INPUT ON THE PROTECTION AGAINST VIOLENCE AND DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY WITH FOCUS OF SO-CALLED “CONVERSION THERAPY”

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1. What different practices fall under the scope of so-called "conversion therapy" and what is the common denominators that allow their grouping under this denomination?

There has been an estimated 698,000 LGBTQ individuals that have undergone sexual orientation change efforts (SOCE) or conversion therapy, by a licensed professional or religious advisor at some point in their lifetime (Mallory, Brown & Conron, 2018; Tillewein et al., unpublished dissertations). There are various methods used during “conversion therapy” such as monitoring of behaviors and complying with practical religious or cultural mandates (Bright, 2004; Fjelstrom, 2013; Haldeman, 2001; Morrow & Beckstead, 2004; Tillewein et al., unpublished dissertation). Restrictions on reading material, mandating prayer, or placing restrictions on certain attire can be mandates forced on individuals undergoing SOCE (Fjelstrom, 2013; Tillewein et al., unpublished dissertation). Participants undergoing SOCE are often forced to stop activities and interests that are determined as part of the “gay lifestyle” or trigger same-sex attractions (Fjelstrom, 2013; Haldeman, 2001; Tillewein et al., unpublished dissertation). Individuals may be discouraged to participating in art museums or operas because these activities may be related to homosexuality (Bright, 2004; Tillewein et al., unpublished dissertation). Conversion therapists encourage individuals to follow traditional gender roles and behaviors. Individuals are expected, during conversion therapy, to used “gender-appropriate” mannerisms. These mannerism can include verbal communications, non-verbal communication, and style of dress (Fjelstrom, 2013; Haldeman, 2001; Tillewein, et al., unpublished dissertation).

Various religious methods are used during conversion therapy such as prayer and reading certain scriptures. Threats of damnation are often used to motivate individuals and limit homosexual behaviors. Individuals may be told that they can avoid spiritual damnation if they reject a homosexual lifestyle (Bright, 2004; Fjelstrom, 2013; Haldeman, 2001; Morrow & Beckstead, 2004; Tillewein et al., unpublished dissertation).

Individuals undergoing conversion therapy are often told by therapists that dysfunctional relationships, sexual abuse, immature resistance, and rebelling against gender roles are the cause of homosexuality (Fjelstrom, 2013; Haldeman, 2001; Tillewein et al., unpublished dissertation). Reparative therapists believe that trauma from dysfunctional relationships, negative relationship with the same sex parent and with same sex peer, create homosexuality in individuals (Fjelstrom, 2013; Tillewein et al., unpublished dissertation). There are also behavioral therapy methods used for conversion therapy, such as masturbatory reconditioning, visits form prostitutes, physical abuse, and excessive bicycle riding (Cella, 2014; Tillewein et al., unpublished dissertation). Other methods such as lobotomy, castration, ovary removal, clitoridectomy, and spinal cord cauterization are used during SOCE (Cramer et al., 2008; Morrow & Beckstead, 2004; Tillewein et al., unpublished dissertation). Electric shock to hands and genitals paired with homosexual stimuli, radiation, and steroids are often used during reparative therapy (Cramer et al., 2008; Morrow & Beckstead, 2004; Tillewein et al., unpublished dissertation). Gender lessons are often used to help individuals undergoing conversion therapy to assimilate particular gender roles. Homosexual men are often told to participate in heterosexual intercourse and marriage (Bright, 2004; Fjelstrom, 2013; Haldeman, 2001; Morrow & Beckstead, 2004; Tillewein et al., unpublished dissertation).

2. Are there definitions adopted and used by States on practices of so-called "conversion therapy"? If so, what are those definitions and what was the process through which they were created or adopted?

Sexual Orientation Change Efforts be defined by other terms interchangeable such as sexual conversion therapy, reparative therapy, sexual reorientation therapy (SRT) and sexual reorientation (Tillewein et al., unpublished dissertation). SOCE is defined by any methods including behavioral modification, cognitive reframing, counseling, or religious methods used to change one’s sexual orientation from homosexual to heterosexual (Fjelstrom, ,2013; Tillewein et al., unpublished dissertation).

3. What are the current efforts by States to increase their knowledge of practices of so-called "conversion therapy"? Are there efforts to produce information and data on these practices?

As of 2017, there are only four states that have completely banned the practice of conversion therapy: Connecticut, New Mexico, Rhode Island, and Nevada. There are nine states that have enacted statutes of limitation on the use of conversion therapy (Mallory, Brown, & Conron, 2018; Tillewein et al., unpublished dissertation).

4. What kinds of information and data are collected by States to understand the nature and extent of so-called "conversion therapies" (e.g. through inspections, inquiries, surveys)?

5. Has there been an identification of risks associated with practices of so-called "conversion therapy"?

Individuals who have went through conversion therapy describe poor self-esteem, sexual dysfunction, and withdrawal. Those who have undergone reparative therapy may have suffered losses after trying to conform to church, culture, and family expectations. These loses can include rejection, loss of faith, loss of position in society, and loss of community (Haldeman, 2001; Shidlo & Schroeder, 2002; Tillewein et al., unpublished dissertation). Some individuals report having difficulty in long-term relationships, sexual dysfunction, and intimacy avoidance. Individuals may experience chronic erectile dysfunction, ejaculatory incompetence, and arousal problems after conversion therapy (Haldeman, 2001; Horner, 2010; Shidlo & Schroeder, 2002; Tillewein et al., unpublished dissertation). Those who have undergone conversion therapy report feelings of shame and guilt due to not being able to conform to masculine heterosexual norms (Haldeman, 2001; Horner, 2010; Shidlo & Schroeder, 2002; Tillewein et al., unpublished dissertation). With the negative impact of sexuality and relationships, many individuals experiences sex-negative attitudes (Haldeman, 2001; Horner, 2010; Shidlo & Schroeder, 2002; Tillewein et al., unpublished dissertation).

6. Is there a State position on what safeguards are needed, and what safeguards are in place to protect the human rights of individuals in relation to practices of so-called "conversion therapy"? This question includes the following:

a. Safeguards to protect individuals from being subjected to "conversion therapies".

b. Broader statutory rules or administrative policies to ensure accountability of health care and other providers.

7. Are there any State institutions, organizations or entities involved in the execution of practices of so-called conversion therapy? If so, what criteria have been followed to consider these as a form of valid State action?

The American Psychological Association published the “Resolution on Appropriate Therapeutic Responses to Sexual Orientation”, in 1998, which encouraged psychologists to refrain from using one’s sexual orientation as a reason to provide therapy (APA, 1998; Tillewein et al, unpublished dissertation). The American Counseling Association, the National Association of School Psychologists, The National Association of Social Workers, the National Education Association, and the American Psychological Association released statements claiming homosexuality is not a mental disorder so no cure is needed (APA, 1998; Tillewein et al., unpublished dissertation).

8. Have any State institutions taken a position in relation to practices of so-called "conversion therapy", in particular:

a. Entities or State branches in charge of public policy;

b. Parliamentary bodies;

c. The Judiciary;

d. National Human Rights Institutions or other State institutions;

e. Any other entities or organizations.

The American Psychological Association and American Psychiatric Association has taken the position of claiming that clients have the right to choose treatment for their experiences of same sex attraction. Although, the American Psychological Association and American Psychiatric Association has deemed that homosexuality is not a psychological disorder or a mental illness (Schroeder & Shidlo, 2001; Yarhouse & Throckmorton, 2002; Tillewein et al., unpublished dissertation).

References

American Psychological Association. (1998). Resolution on appropriate therapeutic responses to sexual orientation. American Psychologist, 53, 934–935.

Bright, C. (2004). Deconstructing reparative therapy. An examination of the processes involved when attempting to change sexual orientation. Clinical Social Work Journal, 32(4), 471-481.

Cella, A. S. (2014). A voice in the room: The function of state legislative bans on sexual orientation change efforts for minors. American Journal of Law & Medicine, 40(1), 113-140.

Cramer, R. J., Golom, F. D., LoPresto., C. T., & Kirkley, S. M. (2008) Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. Ethics & Behavior, 18(1), 93-114.

Fjelstrom, J. (2013). Sexual orientation change efforts and the search for authenticity. Journal of Homosexuality, 60(6), 801-827.

Haldeman, D. C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapies. Journal of Gay & Lesbian Psychotherapy, 5(3-4). 117-130.

Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. Professional Psychology: Research and Practice, 33(3), 260-264.

Horner, J. (2010). Undoing the damage: Working with LGBT clients in post-conversion therapy. Columbia Social Work Review, 1(1), 8- 16.

Mallory, C., Brown, T. N.T., & Conron, K. J. (2018). Conversion therapy and LGBT youth. The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>.

Morrow, S. L., & Beckstead, A. L. (2004). Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy. The Counseling Psychologist, 32(5), 641-650.

Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers' report. Professional Psychology: Research and Practice, 33(3), 249-259.

Tillewein, H., Diehr, A., McDaniel, J., Knutson, D., & Jones, S., (2019).The impact of sexual orientation conversion therapies on transgender individuals. (Unpublished doctoral dissertation). Southern Illinois University, Carbondale, Illinois.

Yarhouse, M. A., & Throckmorton. (2002). Ethical issues in attempts to ban reorientation therapies. Psychotherapy: Theory/Research/Practice/Training, 39(1), 66-75.