



NCSCSW STATEMENT

HB516/S426: Banning Conversion/Reparative Therapies

The North Carolina Society for Clinical Social Work (NCSCSW) is privileged to participate in the efforts of Equality NC, and its Born Perfect NC campaign, and Campaign for Southern Equality, to advocate for the rights of LGBT community and celebrate diversity in all its forms.

NCSCSW has been representing clinical social workers (LCSW/LCSWA) in North Carolina since 1979; providing education, advocacy and support for clinical social workers and the mental health needs of NC residents. We are writing to express our opposition to so called 'reparative' or 'conversion' therapies that seek to change sexual orientation and/or gender identity. We, therefore, support legislation that would ban these types of detrimental approaches provided by mental health professionals (or any other person/organization) to those who identify as gay, lesbian, bisexual, or transgender (LGBT), especially those who are under the age of 18. We support the Position Statement by the National Association of Social Workers (NASW), stating "the NASW supports the adoption of local, state, and federal and international policies and legislation that ban all forms of discrimination based on sexual orientation and gender identity" (NASW 2008), and further "NASW condemns the use of sexual orientation (and gender identity) change efforts (SOCE) or so-called reparative therapy by any person identifying as a social worker or any agency that identifies providing social work services. Public dollars should not be spent on programs that support SOCE."

According to the Williams Institute of the UCLA Law School in a January 2018 Executive Summary, "20,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach 18, in 41 states". In addition, they found "6,000 LGBT youth (ages 13-17) who live in states that ban conversion therapy would have received such therapy from a licensed health care professional before age 18 if their state had not banned the practice".

In 2014, Dr. David Kaplan, The American Counseling Association (ACA) Chief Professional Officer, testified before the Washington DC Committee on Health to support a bill banning conversion therapy for minors. In his testimony he shared the ACA's position that "The American Counseling Association has adopted an unequivocal policy against reparative therapy. Reparative therapy is not congruent with the ACA Code of Ethics—the ethical code for the profession of counseling—as the effects of efforts to change sexual orientation [and gender identity] have been found to cause damage to individuals who have been exposed to it". Dr. Kaplan further testified that "[The] word 'Therapy' is a clinical word and refers to a mental health intervention. 'Reparative therapy' is not a mental health intervention since it does not address the diagnosis of a mental disorder. The mental health field has concluded that same-sex attraction is not a deficit and therefore homosexuality is not categorized as a psychiatric disorder in the Diagnostic and Statistical Manual (DSM)". Conversion therapy approaches as practiced, are religiously based, not a medical or psychologically-based practice."

Gender dysphoria is a diagnosable condition in the most recent DSM. It is the result of significant misalignment between the person's experienced gender identity and the gender they were assigned at birth. Most transgender children and adults report years of trying to make their gender identity match their gender assigned at birth. However, this only results in intensifying their dysphoria and creating significant and psychologically damaging distress. Effective treatment is affirming the persons gender identity and helping their gender expression and presentation match their experienced gender identity (WPATH Guidelines)

Currently, there is no training or evidence based treatment offered or condoned, by any of the mental health professional organizations, that seeks to educate and prepare a professional therapist to engage in this type of treatment. This is because research does not support that change or conversion efforts are appropriate, safe or effective. There are no peer reviewed scientific research studies that demonstrate that reparative therapy actually changes sexual orientation or gender identity. Any therapist or program that purports to do so, is fraudulently and opportunistically taking advantage of vulnerable, struggling individuals and families, and dangerously reinforcing shame, especially in children who are developmentally dependent on them for love, a sense of self, and survival. While some research indicates that repressive or reparative efforts may result in a small percentage of people reporting a change in behavior, they also reported that behavioral change did not change their sexual orientation. This is an important distinction, since there is no indication that behavioral change is sustained over time, and short term behavioral change often has long term mental health consequences.

Our role as medical and mental health providers is to heal and not worsen distress or cause damage. Conversion techniques represent the ultimate representation to adults and to young people of familial and institutional shame and rejection. This significantly increases issues related to mental and sexual health, substance abuse and suicide. One study showed that LGBT young adults who experienced family rejection in adolescence were 8.4 times more likely to report attempting suicide, were 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 who reported coming from families where there was no or low levels of rejection (Caitlin Ryan, et al., 2009). The American College of Physicians wrote in a 2015 position paper, "The College opposes the use of 'conversion' 'reorientation', or 'reparative' therapy for the treatment of LGBT persons. Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons".

It is generally unethical for mental health providers to use unsanctioned approaches that have not be shown to be effective. It is also unethical and abusive for providers to replace their professional role and responsibility to appropriately identify and treat pathology, with their personal morality or religious beliefs in helping vulnerable, trusting people find peace with who they are. Any "professional" that offers the ability to change a person's sexual orientation or gender identity, is doing so outside their professional ethics, and without the requisite training of gender and sexuality, since among other things, this training would elucidate the distinction between changing behavior and changing identity. This is particularly problematic since mental health providers are seen as authority figures to the person seeking their services. Thereby, when they provide services that seek to change sexual orientation or gender identity, they are representing the institutional and relational validation and reinforcement of shame and rejection, and its destructive effects. This amounts to an abuse of power as healers and should be repudiated as malpractice.

As a result of these clinical factors, The North Carolina Society for Clinical Social Work opposes the use of sexual orientation and gender identity change therapies, and support efforts to ban the use of these traumatic and ineffective techniques, especially with LGBT young people. We do so along with:

The Clinical Social Work Association,
The National Association of Social Workers,
The American Association of Marriage and Family Therapists,
The American Counseling Association,
The American Psychological Association,
The American Psychiatric Association,

The American Medical Association,
The American College of Physicians,
The World Health Organization,
The American Academy of Pediatrics,
The American Academy of Child and Adolescent Psychiatry,
and The American Association of Sexuality Educators, Counselors and Therapists.

Respectfully,

Michelle Topal, MSW, LCSW
Advocacy Chair, North Carolina Society for Clinical Social Work

Ronald Begley, MSW, LCSW
President, North Carolina Society for Clinical Social Work