Dr. Margaret C. Charmoli Testimony on HF16: Ban on Conversion Therapy

Human Services Policy Committee

Wednesday, January 18, 2023

Good afternoon, Chairperson Fischer and members of the committee.

My name is Dr. Margaret Charmoli. **I am here to testify on behalf of the Minnesota Psychological Association (MPA) in collaboration with the American Psychological Association (APA) and in support of OutFront Minnesota to support the passage of HF16 to ban the use of conversion "therapy".**

We psychologists usually avoid the term "therapy" when referring to efforts to change sexual orientation or gender identity because it implies that there is a disorder that needs to be treated AND these efforts aren't recognized as appropriate interventions or acceptable standards of care to help people who might experience stress related to their sexual orientation or gender identity.

In the way of background information, I am a past president of the Minnesota Psychological Association, a former member of the American Psychological Association Council of Representatives (its governing body), and a Minnesota licensed psychologist. I have taught doctoral level psychology courses on ethics and sexual orientation and gender identity. I have a private clinical practice in St. Paul where approximately half of my clients identify as LGBTQ. For the past 15 years I have routinely worked with people who are exploring their gender identities and who may seek medical interventions to live more congruently and authentically.

I want to preface my remarks in support of this bill by noting that neither MPA nor APA takes a stand on public policy issues unless they fall within the purview of their missions and there is a substantial body of peer-viewed, reputable scientific research that supports our position. In this case both conditions have been met.

MPA and APA stand with many other mainstream mental health and medical associations which denounce conversion "therapy" and its correlates. These associations include, but are not limited to, The American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American

Counseling Association, The American Medical Association, The American Psychiatric Association, The National Association of Social Workers, and The American Psychoanalytic Association. SAMHSA, the Substance Abuse and Mental Health Services Administration, of the United States Department of Health and Human Services has also denounced it.

The Minnesota Psychological Association (MPA) and the American Psychological Association (APA) support HF16 to ban conversion "therapy" for five reasons. 1) Conversion "therapy" is unethical; 2) it mostly doesn't work; 3) it is harmful; 4) it fails to meet acceptable standards of care; and 5) it is discriminatory.

I elaborate.

1) **Our ethical standards prohibit us from making false, deceptive, or fraudulent statements about the scientific or clinical basis for our services.** Conversion "therapy" and its correlates (e.g., reparative "therapy") are based on the false and deceptive premises, beliefs, and implications that same-sex or gender attractions and romantic desires are signs of a mental disorder that can and should be treated and changed.

   By 1974 both the American Psychological Association and the American Psychiatric Association, the primary arbiters of what constitutes mental illness, concluded that homosexuality is not a psychological or developmental disorder. They based their decisions on a substantial body of scientific research that refuted those erroneous beliefs.

   This then begs the question nearly 50 years later about conversion "therapy": If something isn't broken why are some people trying to fix it?

   Recipients of conversion "therapy" have also been led to believe that they will have miserable lives, unhealthy relationships, and won't be good parents.

   A solid body of reputable scientific research has refuted all of those beliefs and assumptions.

In more recent years the American Psychological Association came to the same conclusion about gender diversities: *diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, incongruence between one's sex and gender is neither pathological nor a mental health disorder (APA 2009).*

Again, I ask: If something isn't broken why are some people trying to fix it?

So if something isn't inherently wrong with being gay, lesbian, bisexual, or transgender why might some people experience distress in relation to their sexual orientation or gender identity? And why might some people seek to change their identities?

The most likely reason is because of minority stress or stress associated with being a part of a marginalized or stigmatized group. No one wants to experience social stigma, inequalities, and denigration. Minority stress goes above and beyond the everyday stress that most people experience such as a that related to money, work, relationships, having to shovel 15 inches of snow to get out of our driveway, or the fact that our Minnesota Vikings just lost another big playoff game. Minority stress is a robust finding across many marginalized groups including racial minorities, people with disabilities and the LGBTQ community. It adversely affects physical and mental health.

An additional source of stress for many transgender individuals is getting access to appropriate and medically necessary health care.

2) **Conversion "therapy" doesn't work.** The American Psychological Association has conducted systematic and exhaustive reviews of reputable, peer-reviewed, scientific research to determine whether attempts to change sexual orientation were effective. These reviews concluded that efforts to change sexual orientation were unlikely to be successful.

   Does that mean that sexual orientation or gender identity can't change? The answer is no. It can change for some people.

   We have come to learn that some people have more fluid sexual orientations and gender identities than other people. Rather than willful shifts, fluidity describes naturally occurring awareness and changes that evolve over time. Hence someone might refer to their identity as nonbinary or fluid.

   We have also come to learn that that bisexual people represent the largest segment of the LGBTQ community. People who claim that conversion "therapy" worked for them may have inherently been bisexual and capable of experiencing an orientation shift compared to people who are inherently gay or lesbian. In other words, their underlying orientation was more responsible for the shift than conversion "therapy".

3) **Conversion "therapy" is harmful.** Perhaps more disturbing than its ineffectiveness is that conversion "therapy" is harmful. People who have undergone conversion "therapy" have reported more suicidality; depression; mental health problems; lower levels of life satisfaction, social support, educational attainment, and socioeconomic status; sexual identity distress; substance abuse; risky sexual behaviors; anger and grief about having lost time and money; and feelings they were betrayed by mental health professionals. One study found that conversion "therapy" was the strongest predictor of multiple suicide attempts, even after adjustment for other known risk factors.

4) **Conversion "therapy" fails to meet acceptable standards of care.** Licensed health care providers are expected to act in accordance with professional standards of conduct and care to protect consumers.

   Acceptable standards of care and appropriate therapeutic responses to people who experience distress related to their sexual orientation or gender identity recognize that this distress is not related to sexual orientation or gender identity per se and is instead due to external factors of being a member of a stigmatized and marginalized group that is forced to deal with prejudice, discrimination, hate crimes, and family rejection. As an example, it is currently the law of the land that people can marry their same-sex or gender romantic partner. It is not the law of the land, however, that people are protected from being discriminated against regarding employment, housing, and public accommodations. Hence the saying goes in many states (albeit not Minnesota) that "people can be married on Sunday and be fired on Monday".

   Acceptable standards of care offer affirmative, multiculturally competent approaches that help people understand stress, develop positive coping skills, nurture resilience, seek social support, and get accurate information about sexual orientation and gender identity. These approaches have been shown to be effective, evidence-based practices that are associated with positive outcomes in therapy.

5) **Conversion "therapy" is discriminatory.** Our ethical standards, like the State of Minnesota Human Rights Act, forbids discrimination based on sexual orientation and gender identity. Not once has conversion "therapy" ever been used to change heterosexual or cisgender feelings or behavior. Conversion "therapy" is only aimed at changing gay, lesbian, bisexual, and transgender people. Hence it is discriminatory.

In conclusion the Minnesota and American Psychological Associations support the passage of HF16 to ban conversion "therapy" because it is unethical, it doesn't work, it is harmful, it fails to meet acceptable standards of care, and it is discriminatory.

Thank you. I will stay until the end of the hearing if you have questions for me.