



Impact of Conversion Therapy on Children and Youth: A Review of Literature

Introduction

“Conversion therapy,” sometimes referred to as “reparative therapy,” “reintegrative therapy,” “reorientation therapy,” or “Ex-gay therapy” refers to a set of pseudo-scientific, discredited practices that aim to deny and suppress the sexual orientations, gender identities, and/or gender expressions of sexual and gender minorities (SGM). These sexual orientation and gender identity change efforts (SOGICE), ranges from talk-“therapies” to invasive treatment techniques. Some techniques include “inducing nausea, paralysis, providing electric shocks, using shame to create aversion to same-sex attractions, orgasmic reconditioning, teaching heterosexual dating skills, and trying to make a patient’s behavior more stereotypically feminine or masculine.” The present-day scientific consensus is that such practices are not only ineffective, but also extremely harmful and fundamentally unethical.[1,2,3,4]

For many lesbian, gay, bisexual, and transgender (LGBT) persons wellness includes recognition by religious and spiritual organizations. Some LGBT persons who embrace certain denominations of various faiths find that homosexuality is condemned and that they are expected to change their sexual orientation.[5]

Conversion therapy is grounded in the belief that being LGBT is abnormal. It is practiced by some licensed professionals in the context of providing health care, and by some clergy or other spiritual advisors in the context of religious practice. Efforts to change someone’s sexual orientation or gender identity are associated with poor mental health, including suicidality. As of March 2022, 20 states, the District of Columbia, and a number of localities have banned health care professionals from using conversion therapy on youth. [6,7]

Conversion therapies to minimize same-sex attractions are classified as a dangerous practice by numerous scientific institutions in the United States and abroad. These practices may contribute to poor long-term psychosocial health, thereby interrupting processes of healthy development and aging.[8] For example, the central theme described by LGBTQ college students was *a fight for survival* with five subthemes:[9]

- a. institutionalized homo/transphobia (strict school policies, enforcement of heterosexuality and gender conformity through discipline, conversion therapy)
- b. a culture of fear (fear of exposure, homophobic panic and code words, seeking cover)
- c. marginalization and isolation
- d. struggle (suffering and suicide, reconciling faith and LGBTQ identity)
- e. coping and resilience (surviving through critical thinking and strategic activism)

This is further supported by the American Psychological Association studies that have linked conversion therapy to:[10]

- Depression and social withdrawal
- High risk sexual behaviors
- Substance abuse
- Loss of faith
- Intimate relationship issues



- Suicide

Presently, a clear scientific consensus exists regarding conversion therapy: There is no sound scientific evidence to support its purported effects, and there is abundant evidence that conversion therapy causes substantial harm to those subjected to it, such as increased risks for depression, anxiety, and suicide. Accordingly, conversion therapy is today considered a fundamentally unscientific and unethical practice by a wide range of professional organizations and public institutions (e.g., Human Rights Campaign, 2020; Pan American Health Organization, 2012; United Nations General Assembly, 2020).[11]

These risks are particularly acute for youth, who experience conversion therapy as family rejection. Hence the urgent need for statewide banning any form of SOGICE conversion therapy for this at risk youth and minors.

The basic ethical standard for any given therapy is that the benefits must outweigh the risks. As it will be explained below, conversion therapy is largely inefficient, and for that reason, the benefits of conversion therapy are close to null. Consequently, in the overwhelming majority of cases, the benefits will be outweighed by risks and harms.[12]

Discussion of Sources

Conversion therapy relies on the premise that “homosexuality” (i.e., same gender attraction/same gender relationships) is a defect or illness that needs to be cured. However, the American Psychiatric Association (“APA”) removed “homosexuality” from the Diagnostic Statistical Manual of Mental Disorders (“DSM”) in 1973.[13] In 2007, the APA reviewed conversion therapy practices and found that conversion therapy does not work and that it could cause significant harm to LGBTQ+ people.[14]

The Williams Institute estimates that: [6]

- 698,000 LGBT adults (ages 18-59) in the U.S. have received conversion therapy, including about 350,000 LGBT adults who were subjected to the practice as adolescents
- 16,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach the age of 18 in the 30 states that currently do not ban the practice. This total that does not include youths who undergo SOGICE led by religious leaders not covered in new regulations
- 10,000 LGBT youth (ages 13-17) live in states that ban conversion therapy and have been protected from receiving conversion therapy from a licensed health care professional before age 18
- An estimated 57,000 youth (ages 13-17) across all states will receive conversion therapy from religious or spiritual advisors before they reach the age of 18

The Family Acceptance Project’s study found that:[15,16]

- Rates of attempted suicide by LGBT young people whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT young adults who reported no conversion experiences (22%). Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and intervention efforts by therapists and religious leaders (63%)



- High levels of depression more than doubled (33%) for LGBT young people whose parents tried to change their sexual orientation compared with those who reported no conversion experiences (16%) and more than tripled (52%) for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and external sexual orientation change efforts by therapists and religious leaders
- Sexual orientation change experiences during adolescence by both parents/caregivers and externally by therapists and religious leaders were associated with lower young adult socioeconomic status: less educational attainment and lower weekly income
- LGBT adolescents from highly religious families and those from families with lower socioeconomic status were most likely to experience both home-based and external conversion efforts, while those who were gender nonconforming and who were from immigrant families were more likely to experience external conversion efforts initiated by parents and caregivers

Furthermore, a recent analysis revealed that 13.5% of transgender people in the United States reported lifetime exposure to conversion efforts.[2]

SOGICE are evasive despite a lack of credible evidence of their effectiveness. SOGICE involves attempts by licensed professionals (e.g., psychologists or counselors) or practices by religious leaders to alter sexual attractions and behaviors (to make one straight or heterosexual), gender expression (to align with gender expectations for the sex assigned at birth), or gender identity (to make one cisgender). SOGICE can include the use of aversive stimuli, individual talk therapy, group therapy, and residential programs. SOGICE lacks scientific merit and has uniformly been declared dangerous by leading professional associations such as the World Psychiatric Association, the American Medical Association, and the American Psychological Association, among others.[17] In 2012, the author of study on whether some gay men and lesbians change their sexual orientation, issued an apology to the LGBT community for his erroneous and harmful conclusions. He stated, "I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works with some "highly motivated" individuals." [18]

Concerns about the harms of SOGICE among LGBTQ youths are especially warranted as this population has been found to report suicide attempts at more than 4 times the rate of non-LGBTQ youths.[19,20] Emotional and physical abuse and neglect, which may occur as part of SOGICE, increase suicidality risks.[21,22] Our data also highlight characteristics among young LGBTQ individuals that relate to greater reports of experiencing SOGICE. Specifically, young people with lower family incomes, from the South, whose parents use religion to say negative things about being LGBTQ, who are Hispanic/Latinx, and who are transgender or nonbinary were overrepresented in reports of SOGICE.

The state statutory conversion therapy bans apply to licensed mental health care professionals and sometimes more broadly to others who seek to provide conversion therapy in exchange for payment. The laws generally do not apply to religious or spiritual advisors who engage in sexual orientation or gender identity change efforts within their pastoral or religious capacities. [23]

These exclusions for therapy provided by religious or spiritual advisors leave many youth vulnerable to conversion therapy even in states with bans. An estimated 57,000 youth (ages 13-17) across all states



will receive conversion therapy from religious or spiritual advisors before they reach the age of 18. This includes approximately 38,000 youth (ages 13-17) who will receive conversion therapy from religious or spiritual advisors, but not a licensed health care professional before they reach the age of 18. Some youth will receive conversion therapy from both a licensed health care provider and a religious or spiritual advisor before they reach age 18. [6]

In a 2015 study of 1,612 current or former members of the Church of Jesus Christ of Latter-day Saints (LDS), many of whom engaged in psychotherapy to cope with (i.e., understand, accept, or change) their same-sex attractions. Data obtained from written and quantitative responses showed that therapy was initiated over a very wide age range and continued for many years. However, counseling was largely ineffective; less than 4% reported any modification of core same-sex erotic attraction. Moreover, 42% reported that their change-oriented therapy was not at all effective, and 37% found it to be moderately to severely harmful. In contrast, affirming psychotherapeutic strategies were often found to be beneficial in reducing depression, increasing self-esteem, and improving family and other relationships. Results suggest that the very low likelihood of a modification of sexual orientation and the ambiguous nature of any such change should be important considerations for highly religious sexual minority individuals considering reorientation therapy.[24]

New research shows the pivotal role of parents in conversion efforts to change LGBT adolescents' sexual orientation. When both home-based parent and external sexual orientation conversion interventions by therapists and religious leaders, coupled with parent conversion efforts, contribute to that child's multiple health and adjustment problems in young adulthood. These include higher levels of depression and suicidal behavior, as well as lower levels of self-esteem, social support and life satisfaction, and lower levels of education and income in young adulthood, compared with LGBT young people who did not experience conversion efforts. [15,16]

Since September of 2012, 20 states and the District of Columbia have passed statutes limiting the use of conversion therapy, beginning with California (2012), New Jersey (2013), Oregon and Illinois (2015), Vermont (2016), New Mexico, Connecticut, Nevada, and Rhode Island (2017), Washington, Maryland, Hawaii, New Hampshire and Delaware (2018), New York, Massachusetts, Maine and Colorado (2019), Utah and Virginia (2020), and Minnesota (2021). (See Figure 1) [7] These states have laws protecting youth under age 18 from receiving conversion therapy from licensed mental health care providers. In addition, a number of cities and counties in states without statewide bans have passed bans at the local level. In Michigan, only seven cities, Ann Arbor, Berkley, East Lansing, Ferndale, Huntington Woods, Madison Heights, and Royal Oak have an ordinance prohibiting conversion therapy for children and minors. Thus far North Carolina, Wisconsin and Michigan only hold an executive order banning state funding for conversion therapies.[7]

All of the state statutory bans allow licensing entities to discipline health care providers who use conversion therapy on youth under age 18. Under Connecticut, Illinois, and New Hampshire laws, the use of conversion therapy on youth is also considered an unfair business practice, and the laws allow for enforcement and penalties consistent with other state laws against such practices. In addition, in 2015,

a New Jersey court held that providing conversion therapy in exchange for payment constitutes a fraudulent business practice, regardless of whether it is used on youth or adults.[6]

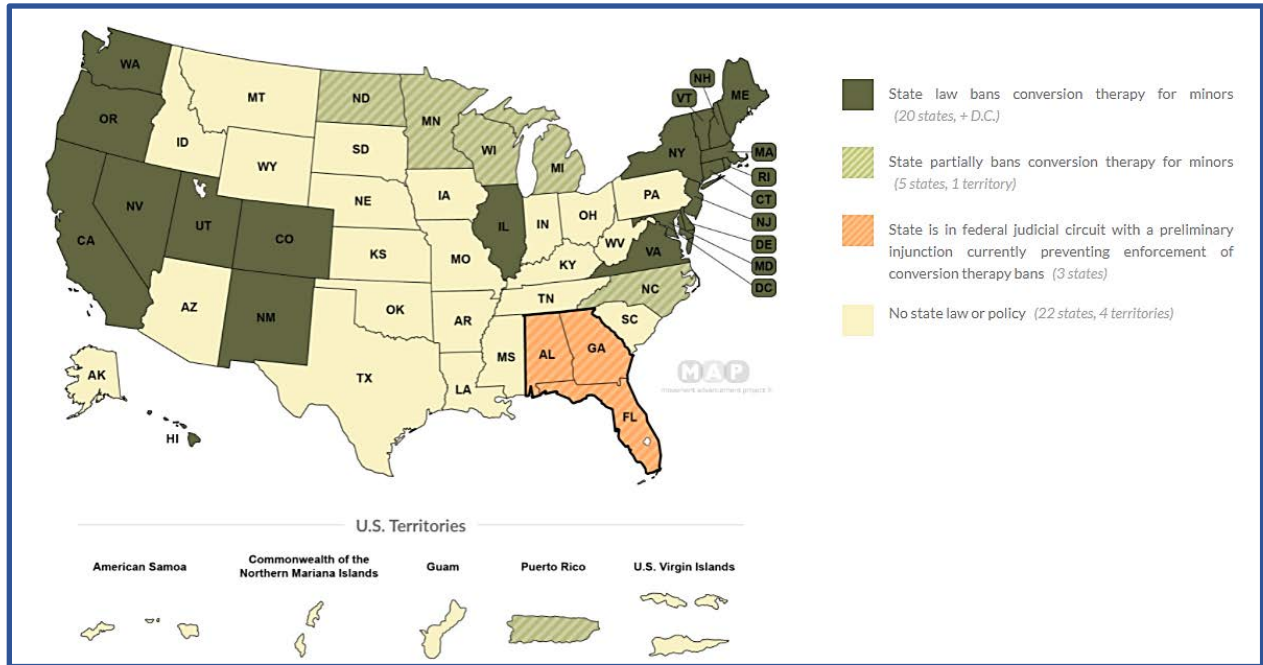


Figure SEQ Figure 1* ARABIC 1: Conversion Therapy Laws for Protection of Youth, by State and Territories, 03/02/2022

Opposition to Conversion Therapy: Conversion therapy is based on the belief that homosexuality is a mental illness that needs to be cured, a belief that has been found to be scientifically invalid in the mental health professional community. The following medical organizations are but some of the entities that have issued statements in opposition to conversion therapy:[25,27]

- American Academy of Child and Adolescent Psychiatry
- American Academy of Nursing
- American Academy of Pediatrics
- American Association for Marriage and Family Therapy
- American College of Physicians
- American Counseling Association
- American Medical Association
- American Psychiatric Association
- American Psychoanalytic Association
- American Psychological Association
- American School Counselor Association
- American School Health Association
- Association of Behavioral and Cognitive Therapies
- National Association of Social Workers

The American Association of Christian Counselors, a former conversion therapy advocate, has recognized that conversion therapies are often harmful, and in 2014 removed language in its Code of Ethics that promoted the practice of Conversion Therapy.[28]

Conclusion and Recommendation

Relative to young people who had not experienced SOGICE, those who reported undergoing SOGICE were more than twice as likely to report having attempted suicide and having multiple suicide attempts. The elevated odds of suicidality observed among young LGBTQ individuals exposed to SOGICE underscore the detrimental effects of this unethical practice in a population that already experiences significantly greater risks for suicidality.[17]



SOGICE are ineffective, harmful, and often lead to poor psychosocial outcomes. For example, SOGICE have been associated with poor self-esteem, internalized stigma and discrimination, self-harm, self-hatred, depression, anxiety, and adaptive substance use (i.e., as a form of coping or suppression) [5, 14]. More generally, SOGICE can lead to isolation from both communities of origin and SGM communities, as many survivors of SOGICE feel that they have lost years of their lives and are not able to embrace their authentic selves [3].

Our findings add empirical data to support the professional consensus that SOGICE is inappropriate and harmful. This can also be used to inform policies related to the protection of minors and young LGBTQ individuals, as implementation of policies that support these young people has been related to reductions in suicide attempts. Currently, only a minority of US states have policies addressing SOGICE efforts targeting minors. Our findings echo those of other recent studies establishing a significant positive association between exposure to change attempts and suicidality among young people, as noted in previous section. Cumulatively, the lack of evidence of SOGICE effectiveness combined with evidence of associated suicidality supports efforts to protect the youth by complete ban and end of SOGICE through policy implementation.[17]

Studies relating to conversion therapy for gender identity and transgender participants repeatedly show not only there are no robust evidence that conversion therapy can change gender identity, but also it causes lifelong emotional and physical harm, often leading to suicide.[6,17,29]. Such therapies by any name or origin are ineffective and/or harmful. Sexual orientation is highly resistant to explicit attempts at change and that reparative or conversion therapies are overwhelmingly reported to be either ineffective or damaging by participants.[30]

Given projected estimates of conversion therapy exposure in the United States, there is potential for a high magnitude of harm imposed on sexual minorities by these practices.[26] Many states and local municipalities are continuing to pass legislation that bans licensed professionals from practicing conversion therapy on minors.[7] To minimize exposure and prevent the long-term negative health impacts of these practices, we suggest that these restrictions should become federal law and expanded to include language prohibiting *anyone*, including non-licensed professionals, from practicing conversion therapy.

Community interventions must support the ongoing existence and scaling-up of antihomophobic stigma initiatives. Initiatives should raise awareness of the harms of conversion therapy and address strategies to affirm and/or support same-sex-attracted individuals in one's community networks. Furthermore, little is understood regarding the recovery processes to undo the psychological damages imposed by conversion therapy experiences. Researchers suggest that recovery processes may differ based on the chronicity and severity of the type of conversion therapy undergone as well as the social conditions that led to their participation (e.g., family rejection or reconciling sexual identity with religious beliefs).[5,31]. Sexual identity-affirmative therapy addresses the socially and culturally relevant factors that shape the LGBTQAI+ community's health and well-being, attending to the potential influences of social inequities (e.g., stress) in their clients' lives.[32] While there are limited interventions specific to conversion therapy recovery, health providers must use their platform to impart valuing all aspects of a clients' identity, elicit clients' psychological strengths, foster resilience, and identify healthy forms of coping to minimize the negative contributions that conversion therapy has imposed on their clients' long-term psychosocial health.[31] Screening those who have experienced these practices will assist in identifying



negative psychosocial conditions that warrant immediate attention. This may also assist care providers in linking individuals to sexuality-affirming and trauma-informed resources that could positively affect their psychosocial well-being.

References

1. Matthew R. Capriotti, Jeanne M. Donaldson, “Why don't behavior analysts do something?” Behavior analysts' historical, present, and potential future actions on sexual and gender minority issues, *Journal of Applied Behavior Analysis*, 10.1002/jaba.884, 55, 1, (19-39), (2021).
<https://onlinelibrary.wiley.com/doi/abs/10.1002/jaba.876>
2. Turban JL, King D, Reisner SL, Keuroghlian AS. Psychological attempts to change a person’s gender identity from transgender to cisgender: estimated prevalence across US states, 2015. *Am J Public Health*. 2019; 109(10):1452–1454.
3. Kinitz, D.J., Salway, T., Dromer, E. et al. The scope and nature of sexual orientation and gender identity and expression change efforts: a systematic review protocol. *Syst Rev* 10, 14 (2021).
<https://doi.org/10.1186/s13643-020-01563-8>
4. Erin Blakemore, *Gay Conversion Therapy’s Disturbing 19th-Century Origins*, HISTORY.COM,
<https://www.history.com/news/gay-conversion-therapy-origins-19th-century> (last visited 03/01/2022).
5. Haldeman, D.C. (2015). *Sexual Orientation Conversion Therapy: Fact, Fiction, and Fraud*. In *Casebook for Counseling* (eds S.H. Dworkin and M. Pope). <https://doi.org/10.1002/9781119221715.ch28>
6. <https://williamsinstitute.law.ucla.edu/>
7. Movement Advancement Project . (2019). *Conversion therapy laws*.
https://www.lgbtmap.org/equality-maps/conversion_therapy
8. *Gerontologist*, 2020, Vol. 60, No. 7, 1291–1302. doi: 10.1093/geront/gnaa069
9. Craig, S. L., Austin, A., Rashidi, M., & Adams, M. (2017). Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities. *Journal of Gay & Lesbian Social Services* ; Volume 29, Issue 1, Page 1-24 ; ISSN 1053-8720 1540-4056. <https://doi.org/10.1080/10538720.2016.1260512>
10. *Child Welfare LGBTQ & GNC Youth Model Policy*. Ending Conversion Therapy in Child Welfare, 2018.
https://bornperfect.org/wp-content/uploads/2020/03/Conversion_Therapy-Child_Welfare-July_2018.pdf (last visited 03/01/2022).
11. Conine, D. E., Campau, S. C., & Petronelli, A. K. (2022). LGBTQ+ conversion therapy and applied behavior analysis: A call to action. *Journal of applied behavior analysis*, 55(1), 6–18.
<https://doi.org/10.1002/jaba.876> (last visited 03/03/2022).
12. G. Andrade, M. Campo Redondo. Is conversion therapy ethical? A renewed discussion in the context of legal efforts to ban it. *Ethics, Medicine and Public Health*, Volume 20, 2022, 100732, ISSN 2352-5525, <https://doi.org/10.1016/j.jemep.2021.100732>.
<https://www.sciencedirect.com/science/article/pii/S2352552521001092>) (last visited 03/03/2022).
13. American Psychiatric Association, *DSM-5: APA Reiterates Strong Opposition to Conversion Therapy*
<https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy> (last visited 03/03/2022).



14. Annals of Internal Medicine, Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians, ACP (July 21, 2015), <https://annals.org/aim/fullarticle/2292051/lesbian-gay-bisexual-transgender-health-disparities-executive-summary-policy-position>
15. Family Acceptance Project. Parent-Initiated Sexual Orientation Change Efforts with LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment: <https://familyproject.sfsu.edu/conversion-therapy-begins-at-home> (last visited: 03/01/2022).
16. Caitlin Ryan, Russell B. Toomey, Rafael M. Diaz & Stephen T. Russell. (2020) Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment, *Journal of Homosexuality*, 67:2, 159-173, <https://doi-org.proxy1.cl.msu.edu/10.1080/00918369.2018.1538407>
17. Amy E. Green, Myeshia Price-Feeney, Samuel H. Dorison, and Casey J. Pick, 2020: Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018. *American Journal of Public Health* 110, 1221_1227, <https://doi.org/10.2105/AJPH.2020.305701>
18. Spitzer, R.L. Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality. *Arch Sex Behav* 41, 757 (2012). <https://doi.org/10.1007/s10508-012-9966-y>
19. Mallory, C., Brown, T. N., & Conron, K. J. (2018). *Conversion therapy and LGBT youth*. Los Angeles, CA: The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>
20. Johns MM, Lowry R, Andrzejewski J, et al. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts, 2017. *MMWR Morb Mortal Wkly Rep*. 2019;68(3):67–71
21. Mercer J. Evidence of potentially harmful psychological treatments for children and adolescents. *Child Adolesc Social Work J*. 2017;34(2):107–125.
22. Thompson M, Kingree J, Lamis D. Associations of adverse childhood experiences and suicidal behaviors in adulthood in a US nationally representative sample. *Child Care Health Dev*. 2019;45(1):121–128.
23. California Business & Professional Code § 865. [https://codes.findlaw.com/ca/business-and-professions-code/bpc-sect-865.html#:~:text=\(b\)\(1\)%20E2%80%9Csexual,individuals%20of%20the%20same%20sex](https://codes.findlaw.com/ca/business-and-professions-code/bpc-sect-865.html#:~:text=(b)(1)%20E2%80%9Csexual,individuals%20of%20the%20same%20sex). (Last visited 03/01/2022).
24. Bradshaw, K., Dehlin, J. P., Crowell, K. A., Galliher, R. V., & Bradshaw, W. S. (2015). Sexual orientation change efforts through psychotherapy for LGBQ individuals affiliated with the Church of Jesus Christ of Latter-day Saints. *Journal of sex & marital therapy*, 41(4), 391–412. <https://doi.org/10.1080/0092623X.2014.915907>
25. Human Rights Campaign. Policy and Position Statements on Conversion Therapy. <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy> (last visited 03/02/2022)
26. Mallory, C., Brown, T. N., & Conron, K. J. (2018). *Conversion therapy and LGBT youth*. Los Angeles, CA: The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>
27. Kinitz, D.J., Salway, T., Dromer, E. et al. The scope and nature of sexual orientation and gender identity and expression change efforts: a systematic review protocol. *Syst Rev* 10, 14 (2021). <https://doi.org/10.1186/s13643-020-01563-8>



28. Erin Blakemore, Gay Conversion Therapy's Disturbing 19th-Century Origins, HISTORY.COM, <https://www.history.com/news/gay-conversion-therapy-origins-19th-century> (last visited 03/01/2022).
29. Family Acceptance Project. Parent-Initiated Sexual Orientation Change Efforts with LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment: <https://familyproject.sfsu.edu/conversion-therapy-begins-at-home> (last visited: 03/01/2022).
30. Mercer J. Evidence of potentially harmful psychological treatments for children and adolescents. *Child Adolesc Social Work J.* 2017;34(2):107–125.
31. Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, 62(2), 95–105. <https://doi.org/10.1037/cou000011>
32. Human Rights Campaign. Policy and Position Statements on Conversion Therapy. <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy> (last visited 03/02/2022)