Taking a Stand and Leading Change: Policy and Position Statements on Conversion Therapy for Youth with Diverse SOGIE

Presented by Alison Delpercio, MSW
Human Rights Campaign Foundation
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TODAY WE WILL COVER...

- Welcome & Introduction
- Overview of “Conversion Therapy”
- Current Legal Landscape
  - State and Local
  - Federal
- Engagement
  - Public Policy
  - Agency/Organization Policy
  - Tools & Resources
- Q&A
Learn more: www.hrc.org/acaf
CURRENT OPPORTUNITY FOR ADVOCACY: ADERHOLDT AMENDMENT

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Nick Morrow: Nick.Morrow@hrc.org | 865-386-8244

40 U.S. Senators Sign Letter Opposing Anti-LGBTQ Legislation to Establish a “License to Discriminate” in Child Welfare Services

Discriminatory amendment to a funding bill for the Departments of Labor, Health and Human Services, and Education would grant license to discriminate in provision of child welfare services.

WASHINGTON -- Today, the Human Rights Campaign (HRC), the nation’s largest lesbian, gay, bisexual, transgender, and queer (LGBTQ) civil rights organization, praised the 40 U.S. Senators who signed a letter opposing a discriminatory, anti-LGBTQ “license to discriminate” amendment to the FY 2019 funding bill for the Departments of Labor, Health and Human Services, and Education. The amendment, which was added onto the House of Representatives’ version of the bill, would grant a “license to discriminate” in the provision of child welfare services, allowing child welfare placing agencies that receive federal government funding to turn away qualified prospective parents based on the agency’s religious belief. In the letter, the senators stress that they would work to block this amendment from becoming a part of a funding bill that originates in their chamber. Currently, the House bill has not been scheduled for floor debate. The Senate bill, which does not contain the provision, is expected to be considered on the floor in August.

“Today, the 40 U.S. Senators oppose the House’s ‘license to discriminate’ amendment as it is not consistent with what it means to be a parent in America. It is the responsibility of federal legislation to ensure that our LGBTQ children are protected from discrimination and violence, and that federal funds are not used to further undermine the rights of LGBTQ Americans,” said Hannah Storm, Director of Advocacy and Policy, Human Rights Campaign. “We applaud the 40 Senators who have spoken out against this harmful amendment. We look forward to the Senate taking action to restore the protections and fairness that are crucial to advancing the rights of all children in America.”

Organizational Sign On Letter: No Adoption Discrimination!

To read the sign on letter, go to http://bit.ly/NoAdoptionDiscrimination

Please sign the letter to Congress opposing the Adoption Amendment added to the House Labor-HHS-Education Appropriations Bill. This amendment would not only allow federal funding to go to adoption agencies that refuse to serve LGBTQ children and queer parents based on their sexual orientation, gender identity, or gender expression but would also allow federal funding to go to agencies that refuse to serve LGBTQ children and queer parents based on their sexual orientation, gender identity, or gender expression. By signing this letter, you are joining organizations, faith leaders, and activists across the country in urging Congress to reject this amendment.

* Required

Organization name as it should appear on the letter *

Your name *
Part 1:
Overview of “Conversion Therapy”
WHAT IS “CONVERSION THERAPY”?

• Any attempt to change a person’s sexual orientation or gender identity.
• Providers frequently change terms to avoid detection, some examples include:
  • Sexual orientation change efforts (SOCE)
  • Sexual attraction fluidity exploration in therapy (SAFE-T)
  • Eliminating, reducing, or decreasing frequency or intensity of unwanted same-sex attraction (SSA)
  • Reparative therapy
  • Sexual reorientation efforts
  • Ex-gay ministry
  • Promoting healthy sexuality
  • Addressing sexual addictions and disorders
  • Sexuality counseling
  • Encouraging relational and sexual wholeness
  • Healing sexual brokenness

WHAT HAPPENS DURING “CONVERSION THERAPY?”

• Today, while some counselors still use physical aversive conditioning and sometimes prescribe psychotropic medications, the practices most commonly used involve “talk therapy” and may include:
  • Training to conform to stereotypical gender norms;
  • Teaching heterosexual dating skills; and
  • Using hypnosis to try to redirect desires.

• Conversion therapy can also be promoted through self-help books and websites.

• Regardless of how conversion therapy is practiced, it is ineffective. It is also deeply harmful.

DOES “CONVERSION THERAPY” WORK?

• No. There is no credible evidence that conversion therapy can change a person’s sexual orientation, gender identity or gender expression.

• It is extremely harmful. The American Psychological Association – along with virtually every major mental health organization – has spoken out against conversion therapy, citing studies that list potential consequences to survivors including:

  • Decreased self-esteem and authenticity to others
  • Increased self-hatred and negative perceptions of homosexuality
  • Confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal and suicidality
  • Anger at and a sense of betrayal by conversion therapy providers
  • An increase in substance abuse and high-risk sexual behaviors
  • A feeling of being dehumanized and untrue to self
  • A loss of faith
  • A sense of having wasted time and resources
  • Self-blame, including feelings of weakness and lack of effort, commitment, faith or worthiness in God’s eyes
  • Intrusive images and sexual dysfunction

ORGANIZATIONAL STATEMENTS
OPPOSING CONVERSION THERAPY

• American Psychological Association
• American Psychiatric Association
• American Academy of Pediatrics
• American Medical Association
• National Association of Social Workers
• American Counseling Association
• American School Counselor Association
• American Psychoanalytic Association
• American Academy of Child & Adolescent Psychiatry
• Pan American Health Organization
• American Association of Sexuality Educators, Counselors, & Therapists
• American College of Physicians
• American Association for Marriage & Family Therapy
• American School Health Association
• World Psychiatric Association

ORGANIZATIONAL STATEMENTS
OPPOSING CONVERSION THERAPY

American Academy of Child Adolescent Psychiatry

"The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents."

Source: www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy
PREVALENCE

• Experts estimate that as many as $\frac{1}{3}$ of LGBT youth undergo some form of conversion therapy.

• An estimated 20,000 LGBTQ minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional.

HOW DO YOU SPOT IT?

RED FLAGS RISING

There are clear warning signs that a religious community promotes conversion therapy or relies on its theories. These include:

- Rejection of identifiers like “gay,” “lesbian,” “bisexual” or “transgender” in favor of phrases like “same-sex attraction” or “same-gender attraction”
- Insistence that LGBTQ people not “label themselves” or that acceptance of an LGBTQ identity represents “a distorted view of self”
- Use of phrases such as “struggling with homosexual feelings” or “struggling with same-sex attraction”
- A view of homosexuality as a “habit” or an “addiction”
- Explicit or implicit statements that LGBTQ people need to “align their behavior” with their religious values
- Language about “freedom from homosexuality”
- Language about “sexual and relational wholeness” or about being “broken by sexual and relational sin”
- Presence of brochures published by proponents of conversion therapy, like the Family Research Council or Focus on the Family
- Referrals to conversion therapists, conversion camps or retreats, or support groups providing conversion therapy
- On site “ex-gay ministry,” in the form of “support groups” or other gatherings led by clergy or laity

Part 2:
Current Legal Landscape
STATE STATUTES

- California (Sept. 2012)
- New Jersey (Aug. 2013)
- District of Columbia (Dec. 2014)
- Oregon (May 2015)
- Illinois (Aug. 2015)
- Vermont (May 2016)
- New Mexico (April 2017)
- Connecticut (May 2017)
- Nevada (May 2017)
- Rhode Island (July 2017)
- Washington (March 2018)
- Maryland (May 2018)
- Hawaii (May 2018)
- Delaware (July 2018 – this week!)
STATE REGULATIONS

• New York (Feb. 2016)
  • Office of Mental Health
  • Dept. of Financial Services
  • Dept. of Health

• Mental Health Licensing Boards
• Child Welfare & Juvenile Justice Systems
LOCAL ORDINANCES

OHIO
- Cincinnati
- Toledo
- Columbus
- Dayton
- Athens

FLORIDA
- Miami Beach
- Wilton Manors
- Miami
- West Palm Beach
- Bay Harbor Islands
- North Bay Village
- Boynton Beach
- Lake Worth
- El Portal
- Tampa
- Riviera Beach
- Delray Beach
- Wellington
- Oakland Park
- Greenacres
- Boca Raton
- Palm Beach County
- Broward County
- Key West
- Gainesville

WASHINGTON
- Seattle

ARIZONA
- Pima County

NEW YORK
- New York City
- Erie County

WISCONSIN
- Milwaukee
CURRENT BILLS

• Massachusetts bill outstanding – needs to pass the Senate, Governor is supportive

• Record 5 bills signed into law in one year so far:
  • Washington
  • Maryland
  • Hawaii
  • Delaware

• 2017 – 4 passed
  • New Mexico :
  • Connecticut
  • Nevada
  • Rhode Island
The Therapeutic Fraud Prevention Act would
- officially classify the provision and advertising of conversion therapy in exchange for monetary compensation as fraudulent practices
- expressly direct the FTC to enforce its terms and protect consumers from these harmful and discredited practices.
- The FTC exists “to protect consumers by preventing [...] deceptive and unfair business practices.”

Conversion therapy providers engage in misleading and deceptive practices based on the false and discredited belief that one’s sexual orientation and gender identity can be changed, resulting in tremendous harm to consumers.

Source: https://www.hrc.org/resources/therapeutic-fraud-prevention-act
Part 3: Engagement
ACTIONS

• Written Testimony
  • Organizational & Individual

• In-Person Testimony
  • Organizational & Individual

• State-Specific Letters of Support

• National Sign-On Letters

• Organizational Policies

• Public-facing position in opposition of conversion therapy
  • If one exists, update to ensure it includes “gender identity”
NATIONAL LETTER (2018)

Declaration on the Impropriety and Dangers of Sexual Orientation and Gender Identity Change Efforts

We, as national organizations representing millions of licensed medical and mental health care professionals, educators, and advocates, come together to express our professional and scientific consensus on the impropriety, inefficacy, and detriments of practices that seek to change a person’s sexual orientation or gender identity, commonly referred to as “conversion therapy.”

Source:
MESSAGING

- Stress “protecting against conversion therapy” or “protecting youth from conversion therapy”
  - Rather than “banning.”
- Bipartisan support.
  - 6 Republican governors have signed bills into law to protect youth from conversion therapy
- Responding to common opposition:
  - Free speech (this regulates professional conduct)
  - Parental rights / therapeutic choice (this is about ensuring safety and well-being, states do not allow abusive practices from parents or providers)
  - Religious freedom (laws cover licensed professionals)
RESOURCES FOR FAMILIES

Download at: http://www.hrc.org
RESOURCES FOR PROVIDERS

Download at: https://www.samhsa.gov/
RESOURCES FOR ORGS

Download at: http://www.nclrights.org
NCLR: Carolyn Reyes, creyes@NCLR.org

all children—all families
TIPS FOR DEVELOPING ORGANIZATIONAL POLICIES

Tips for Developing Child Welfare Policy Prohibiting Conversion Therapy for Youth

- Make the policy part of a comprehensive LGBTQ youth policy that addresses how the agency is promoting a professional environment in which all youth, irrespective of sexual orientation, gender identity and gender expression (SOGIE), are physically and emotionally safe, and treated fairly and respectfully.

- In the process of creating policy, include representatives from the child welfare agency, children’s attorneys, Court Appointed Special Advocates, judges, foster parents, group home administrators, community stakeholders, and LGBTQ youth and their families.

- Ground the policy explicitly in the child welfare agency’s mission and values and integrate it into the agency’s broader objectives.

- Make the policy detailed to provide clear guidance on practice issues, in order to change entrenched behaviors.

- Include enforcement provisions that make clear the responsibility of the agency and contractors to report policy violations by other staff and to promptly intervene to address harassment or other discriminatory behavior by one youth against another youth.

- Provide youth with a meaningful, accessible process to grieve violations of the policy.

- Ensure understanding of the policy and its provisions among all relevant professional stakeholders, youth and adults.

- Provide ongoing training to all staff on the policy with a means to address questions that arise in relation to the policy’s implementation.

MODEL POLICY

- Subject: LGBTQ and Gender Non-Conforming Youth
- Policy Statement
- Purpose
- Policy
  - Non-Discrimination
  - **Respectful Behavior & Language**
  - Confidentiality
  - Intake & Assessment
  - Placement
  - Freedom of Expression
  - **Medical and Mental Healthcare**
  - Strengths & Protective Factors
  - School & Community
  - Training of Agency Staff & Contractors
  - Policy Dissemination to Youth
  - Responsibilities of Agency Staff & Contractors to Respond to and Report Harassment
  - Reporting Procedures for Youth
  - Enforcement
  - Definitions

SAMPLE POLICIES

Tennessee Department of Children’s Services
Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression (2014)

“In the course of their work, employees, volunteers, and contractors must not refer to youth by using derogatory language in a manner that conveys bias towards or hatred of LGBTI people. In particular, employees, volunteers or contractors must not imply to or tell LGBTI youth that they are abnormal, deviant, or sinful, or that they can or should change their sexual orientation or gender identity.

All LGBTI youth must be provided with access to medical and mental health providers who are knowledgeable about the health care needs of this population. These providers should facilitate exploration of any LGBTI issues by being open, non-judgmental and empathetic, and will not participate in corrective or conversion therapy.”

Q&A

• Alison Delpercio
  Alison.Delpercio@hrc.org

• Xavier Persad, HRC Legislative Council
  Xavier.Persad@hrc.org
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