLGB believes that such treatment potentially can lead to severe emotional damage.” (emphasis in original)

“Taken to the extreme, homophobia in social workers and other practitioners can lead to the use of conversion or reparative therapies, which are explicitly condemned by NASW. . . . NASW reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so.”

## POLICY POSITIONS

Pan American Health Organization: Regional Office of the World Health Organization, *“Cures” for an Illness That Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable* (2012), available at [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&gid=17703](http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703).

Just the Facts Coalition (American Academy of Pediatrics, American Association of School Administrators, American Counseling Association, American Federation of Teachers, American Psychological Association, American School Counselor Association, American School Health Association, Interfaith Alliance Foundation, National Association of School Psychologists, National Association of Secondary School Principals, National Association of Social Workers, national Education Association, School Social Work Association of America), *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel* (1999), available at <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.

## STATEMENTS

“‘Reparative’ or ‘conversion therapies’ have no medical indication and represent a severe threat to the health and human rights of the affected persons. They constitute unjustifiable practices that should be denounced and subject to adequate sanctions and penalties.”

“The most important fact about ‘reparative therapy,’ also sometimes known as ‘conversion’ therapy, is that it is based on an understanding of homosexuality that has been rejected by all the major health and mental health professions. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 477,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus there is no need for a ‘cure.’”

## ORGANIZATIONAL RESOURCES

National Center for Lesbian Rights, Stop Psychological Abuse (2013), *available at* <http://www.nclrights.org/stoppysychologicalabuse/>.

National Gay and Lesbian Task Force Policy Institute, Youth in the Crosshairs: The Third Wave of Ex-Gay Activism (2006), *available at* <http://www.nglrf.org/downloads/reports/reports/YouthInTheCrosshairs.pdf>.

The Trevor Project, FAQ on Sexual Orientation Change Efforts and LGBTQ Youth Mental Health, *available at* <http://s.bsd.net/trevor/default/page/-/files/resources/SOCE%20Two%20Pager.pdf>.

## RESOURCES FOR SURVIVORS

Beyond Ex-Gay - Community and resource for those who have survived ex-gay experiences. Information on annual conference, personal stories, and related media. [www.beyondexgay.com](http://www.beyondexgay.com)

Parents, Families & Friends of Lesbians and Gays (PFLAG) – PFLAG has local chapters which may be able to connect with parents, youth, and adults who have been impacted by conversion therapy. [www.pflag.org](http://www.pflag.org)

Trevor Lifeline – A crisis intervention and suicide prevention phone service available 24/7 at (866) 488-7386.

TrevorSpace – An online community for LGBTQ young people and their friends. [www.trevorspace.org](http://www.trevorspace.org)

Truth Wins Out - A non-profit organization that counters antigay propaganda, exposes the “ex-gay” myth and educates the public about gay life. [www.truthwinsout.org](http://www.truthwinsout.org)

To share your story and connect with a network of other survivors, contact Samantha Ames, Staff Attorney at the National Center for Lesbian Rights (415-365-1308, [SAmes@nclrights.org](mailto:SAmes@nclrights.org)).

## ENDNOTES

1. Note that this list will depend on how mental health professions are regulated in your state. You should amend this list to include each of the types of mental health providers that are covered by your state’s law.
2. Note that this talking point should be modified to reflect the existing youth protections in your state.
3. The power of licensing boards to address conversion therapy varies by state. Verify with the licensing boards in your own state before making this claim.
4. 2011 CDC, “Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12.”
5. Arnold H. Grossman & Anthony R. D’Augelli, Transgender Youth and Life-Threatening Behaviors, 37(5) SUICIDE LIFE THREAT BEHAV. 527 (2007).
6. Caitlin Ryan et al., “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,” 123 PEDIATRICS 346 (2009).
7. This list may need to be modified depending upon your state law and the types of mental health professionals covered by the bill.
8. This is an example of DC law, DC ST § 7-1305.06, that prohibits certain types of psychological therapies. State law varies greatly in this area, so you will need to review your state law to determine if there are any relevant laws similar to this section of the DC code.



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