ISSUE BRIEF

Sexual orientation and gender identity change efforts (so-called "conversion therapy")

Background

So-called "conversion therapy" or "reparative therapy" refers to any form of intervention, such as individual or group, behavioral, cognitive, or milieu/environmental operations, that attempts to change an individual's sexual orientation or sexual behaviors (sexual orientation change efforts [SOCE]) or an individual's gender identity (gender identify change efforts [GICE]).[1] Practitioners of change efforts may employ techniques including:[2]

- Aversive conditioning (e.g., electric shock, deprivation of food and liquids, smelling salts and chemically-induced nausea)
- Biofeedback
- Hypnosis
- Masturbation reconditioning

Underlying these techniques is the assumption that any non-heterosexual, non-cisgender identities are mental disorders, and that sexual orientation and gender identity can and should be changed. This assumption is not based on medical and scientific evidence. Professional consensus rejects pathologizing sexual and gender identities. In addition, empirical evidence has demonstrated a diversity of sexual and gender identities that are normal variations of human identity and expression, and not inherently linked to mental illness. However, the unfounded misconception of sexual orientation and gender identity "conversion" persists among some health, spiritual and religious practitioners.[3]

According to the UCLA Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy, as of 2019, almost 700,000 lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) adults in the U.S. had received "conversion therapy;" in addition, an estimated 57,000 youths will receive change efforts from religious or health care clinicians before they turn 18 years old.[4] In a national survey of over 35,000 LGBTQ youth ages 13–24, 13% of respondents reported being subjected to "conversion therapy," with 83% reporting it occurred when they were under18.[5]

Another study found that nearly 18% of middle-aged and older men who have sex with men reported experiencing "conversion therapy."[6]

1. John Bancroft, et al., *Peer Commentaries on Spitzer,* 32 Archives Sexual Behav. 5, 419-68 (Oct. 2003); Carl Streed, et al., *Changing Medical Practice, Not Patients — Putting an End to Conversion Therapy,* 381 New Eng. J. Med. 6, 500-02 (Aug. 2019).
2. American Psychological Association, Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (Aug. 2009).
3. Jack Drescher, *Ethical issues in treating gay and lesbian patients,* 25 Psychiatric Clinics N. Am. 3, 605-21 (Sep. 2002).
4. Christy Mallory, Taylor Brown & Kerith Conron, The Williams Institute on Sexual Orientation and Gender Identity Law, UCLA School of Law, Conversion Therapy and LGBT Youth Update (Jun. 2019).
5. The Trevor Project, National Survey on LGBTQ Mental Health 2021 (May 2021), *available at* https://www.thetrevorproject.org/wp-content/uploads/2021/05/The-Trevor-Project-National-Survey-Results-2021.pdf.
6. Steven Meanley, et al., *Characterizing Experiences of Conversion Therapy Among Middle-Aged and Older Men Who Have Sex with Men from the Multicenter AIDS Cohort Study (MACS),* Sexual Res. & Soc. Pol'y (published online Jun. 2019).

AMA AMERICAN MEDICAL ASSOCIATION

GLMA Health Professionals Advancing LGBTQ Equality

The study also identified racial inequity: Black and Hispanic Black men were more likely to experience "conversion therapy" compared to non-Hispanic white men.[7] This racial disparity was similarly observed in a another survey, which additionally noted double the rate of conversion therapy reported by transgender/nonbinary youth compared to their cisgender counterparts.[8]

Health implications for LGBTQ individuals

Evidence does not support the purported "efficacy" of SOCE in changing sexual orientation.[9] To the contrary, these practices may cause significant psychological distress.[10] One study showed that 77% of SOCE participants reported significant long-term harm, including the following symptoms:[11]

- Depression
- Anxiety
- Lowered self-esteem
- Internalized homophobia
- Self-blame
- Intrusive imagery
- Sexual dysfunction

Participants also reported significant social and interpersonal harm, such as alienation, loneliness, social isolation, interference with intimate relationships and loss of social supports.[12]

SOCE may also increase suicidal behaviors in a population where suicide is prevalent. In young adults between 15 and 24 years old, suicide has been the second leading cause of death since 2011, and LGBTQ young adults are more than twice as likely to report a history of suicide attempts in comparison to their heterosexual peers.[13] Similarly, LGB adults are three to five times more likely to have a suicidal attempt in comparison to their heterosexual counterparts.[14] Young LGBTQ adults who report higher levels of parental and caregiver rejection are 8.4 times more likely to report having attempted suicide.[15] One study found nearly 30% of individuals who underwent SOCE reported suicidal attempts.[16] In a Trevor Project survey, LGBTQ youth subjected to conversion therapy reported twice the rate of suicide attempts compared to those who were not.[17]

---

7. *Id.*
8. The Trevor Project, *supra* note 5.
9. American Psychological Association, *supra* note 2.
10. *Id.*
11. Ariel Shidlo & Michael Schroeder, *Changing Sexual Orientation: A Consumers' Report,* 33 Professional Psychology: Res. & Practice 3, 249-59 (2002).
12. *Id.*
13. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 10 Leading Causes of Death by Age Group, United States, *available at* https://www.cdc.gov/injury/wisqars/LeadingCauses.html; Andrea Miranda-Mendizábal, et al., *Sexual orientation and suicidal behaviour in adolescents and young adults: systematic review and meta-analysis,* 211 Brit. J. Psychiatry 2, 77-87 (Aug. 2017).
14. Travis Hottes, et al., *Lifetime Prevalence of Suicide Attempts Among Sexual Minority Adults by Study Sampling Strategies: A Systematic Review and Meta-Analysis,* 106 Am. J. Pub. Health 5, e1-e12 (May 2016).
15. 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 1, 346-52 (Jan. 2009).
16. Jack L. Turban, et al., *Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults,* JAMA Psychiatry (published online Sep. 2019).
17. The Trevor Project, *supra* note 5.

GICE, with an estimated lifetime prevalence of 13.5–20% in a transgender population, may cause similar long-term harm as SOCE.[18] Analysis of the 2015 National Transgender Survey found that recalled exposure to GICE was significantly associated with increased severe psychological distress and increased lifetime suicide attempts compared to transgender persons who reported that they saw a therapist but were not exposed to "conversion therapy."[19] In addition, exposure to GICE prior to age 10 was significantly associated with an increased risk of lifetime suicide attempts.[20] Among those subjected to "conversion therapy," 42% reported that they had attempted to commit suicide while suicide attempts were reported by 5% of those not subjected to "conversion therapy."[21]

Sexual orientation and gender identity change efforts (SOGICE) also exert a significant economic burden on patients and society at large. An economic evaluation published in JAMA Pediatrics estimated that LGBTQ youth subjected to SOGICE incur $83,366 in lifetime excess health care costs, primarily associated with suicidality, anxiety, severe psychological distress, depression and substance abuse.[22] The total economic burden associated with SOGICE was estimated to be $9.23 billion annually, including $650 million in health care costs in 2021 alone.[23] In contrast, the total potential savings from the provision of affirmative therapy—psychotherapy that validates the positive expression of sexual and gender identities—instead of SOGICE was estimated to be nearly $6.19 billion each year.[24]

Ethical concerns

All leading professional medical and mental health associations reject "conversion therapy" as a legitimate medical treatment. Yet, an estimated 36.5% of LGBTQ people, including 90% of transgender people, who have received SOCE/GICE received this therapy from a health care clinician.[25] In addition to the clinical risks associated with the practice, the means through which clinicians or counselors administer SOGICE violate many important ethical principles, the foremost of which is: "First, do no harm."

A health care clinician's nonjudgmental recognition of and respect for patients' sexual orientations, sexual behaviors and gender identity are essential elements in rendering optimal patient care in health, as well as in illness. This recognition is especially important to address the specific health care needs of people who are or may be LGBTQ as these patients often experience disparities in access to care. Yet administering change efforts is an inherently discriminatory practice often administered coercively and fraught with ethical problems, such as:[26]

- Uninformed consent (change efforts are often prescribed without full descriptions of risks and disclosure of lack of efficacy or evidence)

18. Jack L. Turban, et al., *Psychological Attempts to Change a Person's Gender Identity from Transgender to Cisgender: Estimated Prevalence Across US States, 2015,* 109 Am. J. Pub. Health 10, 1452-1454 (Oct 2019); Ilan H. Meyer, et al., The Williams Institute on Sexual Orientation and Gender Identity Law, UCLA School of Law, LGBTQ People in the US: Select Findings from the Generations and TransPop Studies (2021).
19. Sandy E. James, et al., National Center for Transgender Equality, The Report of the 2015 U.S. Transgender Survey (2016).
20. *Id.*
21. The Trevor Project, *supra* note 5.
22. Anna Forsythe, et al., *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States,* JAMA Pediatrics (published online Mar. 2022).
23. *Id.*
24. *Id.*
25. Meyer, *supra* note 18.
26. Jack Drescher J, et al., *The Growing Regulation of Conversion Therapy,* 102 J. Medical Regulation 2, 7-12 (Jan 2016).

- Breaches of confidentiality (content of treatment, sexual orientation and gender identity may be shared with family, school or religious leaders without proper consent)
- Patient discrimination (change efforts reinforce bias, discrimination and stigma against LGBTQ individuals)
- Indiscriminate and improper treatment (change efforts are recommended regardless of evidence)
- Patient blaming (the failure of treatment may be blamed on the patient)

It is clinically and ethically inappropriate for health care clinicians to direct mental or behavioral health interventions, including SOCE and GICE, with a prescriptive goal aimed at achieving a fixed developmental outcome of a child's or adolescent's sexual orientation, gender identity or gender expression.[27]

State laws

As of April 2022, 20 states (California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maryland, Nevada, New Hampshire, New Jersey, New Mexico, New York, Maine, Massachusetts, Oregon, Rhode Island, Utah, Vermont, Virginia and Washington) and the District of Columbia have enacted laws banning "conversion therapy" for minors. Importantly, these laws do not prohibit counseling and therapies that help patients struggling with sexual or gender identity to develop coping and self-acceptance skills. While an additional five states have a partial ban on conversion therapy, three states are under a preliminary federal circuit injunction that prevents enforcement of conversion therapy bans, and the remaining 22 states—where an estimated 32% of the LGBTQ population reside—have no laws protecting minors against such therapy.[28]

Medical society and other health care association positions

The American Medical Association and GLMA: Health Professionals Advancing LGBTQ Equality (GLMA) oppose the use of reparative or conversion therapy for sexual orientation or gender identity. Other medical societies have policies or statements similarly opposing these policies, including the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American College of Physicians and the American Academy of Pediatrics.[29] Other health care associations have similar policies, including the American Association for Marriage and Family Therapy, the American Counseling Association, the American Psychoanalytic Association, the American Psychological Association, the National Association of Social Workers, the American School Counselor Association, the American School Health Association, the World Psychiatric Association and the Pan American Health Organization: Regional Office of the World Health Organization.[30]

27. Policy and Position Statements on Conversion Therapy, Human Rights Campaign, *available at* http://www.hrc.org/resources/policy-and-position- statements-on-conversion-therapy.
28. Conversion Therapy Laws, Movement Advancement Project, *available at* https://www.lgbtmap.org/equality-maps/conversion_therapy.
29. See, American Psychiatric Association, Commission on Psychotherapy by Psychiatrists, *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies),* 157 Am. J. Psychiatry 10, 1719-21 (Oct. 2000); American Academy of Child and Adolescent Psychiatry, The AACAP Policy on "Conversion Therapies" (Feb. 2018); Hilary Daniel & Renee Butkus, American College of Physicians, *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians,* 163 Annals Internal Med. 2, 135-7 (July 2015); American Academy of Pediatrics, Committee on Adolescence, *Homosexuality and Adolescence*, 92 Pediatrics 4, 631-4 (1993).
30. Human Rights Campaign, *supra* note 27.

AMA policy

The following is a list of relevant AMA policy:

D-515.978, Ban Conversion Therapy

Our AMA will develop model state legislation and advocate for federal legislation to ban "reparative" or "conversion" therapy for sexual orientation or gender identity. (Res. 10, I-19)

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

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity. (emphasis added)

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

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

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people. (CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18)

GLMA policy

The following is relevant GLMA policy:

GLMA 099-97-114 Reparative or Conversion Therapy

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

AMA model state legislation

The AMA has developed model state legislation, the Protecting Minors from Conversion Therapy Act, to assist with state advocacy efforts to ban the practice of "conversion therapy." The model act defines "conversion therapy," prohibits the practice of "conversion therapy" on a minor by a health care professional and establishes that violations of the Act are unprofessional conduct and subject to disciplinary action by the appropriate licensing board. The model state legislation also exempts practices, treatments and counseling that provide support for an individual's identity exploration, facilitate coping and social support, or address unlawful conduct or unsafe sexual practices. The Protecting Minors from Conversion Therapy Act is available from the AMA Advocacy Resource Center.

AMA AMERICAN MEDICAL ASSOCIATION

GLMA Health Professionals Advancing LGBTQ Equality