



Submitter: Stephanie Snow, MS, LPC  
On Behalf Of: Psychology & Wellness Group PDX  
Committee: House Committee On Behavioral Health and Health Care  
Measure: HB2458

I am a therapist and Licensed Professional Counselor working with queer and trans individuals in Lake Oswego, Oregon. I have seen firsthand the deeply entrenched harm and damage done by conversion therapy. The legacy of shame, traumatization, and loss of sense of self as a result of conversion therapy practices is immense, and takes decades to undo. Please support the passage of HB 2458.

Per the APA: 'Conversion therapy' is NOT therapy. "Conversion therapy" describes any attempt to change a person's sexual orientation or gender identity or expression, or any component of these. It is sometimes called reparative therapy, reorientation therapy, sexual orientation change efforts, or gender identity change efforts. Proponents have rebranded the practice and adapted their claims about it over time in response to sustained critiques. Same-gender or -sex attraction, gender non-conformity, and identifying as a sexual or gender minority (e.g., being lesbian, gay, bisexual, transgender, queer, another sexual or gender minority; LGBTQ+) are not illnesses and do not need treatment. These practices are not "therapy." Many who offer change efforts are not licensed mental health practitioners. This makes it difficult to monitor their practices. Researchers estimate that around 350,000 U.S. adults received "conversion therapy" as adolescents. An estimated 16,000 youth will undergo "conversion therapy" by a mental health professional before they reach age 18 compared with an estimated 57,000 that will undergo it from a religious or spiritual advisor. These change efforts can occur in many settings, including medical facilities and campuses, with spiritual advisors as well as individual or family meetings. Research finds change efforts do not work and are harmful. The APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation found "there is insufficient evidence that [sexual orientation change efforts] are efficacious for changing sexual orientation. Furthermore, there is some evidence that such efforts cause harm" (p. 66). Further, experts at the U.S. Substance Abuse and Mental Health Services Administration agree that change efforts are "coercive, can be harmful, and should not be part of behavioral health treatment." Most studies focused on sexual orientation. Change efforts were not effective when changing sexual orientation was identified as the goal. Although people going through change efforts may report or appear to show changes in their behavior, there is no scientific evidence that change efforts reduce sexual attraction or change gender identity. Change efforts may encourage people to hide their sexual orientation or gender identity and can lead to other problems such as depression, sexual problems, and low self esteem. Change efforts are harmful during adolescence, and can increase suicidal thoughts, suicide attempts, and depression in young adulthood. Involvement of mental health or religious providers in change efforts is related to even more depression and suicidality. Every major mental health organization has issued warnings about the risk of dangers associated with change efforts.



A consensus statement issued in 2015 by the U.S. Substance Abuse and Mental Health Services Administration maintains that being LGBTQ+ is not a mental disorder, points to lack of evidence that change efforts can alter sexual orientation or gender and considers change efforts inappropriate. Further, the statement warns that change efforts may be harmful. This issue is particularly important for youth, who have fewer legal protections because they are minors. These change efforts stigmatize LGBTQ+ people and change efforts/ and stigma can increase minority stress, or stress that comes from invalidation, non-acceptance, and enacted discrimination. Greater minority stress is related to greater risk of depression, substance abuse, and suicide, among other problems, as documented by the Institute of Medicine. As of June 2019, 18 states have acted laws to protect minors from “conversion therapy.’

Sincerely,

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