Why Are We Teaching Kids to Hate?: Ending the Practice of Gay-to-Straight Conversion Treatments

Afton R Cavanaugh
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Abstract

The governor of California just signed into law SB 1172, creating a cause of action against mental health professionals that attempt to convert children under the age of eighteen from gay to straight. Conversion therapy, as this practice is called, has been around for a long time, but recently our nation’s youth has come into the crosshairs of powerful anti-gay activists. Conversion therapy imbeds within the child’s psyche an internalized form of homophobia that causes an extreme risk of psychological distress given the developing and often fragile mental state of children and teenagers. These methods have no proven success rate, and most often result in long-term psychological damage. In a nation where identifying as LGBT already exposes a minor to discrimination, the California bill represents a giant step towards acceptance. Additionally, this comment argues that SB 1172 can be defended as being narrowly tailored to achieve the compelling government interest in protecting minors from these extremely harmful practices. Moreover, it argues that federal legislation of the same effect—and perhaps even farther reaching—should be passed. Undoubtedly, as a nation we have a compelling interest in protecting our youth, and as a society that claims to value individual freedom and equal rights we have a moral obligation to practice what we preach. Conversion treatments should not be permitted or condoned for anyone, but especially not for children, the cost is simply too high.

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I. Introduction

"I was being told every day that I was abhorrent, that I was evil, that I was bad, and that God hated me. My parents' rejection was so intense - they were verbally and emotionally abusive . . . I lost the whole world I had. I had no support network, no parents to look out for me. I had this fundamental belief that something was wrong with me and I wasn't loveable, so I hated myself and my life, and I went off the deep end." - Ryan Kendall, a survivor of ex-gay ministry.

Lonely. Unhealthy. Abnormal. Inadequate. Deadly. These represent a sampling of the adjectives that the National Association for Research and Therapy of Homosexuality (hereinafter NARTH), one of the leading advocates of reparative therapy, uses to describe the LGBT lifestyle. Of course, many of these adjectives are buried inside of quotes that express care and concern for such individuals and a desire to help them make the “choice” to become straight.

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1 Sunnivie Brydum, Soul Survivors: Overcoming Ex-Gay Therapy, OUTFRONT COLORADO, Mar. 24, 2012, http://www.mydigitalpublication.com/display_article.php?id=349341. Ryan Kendall was only thirteen when his parents discovered he was gay by reading his journal while he was in the shower. Id. His fundamentalist evangelical parents screamed at him telling him his soul would be eternally damned to hell. Id. For the next three years his parents were verbally abusive and took him from one conversion therapist to the next, using Focus on the Family as a link to help cure their son. Id. He even spent some time working with Dr. Joseph Nicolosi the President of NARTH. One night his father locked him in a basement to force him to watch videos about the evils of the gay lifestyle created by Focus on the Family; Kendall snuck out the window and ran away. Id. The state intervened and his parent’s rights were terminated, within a month from his running away he was on his own. Id. Even after his therapy came to an end it was clear that “NARTH's message had gotten into his psyche.” Id. "It was a constant assault on me as a person and on this worldview that I had, [t]hat kind of level of rejection and demonizing - I internalized it for a while, so my life was very, very dark. Id. Around age twenty Kendall slowly began to build a new life for himself, eventually working for the Denver Police Department and serving as the chair of the Mayor’s GLBT Commission. Id. See generally BeyondExGay: An Online Community for Those Who Have Survived Ex-Gay Experiences, http://beyondexgay.com/ (last visited Aug. 30, 2012) (sharing stories and resources for survivors of sexual orientation change efforts).


4 See VERA WHISMAN, QUEER BY CHOICE: LESBIANS, GAY MEN, AND THE POLITICS OF IDENTITY 11–14 (1996). The author shares a number of interviews with gay men and women concerning whether being gay is a choice they made. Id. The consensus generally was that at some point they made the choice to accept the fact that they were
Regardless, when you strip away the fluff those five words encapsulate the underlying message that gay men and women are being exposed to; even worse that children—often forced into therapy by their parents — are having drilled into them about what it means to be gay. 6

The primary issue many take with this message is that it encourages homophobia in American society, and more specifically, to children and adults subjected to conversion therapy homosexual despite the ramifications of that lifestyle in a homophobic and heterosexist society. Id. Indeed, if it is a choice it is one of the most dangerous choices a person can make. Id. at 12.

‘Being butch and being out is not the most popular perspective for a gay woman in this society, a society that is homophobic, and its geared to hate women. Especially women who love other women. And I don’t care—you’re born gay.’

Id. at 12.

5 Three Myths About Homosexuality, NARTH, http://narth.com/menus/myths.html (last visited Aug. 30, 2012). Addressing the myth that homosexuals cannot change and treatment to change sexuality is harmful, NARTH posits that therapists around the world treat and heal homosexuality. Id. This change varies from entering into a straight marriage to making the decision to lead a celibate life, most report their same-sex attractions have “diminished greatly” and “do not trouble them as much as they had in the past.” Id. Importantly, NARTH argues, as they learn to suppress their homosexual desires they come to “experience a deeper and fuller sense of themselves as male or female.” Id.


Myth #3

We must teach our children that homosexuality is as normal and healthy as heterosexuality. Teenagers should be encouraged to celebrate their same-sex attractions.

The truth...

Scientific research supports age-old cultural norms that homosexuality is not a healthy, natural alternative to heterosexuality. Research shows that gay teens are especially vulnerable to substance abuse and early, high-risk sexual behavior. It does far more harm than good to tell a teenager that his or her attractions toward members of the same sex are normal and desirable. Teens in this position need understanding and counseling, not a push in the direction of a potentially deadly lifestyle.

A 1992 study in Pediatrics found that 25.9% of 12-year-olds are uncertain if they are gay or straight. The teen years are critical to the question of self-labeling, so the facts must be presented in our schools in a fair and balanced manner.

Id. But see Comm. on Adolescence, Homosexuality and Adolescence, 92 PEDIATRICS 631, 633 (1993) (“Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”).
it causes them to internalize homophobia within themselves.\textsuperscript{7} NARTH’s position statement indicates that

the term ‘homophobia’ is often used inaccurately to describe any person who objects to homosexual behavior on either moral, psychological or medical grounds. Technically, however, the terms [sic] actually denotes a person who has a phobia--or irrational fear--of homosexuality. Principled disagreement, therefore, cannot be labeled ‘homophobia.’\textsuperscript{8}

Alternatively, Merriam-Webster defines homophobia as an “irrational fear of, aversion to, or discrimination against homosexuality or homosexuals.”\textsuperscript{9} The definition offered by Merriam-Webster mirrors the view on what constitutes homophobia as it is used in the majority of published materials, or else that particular definition would not merit inclusion in the dictionary.\textsuperscript{10} Unfortunately, a logical examination of NARTH’s statements as compared with the consensus in existence in the vast majority of the medical community, points to a dangerous paradox, particularly where child patients are concerned—the very people that profess their aversion to homosexuality or homosexuals, and engage in discrimination against the LGBT community, are the ones claiming to have the power to “cure” them.\textsuperscript{11} Therein lays a tremendous threat to the mental health of minors, an especially susceptible group to a myriad of


‘Because APA doesn’t see same-sex sexual orientation as being in any essential way different from other sexual orientations, we do not believe there is any psychological reason why people should change, and we believe those individuals and organizations that still promote such therapy or other methods of change are contributing to a negative social climate for lesbian, gay, and bisexual people, especially young people.’

\textit{Id.}
Imagine, after finally working up the courage (despite clear societal indicators that such feelings are abnormal) to tell your parents that you think you are gay, only to be placed in the hands of the very people that perpetuate that culture of rejection. It is somewhat akin to escaping your tormentor, only to fall into the hands of the person who directed the tormentor’s actions to begin with. The result for many minors has been extremely psychologically damaging, causing depression, anxiety, and even suicide.

It was with addressing this paradox in mind that on February 22, 2012 State Senator Ted Lieu introduced a bill that would provide a cause of action against psychotherapists by a current or former patient if they undertook sexual orientation change efforts—aka conversion or reparative therapy—if the sexual orientation change efforts were conducted on a patient who was

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12 See Corrected Amicus Brief of Parents and Friends of Lesbians and Gays (PFLAG) and Georgia Safe Schools Coalition (GSSC) in Support of the Appellee for Affirmance at *3–5, No. 10-13925-JJ (11th Cir. Dec. 16, 2011), 2010 WL 6019494 (arguing that all youth, but especially LGBTQ youth are an emotionally vulnerable population at risk of great psychological and physical harm from anti-gay rhetoric).

13 See Whisman, supra note 4, at 11–12. See also Jonathan Capehart, Blacks and Gays: The Shared Struggle for Civil Rights, WASH. POST (Mar. 4, 2012, 6:00 PM), http://www.washingtonpost.com/blogs/post-partisan/post/blacks-and-gays-the-shared-struggle-for-civil-rights/2011/03/04/glQA32hinR_blog.html (drawing parallels between the struggle for civil rights engaged in by both the African American and gay community’s). Besides allowing the rhetoric of anti-gay groups to seek out change for “unnatural” urges, the discriminatory practices permitted to flourish in our society make a very clear statement that being a homosexual makes you the “other.” Id. Both African American’s and gays have been subjected to bullying, harassment, physical attacks, and even murder simply because of who they are. Id. Recent incidences include:

Tyler Clementi [who] jumped to his death off the George Washington Bridge after discovering his roommate allegedly using a webcam to livestream his sexual encounter with another man.

Seth Walsh, 13, hanged himself in his California back yard on Sept. 19. Rutgers University freshman Tyler Clementi, 18, jumped off the George Washington Bridge on Sept. 22. Asher Brown, 13, from Houston shot himself in the head on Sept. 23. Raymond Chase, 19, from New York hanged himself in his dorm room at Johnson & Wales University in Rhode Island on Sept. 29. The circumstances surrounding the Sept. 30 death of a 14-year-old Indiana boy remain unclear, but he has been included in reports on this sad issue.

Id. This flurry of activity came twelve years after the “horrific murder” of Matthew Shepard a gay college student abducted by two men who claimed they were gay to lure him away and James Byrd a black man who was dragged more than three-miles behind a pick-up truck before being decapitated by three Ku Klux Klan supporters. Id. Moreover, as with their African American counterparts, gays have been denied equal access to basic rights such as the right to marry and be afforded the legal benefits of that status. Id. Currently, only a select few states allow same sex marriage. Id.

14 Associated Press, Psychologists Reject Gay Therapy, N.Y. TIMES, Aug. 6, 2009, at A16, available at...
under eighteen years of age when the therapy was attempted. The potential impact of this bill on the positive mental health and well being of LGBT minors must not be underestimated. While many will dispute the constitutionality of the bill, likely by arguing that it violates the 14th Amendment’s right to privacy, and particularly a parent’s right to control the health and upbringing of their own children, a state is permitted to intervene in such matters as long as their intervention is narrowly tailored to serve a legitimate government interest.

This comment argues that the bill is constitutional because it is narrowly tailored to meet the compelling governmental objective of protecting the mental health of minors. In fact, there is growing precedent for interference in a parent’s medical decisions for minor children. Moreover, this comment argues that Congress should pass farther reaching federal legislation in an effort to wade into the crisis facing our nation’s youth. The first part of this comment will examine the origins of conversion therapy and its development, growth, and subsequent rejection by prominent medical associations. This examination will parallel brief pockets of discussion on the state of gay rights in America from past to present. Next, it will examine the problem with

17 Adam Winkler, Fatal in Theory and Strict in Fact: An Empirical Analysis of Strict Scrutiny in the Federal Courts, 59 V AND. L. REV 793, 798 (2006). The right of a parent to raise their children has been determined by the Supreme Court to be a fundamental right guaranteed by the Due Process Clause of the Fourteenth Amendment. Id. at 864. When a state is going to attempt to intervene in the exercise of a fundamental right that intervention must pass the strict scrutiny standard, which requires that the intrusion be justified by 1) a compelling governmental interest, 2) be narrowly tailored to achieve that interest, and 3) be the least restrictive means for achieving that interest. Id. at 798–800. See Skinner v. Oklahoma, 316 U.S. 535, 541 (1942); Thomas v. Review Bd. of Ind. Employment Sec. Div., 450 U.S. 707, 718 (1981).

The right to practice religion freely does not include the liberty to expose the community or child to communicable disease, or the latter to ill health or death . . . Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion. . . .

Id. at 166–170.
conversion therapy and the damaging effect it can have on a patient’s mental health and development. Then this comment will delve into the California bill, the reasoning behind it, how it will overcome legal challenges, and the potential positive impact this bill could promote. Finally, the comment will examine the constitutionality of such a bill under the guise of the 14th Amendment, and the benefits of a national version of this legislation. One goal is certain, we must find a way to lower the rising suicide rate of LGBT youth and counter the practice of training kids to hate themselves and others if we are to move forward continuing to claim that we are a nation that protects and values human rights.

II. The Roots of Conversion Therapy

Homosexuality has existed in some form or another since antiquity; in ancient Rome it was not uncommon for soldiers to interact sexually with male slaves and prostitutes while off at war for years on end. In fact, homosexuality was widely accepted until around the High Middle Ages. In the twelfth century a notable shift in attitude began to take place in Europe’s religious and secular institutions, spurred by “religious, legal, and medical underpinnings.” The main cause of this shift in attitude related to a growing belief that sexual acts that would not lead to procreation were unnatural. This essentially religious belief was enacted into the so-called “sodomy laws,” criminal sanctions for non-procreative acts. In the more religious

19 SARA ELISE PHANG, THE MARRIAGE OF ROMAN SOLDIERS (13 B.C.-A.D. 235): LAW AND FAMILY IN THE IMPERIAL ARMY 262–63 (2001). Homosexual relations were widely accepted in Roman society and the army appears to have followed the same principle. Id.
21 Id. See generally Joan Cadden, Medieval Scientific and Medical Views of Sexuality: Questions of Propriety, 14 Medeavilia et Humanistica 157 (1986).
22 Herek, Facts About Homosexuality and Mental Health, supra note 20.
23 Id. This prohibition extended to homosexual acts, sexual acts between unmarried people, or even those acts which violated basic traditions such as sex between a husband and wife with the woman on top. Id.
American colonies—and sadly still in some parts of the world today—homosexual acts could be punished by death.  

A. The Medical and Psychiatric Professions Weigh In

Over time the blossoming medical and psychiatric professions staked out their own ground in the arena of sexuality. Indeed, by the twentieth century much of the “discourse about homosexuality expanded from the realms of sin and crime to include that of pathology.” Early on homosexuals were viewed as suffering from a mental illness or sickness of some kind which prompted them to act in the manner that they did. However, this shift was still important as mentally ill people were considered less blameworthy, and therefore were punished less severely then when such acts were considered crimes or sins. In the early 1900s Havelock Ellis and Sigmund Freud took a more accepting stance of homosexuality and were the first to argue that it was not a disease or immoral. Freud's theory of human sexuality was a bit different from his contemporaries, he argued that “all human beings were innately bisexual, and that they become heterosexual or homosexual as a result of their experiences with parents and others.” Later

24 Id. LUCAS PAOLI IBATORAHY, INT’L LESBIAN, GAY, BISEXUAL, TRANS & INTERSEX ASS’N (ILGA), STATE-Sponsored Homophobia: A World Survey of Laws Criminalising Same-Sex Acts Between Consenting Adults 4 (2012). Forty percent (78 of 193) of United Nations Members still criminalize private consensual sexual relations between individuals of the same sex. Id. See also Bay Window, ILGA: 76 Countries Ban Gay Sex, 7 Have Death Penalty (June 2, 2010), http://deathpenaltynews.blogspot.com/2010/06/ilga-76-countries-ban-gay-sex-7-have.html.
26 Id.
27 Id.
28 Id.
29 Id. How accurate his theory was is hard to identify. Today most people believe that being homosexual is not a “choice” one makes. Many of his theories have been called into question. Still, it is noteworthy that he argued for acceptance at a time when few others did. In 1935 Freud wrote to an American mother in what has since become a famous letter outlining his beliefs in this area:

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too . . . . If [your son] is unhappy, neurotic, torn by conflicts, inhibited in his
psychoanalysts developed different theories about the cause of homosexuality, most of them pointing towards childhood issues that led to them feeling threatened by heterosexual relationships.\textsuperscript{30} Over the remainder of the nineteenth century research continued in the fields of psychiatry, psychology, and medicine, though there was little focus on whether homosexuality should be viewed as a mental illness.\textsuperscript{31}

Still, some refused to accept mental illness as the cause and research continued. During World War II the military—often a great force in setting trends for the nation—conducted a series of unpublished studies that challenged the mental illness conclusion, and the stereotype that gay men and women would not be good soldiers.\textsuperscript{32} Psychologist Evelyn Hooker conducted

\begin{quote}

social life, analysis may bring him harmony, peace of mind, full efficiency whether he remains a homosexual or gets changed . . . . (reprinted in Jones, 1957, pp. 208-209, from the American Journal of Psychiatry, 1951, 107, 786).
\end{quote}

\textit{Id.}\textsuperscript{30} \textit{Id.}

Although psychoanalytic theories of homosexuality once had considerable influence in psychiatry and in the larger culture, they were not subjected to rigorous empirical testing. Instead, they were based on analysts' clinical observations of patients already known by them to be homosexual.

This procedure compromises the validity of the psychoanalytic conclusions in at least two important ways. First, the analyst's theoretical orientations, expectations, and personal attitudes are likely to bias her or his observations. To avoid such bias, scientists take great pains in their studies to ensure that the researchers who actually collect the data do not have expectations about how a particular research participant will respond. An example is the "double blind" procedure used in many experiments. Such procedures have not been used in clinical psychoanalytic studies of homosexuality.

A second problem with psychoanalytic studies is that they have only examined homosexuals who were already under psychiatric care – in other words, homosexuals who were seeking treatment or therapy. Patients, however, cannot be assumed to be representative of the general population. Just as it would be inappropriate to draw conclusions about all heterosexuals based only on data from heterosexual psychiatric patients, we cannot generalize from observations of homosexual patients to the entire population of gay men and lesbians.

\textit{Id.}\textsuperscript{31} \textit{Id.}\textsuperscript{32} \textit{Id.}

Dr. Clements Fry, director of the Yale University student clinic, and Edna Rostow, a social worker, who together studied the service records of 183 servicemen, discovered that there was no evidence to support the common belief that ‘homosexuality is uniformly correlated with specific personality traits’ and concluded that generalizations about the homosexual personality ‘are not yet reliable.’
the first blind study of homosexual and heterosexual males in 1957, and when her researchers were asked to identify the sexual orientation of any of the study subjects they were unable to do so “at a level better than chance.” Her conclusion was “that homosexuality is not a clinical entity and that homosexuality is not inherently associated with psychopathology.” A number of other studies followed the example set by Hooker and reached the same conclusion, that homosexuality was not pathological. Certainly a number of other studies reached the opposite conclusion, but closer examination of such studies has revealed systematic flaws, namely the failure to reduce possible biases in the researchers or using samples that are were not...

Sometimes to their amazement, [researchers] described what they called the ‘well-adjusted homosexuals’ who, in [William] Menninger's words, ‘concealed their homosexuality effectively and, at the same time, made creditable records for themselves in the service.’ Some researchers spoke in glowing terms of these men. ‘The homosexuals observed in the service,’ noted Navy doctors Greenspan and Campbell, ‘have been key men in responsible positions whose loss [by discharge] was acutely felt in their respective departments.’ They were ‘conscientious, reliable, well-integrated and abounding in emotional feeling and sincerity.’ In general, ‘the homosexual leads a useful productive life, conforming with all dictates of the community, except its sexual requirements’ and was ‘neither a burden nor a detriment to society.’ Fry and Rostow reported that, based on evidence in service records, homosexuals were no better or worse than other soldiers and that many ‘performed well in various military jobs’ including combat.

Id. In fact, it should be noted that when General Eisenhower was sent an order to send all homosexuals back from the front line he realized how many valued service men and women he would be given up and refused to comply. (find source) One could argue that just like with racial integration, World War II represented a turning point for LGBT.

33 Id. “First, rather than simply accepting the predominant view of homosexuality as pathology, she posed the question of whether homosexuals and heterosexuals differed in their psychological adjustment. Second, rather than studying psychiatric patients, she recruited a sample of homosexual men who were functioning normally in society. Third, she employed a procedure that asked experts to rate the adjustment of men without prior knowledge of their sexual orientation. This method addressed an important source of bias that had vitiated so many previous studies of homosexuality. Hooker administered three projective tests (the Rorschach, Thematic Apperception Test [TAT], and Make-A-Picture-Story [MAPS] Test) to 30 homosexual males and 30 heterosexual males recruited through community organizations. The two groups were matched for age, IQ, and education. None of the men were in therapy at the time of the study. Unaware of each subject's sexual orientation, two independent Rorschach experts evaluated the men's overall adjustment using a 5-point scale. They classified two-thirds of the heterosexuals and two-thirds of the homosexuals in the three highest categories of adjustment. When asked to identify which Rorschach protocols were obtained from homosexuals, the experts could not distinguish respondents' sexual orientation at a level better than chance.” Id.

34 Id.
35 Id.
36 Id.
representative of the majority of the population. Notably, the legitimate and “overwhelming empirical evidence” began to add up against the long held belief that homosexuality was caused by mental illness.

B. The Weight of the Scientific Evidence Results in a Major Shift

The result of the all the accumulated data was a radical shift in the views of most psychiatrists and psychologists starting in the 1970s. This, “coupled with changing social norms and the development of a politically active gay community[,]” culminated in the 1973 removal of ‘homosexuality’ from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Unfortunately, it was replaced by a new diagnosis, which many criticized as a compromise to appease the members who had opposed the removal of the term. After years of battling the term was finally removed almost entirely from the DSM. While it is important to note that the practice of attempting to convert homosexuals into heterosexuals began not long after the idea that mental illness played a role in sexuality, as will be examined shortly, conversion therapy has continued despite the empirical evidence and widespread professional acceptance that homosexuality is not a mental illness or linked to pathology in any way.

C. Conversion Therapy and the Refusal to Accept the Shift

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37 Id.
38 Id.
39 Id.
40 Id.
41 Id. “Ego-dystonic homosexuality, was created for the DSM's third edition in 1980. Ego-dystonic homosexuality was indicated by: (1) a persistent lack of heterosexual arousal, which the patient experienced as interfering with initiation or maintenance of wanted heterosexual relationships, and (2) persistent distress from a sustained pattern of unwanted homosexual arousal.” Id.
42 Id.
43 Id. The only vestige of ego-dystonic homosexuality in the revised DSM-III occurred under Sexual Disorders Not Otherwise Specified, which included persistent and marked distress about one's sexual orientation (American Psychiatric Association, 1987; see Bayer, 1987, for an account of the events leading up to the 1973 and 1986 decisions).
44 Id.
Conversion therapy is often categorized into three separate phases in history.\textsuperscript{45} The first phase began with the pronouncement of homosexuality as a mental illness and lasted into the early Freudian period.\textsuperscript{46} As with most early forms of mental health and medical treatment the initial attempts at conversion were often physical and extreme.\textsuperscript{47} Aside from the psychological damage, patients were often subjected to physical pain in various forms.\textsuperscript{48} This ranged from attempting to transplant the testes of straight men into homosexuals, to electric shocks, and vomit-inducing drugs coupled with images of other gay men.\textsuperscript{49} The general goal was to create a psychological aversion to the gay lifestyle by associating it with physical pain and disgust.\textsuperscript{50} Even the Nazi’s conducted numerous experiments on gay men and women in an attempt to find a cure.\textsuperscript{51} As medical knowledge developed throughout the world, physical approaches to psychotherapy fell out of favor and the discipline began to shift to a primarily dialogue and directive driven medium.\textsuperscript{52}

The second phase was the hay day of conversion therapy, when it enjoyed mainstream approval among medical professionals and they began to take a decidedly less physical approach to such therapies.\textsuperscript{53} From the late 1930s forward, “neo-Freudian views openly pathologized

\footnotesize{\textsuperscript{45}Kenji Yoshino, \textit{Covering}, 111 \textit{Yale L.J.} 769, 790–98 (2002).}

\footnotesize{\textsuperscript{46}Id. at 790.}

\footnotesize{\textsuperscript{47}Id. at 803. Prior to World War II states had a series of law aimed at sex offenders, which at the time included homosexuals. \textit{Id.} The penalties prescribed under these laws included indefinite incarceration, electric and pharmacological shock treatments, lobotomies, and occasionally castration. \textit{Id.}}

\footnotesize{\textsuperscript{48}See GREGORY HEREK, \textit{REPARATIVE THERAPY AND OTHER ATTEMPTS TO ALTER SEXUAL ORIENTATION: A BACKGROUND PAPER 1} (1999), available at \url{http://psychology.ucdavis.edu/rainbow/html/reptherapy.pdf}.}

\footnotesize{\textsuperscript{49}Id.; The Gay Avenger, \textit{Gay Conversion Therapy and Ex-Gays...A Brief History, GAY HISTORY} (Aug. 1, 2009), \url{http://gayhistory4u.blogspot.com/2009/08/gay-conversion-therapy-and-ex-gaysa.html}.}

\footnotesize{\textsuperscript{50}See Herek, \textit{REPARATIVE THERAPY}, supra note 48, at 1.}

\footnotesize{\textsuperscript{51}Avenger, \textit{supra} note 49.}

\footnotesize{\textsuperscript{52}See Yoshino, \textit{supra} note 45, at 789.}

\footnotesize{\textsuperscript{53}See Yoshino, \textit{supra} note 45, at 794.}
homosexuality.” Sandor Rado developed the “adaptational” theory which essentially held that heterosexuality was “biologically normal” and any other sexual variation was due to some developmental issue. Psychologists began treating the “pervasive fears surrounding the expression of heterosexual impulses” and their reported cure rates ranged from twenty-seven to thirty-five percent of their patients. It was this growing body of work that originally formed the basis for the inclusion of the term “homosexuality” in the American Psychological Association’s DSM.

Finally, the third phase—where we find ourselves today—is the post-Stonewall period in which the mainstream medical profession has disavowed conversion therapy, and it is offered by primarily religiously affiliated organizations. Around the time that the neo-Freudian’s were cranking out study after study of their own patients who sought out treatment for their homosexuality and labeling it as a psychological abnormality with a potential therapeutic cure, a group known as sexologists studied large numbers of non-patient subjects and came to the opposite conclusion—that homosexuality was a “normal variation of human sexual expression.” The break through study, conducted by Evelyn Hooker in 1957, found that

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55 Id. at 3. “Rado claimed there was no “innate bisexuality” or “normal homosexuality.” Id. “Heterosexuality was biologically normal and homosexuality a ‘phobic’ avoidance of the other sex caused by inadequate parenting.” Id.
56 Id. at 4. When challenged, many psychologists were unable to produce even a single cured patient in the years following their treatment studies. Id.
57 Id. at 4.
58 Id. at 7–8; Yoshino, supra note 45, at 798.
59 Id. at 5–6.

Among these were the 1948 and 1953 Kinsey reports (20, 21), which surveyed thousands of people, and found homosexuality more common in the general population than was generally believed. Kinsey’s now-famous “10%” statistic is today believed to be closer to 1-4% (22). Kinsey’s findings contradicted prevailing psychiatric views of his time that claimed homosexuality was rare in the general population. In 1951, Ford and Beach (23) published a cross-cultural and ethological study co[n]firming Kinsey’s view that homosexuality was not rare and that it occurred among other species in natural settings.

Id. at 5.
impartially interpreted tests of non-patient homosexual and heterosexual males demonstrated no great differences in psychopathology.\textsuperscript{60} In fact, the scientists were unable to tell the homosexual men from the heterosexual controls.\textsuperscript{61} Still, the conclusion of each of these studies was largely ignored until the 1970s.\textsuperscript{62}

In the 1970s gay rights activists brought this large body of research to the attention of the American Psychological Association by convincing them that their current stance—considering homosexuality a mental illness—contributed heavily to the social stigma the gay community faced.\textsuperscript{63} In a series of meetings over the next two years, non-patient homosexuals spoke out against the stigma of the gay diagnosis and the incredibly negative impacts it had on their lives.\textsuperscript{64} Openly gay professionals could lose their licenses and professional standing, besides suffering the ridicule of their communities.\textsuperscript{65} At the same time the APA’s Nomenclature Committee began reviewing the data that the activists had brought to their attention to determine if the term homosexuality should be removed from the DSM, and eventually found that it should.\textsuperscript{66} Finally, in 1974 the decision to remove the term from the DSM was passed by fifty-eight percent of the APA’s voting members.\textsuperscript{67} Over the next few years most other mainstream professional

\textsuperscript{60} Id.
\textsuperscript{61} Id.
\textsuperscript{62} Id.
\textsuperscript{63} Id.
\textsuperscript{64} Id. at 5–6.
\textsuperscript{65} Id. at 6.
\textsuperscript{66} Id.
\textsuperscript{67} Id.
organizations endorsed the APA’s decision. Moreover, in 1992 the World Health Organization (WHO) removed the term from its own International Classification of Diseases.

Importantly, following the removal of the term homosexuality from the DSM, cultural attitudes began to shift to a more favorable view of the gay community. In most western societies, though the long battle for equal rights was just hitting its stride, people started to understand that homosexuality was not an illness and, as long ago noted by military studies, gay men and women were perfectly able to function as productive citizens. However, as a largely religious society, acceptance of gay men and women based on the teachings of many churches meant that one could not interpret the biblical prohibitions against such sexuality literally. A number of the more devout followers still refuse to accept homosexuality as anything other than

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68 Id. at 6–7. Since the removal of the term from the DSM and the subsequent rejection of attempts to cure homosexuality the following organizations have denounced conversion therapy: American Medical Association, American Psychiatric Association, American Counseling Association, National Association of Social Workers, American Academy of Pediatrics, American Association of School Administrators, American Federation of Teachers, National Association of School Psychologists, American Academy of Physician’s Assistants, and the National Education Association. Avenger, supra note 49.


Services that purport to "cure" people with non-heterosexual sexual orientation lack medical justification and represent a serious threat to the health and well-being of affected people, the Pan American Health Organization (PAHO) said in a position statement launched on 17 May, the International Day against Homophobia. The statement calls on governments, academic institutions, professional associations and the media to expose these practices and to promote respect for diversity.

Twenty two years ago, on May 17, the World Health Assembly removed homosexuality from the list of mental disorders when it approved a new version of the World Health Organization’s International Classification of Diseases (IC D-10).

Since homosexuality is not a disorder or a disease, it does not require a cure. There is no medical indication for changing sexual orientation," said PAHO Director Dr. Mirta Roses Periago. Practices known as "reparative therapy" or "conversion therapy" represent "a serious threat to the health and well-being—even the lives—of affected people.

Id. at 6–7.

Id. 71

Id. 72
Also, while the mainstream mental health community has “depathologized homosexuality,” since 1974 there remains a small and vocal minority that continues to insist that homosexuality is a mental disorder. They have continued to practice and promote sexual conversion therapy, finding enduring reception among the more religious portions of society. In today’s volatile political climate, as we see a resurgence of traditional values, this long settled dispute about homosexuality has returned to the forefront and has placed children in the crosshairs.

III. The Problem

The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. - American Psychiatric Association, 2000 position statement. That homosexuality is no longer a mental illness has been accepted by the vast majority of mental health professionals the western world. The methods used to attempt to convert people to “straight” have also been called into question since they commonly involve ethical violations or result in long-term psychological damage to participants. Moreover, there is little if any unbiased, peer-reviewed research that supports the effectiveness of such programs. Despite claims to the contrary the weight of the evidence points to the generally accepted conclusion that homosexuality is not a mental disease and is not something that can be “cured.”

73 Id. at 7–8.
74 Id. at 7.
75 Id.
76 Id. at 7–8; JASON CIANCIOTTO & SEAN CAHILL, NAT’L GAY AND LESBIAN TASK FORCE POLICY INST., YOUTH IN THE CROSSHAIRS: THE THIRD WAVE OF EX-GAY ACTIVISM 1 (2006).
78 Id. at 5.
79 Id. at 5–9. Cianciotto & Cahill, supra note 76, at 1–2.
80 Cianciotto & Cahill, supra note 76, at 3.
81 Am. Psychological Ass’n, supra note 77, at 6.
At best a person’s true sexual identity can be suppressed and ignored so that they might live in the manner their therapist condones.\(^8^2\)

A. *Curing the Gay Inside You*

i. **What is Conversion Therapy?**

Before addressing the dilemmas posed by the use of therapies designed to turn gay people straight, it must be clear what conversion therapy means. This therapy takes many forms, and has many titles: conversion therapy, reparative therapy, reorientation therapy, sexual orientation change efforts (SOCE), and just plain therapy.\(^8^3\) Today conversion therapy is most often associated with “talk” therapy targeted at changing a person’s sexuality from homosexual to heterosexual.\(^8^4\) There also exist a number of ex-gay ministries, homes, and camps where parents send their children to resolve their homosexual desires.\(^8^5\)

The most common form reparative therapy takes is “talk” therapy.\(^8^6\) Commonly referred to as psychotherapy, the purpose is to address the patient’s mental health by talking through and learning about their condition, feelings, moods, and behaviors and how to utilize that knowledge to take control of situations in their lives by responding with “healthy coping skills.”\(^8^7\) The goal of talk therapy is to provide the patient with the ability to “continue to function better in the

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\(^8^2\) Id. at 5–6.
\(^8^4\) JACK DRESCHER, *I’m Your Handyman: A History of Reparative Therapies, in Sexual Conversion Therapy: Ethical, Clinical, and Research Perspectives* 5, 5 (Ariel Shidlo, Michael Schroeder, & Jack Drescher eds., 2001). There are a number of other treatments in existence that purport to convert homosexuals to heterosexuals, but psychoanalysis remains the standout method. *Id.* Some of these other methods included aversion therapy and various forms of psycho-surgery. *Id.* at 6.
\(^8^5\) See also Cianciotto & Cahill, *supra* note 76, at 1–2. Today a common methodology besides “talk” therapy, particularly for teenagers is to send them to an ex-gay ministry, a home, or a camp designed to cure them and help them practice being a heterosexual.
\(^8^6\) Drescher, *supra* note 84, at 5.
\(^8^7\) *Psychotherapy*, MAYO CLINIC (SEPT. 1, 2010), http://www.mayoclinic.com/health/psychotherapy/MY00186. “Psychotherapy is a general term for addressing mental health concerns by talking with a psychologist or other mental health provider.” *Id.*
world, feel better about themselves, reduce psychiatric symptoms, and face life’s challenges.”

It does this by working with the patient over time to develop the presence of psychological tools and resources. While developing those tools the patient improves their self-esteem, develops healthier relationships, and adjusts their often distorted views of themselves and others, and those abilities vest them with the strength and freedom to face difficulties well beyond the end of their sessions.

Another common method used in sexual orientation change efforts is to attend a camp or home of some kind, often run by a religiously affiliated organization, but sometimes not. These camps take a wide range of approaches in dealing with same-sex attraction, but the vast majority of them spend the time helping address what they consider the cause of homosexuality, a troubled childhood that prevented the person from connecting with the parent of the same gender and developing along appropriate gender lines. Often camps will provide some

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89 Id.

90 Id.

And perhaps his [Jonathan Shedler] most important finding, concluded from five different meta-analyses that he created, is that positive change and patient growth continue to develop beyond therapy termination, as measured in follow-up assessments conducted as long as three years post-treatment.

Id. Peer-reviewed research has demonstrated that talk therapy works and continues working because of the changes it effects in the patient’s brain. Id.

91 Ted Cox, *Senate Bill to Ban Ex-Gay Camps*, SANJOSE.COM, May 9, 2012, http://www.sanjose.com/news/2012/05/09/senate_bill_straight_ex_gay_camps. Ted Cox is a reported who spent a year visiting ex-gay ministries, conferences, and camps in an undercover capacity to find out how such programs worked. Id. He recalls one incident where a man was that his difficult relationship with his father was the reason for his same-sex attractions and in order to rid himself of that wound and start down the path to recovery he needed to beat his father (a punching bag) to death with a bat. Id.

92 Id.

One of the most disturbing parts about attending ex-gay ministries was watching normal, happy, healthy people be convinced that something was deeply wrong with them. When a Christian counselor visited our support group in San Jose, one young man raised his hand and asked why he struggled with same-sex attraction when he had a strong, loving relationship with his parents. The counselor told him his same-sex attraction was evidence that his upbringing probably wasn’t as good as he thought.

Id.
traditional talk therapy, backed up with some activities that are supposed to help enforce straight behavior such as playing sports for boys, cooking for women, dances with people of the opposite sex, and spending time with positive role models of the same gender. Of course, this all occurs while the therapy addresses the underlying cause of homosexuality, bad parenting or excessive attachment to the mother if the patient is a boy, or the father if the patient is a girl. The idea is that by the time the patient is finished with the camp or home they have the tools to foster “normal” sexual attraction and have practiced living the straight lifestyle.

Avenger, supra note 49. Conversion therapist and NARTH President, Joseph Nicolosi’s intervention plan for homosexuals, forced men to exhibit the following behaviors if they wanted to succeed in their heterosexual transformation:

1. Participate in sports activities.
2. Avoid activities that are of interest to homosexuals, such as art museums, opera, symphonies.
3. Avoid women unless it is for romantic contact.
4. Spend time with heterosexual men, in order to learn to mimic heterosexual male ways of walking, talking and interacting with heterosexual men.
5. Attend church and join a men’s church group.
6. Attend a reparative therapy group to discuss progress or slips back to homosexuality.
7. Become more assertive with women through dating and flirting.
9. Have heterosexual intercourse.
10. Enter into heterosexual marriage.
11. Father children.

Id. See also Gans, supra note 83, at 226 (discussing other treatment methodologies used by proponents of SOCE).

Cianciotto & Cahill, supra note 76, at 3.

Avenger, supra note 49; see also Cox, supra note 91.

Today, several major ex-gay umbrella groups exist, but they have trouble agreeing on their techniques. For example, as part of the weekend retreat I attended, guides had us practice “healing-touch” therapy: I sat on the floor between the outstretched legs of one man and leaned back against his chest while other men placed their hands on my arms and legs. (This position was called “The Motorcycle.”) But in a policy statement, the largest ex-gay umbrella group, Exodus International, opposes “the therapeutic practice commonly referred to as ‘holding/touch therapy’ as a healing exercise for those with same-sex attraction distress. Perhaps they find it counter-productive to their goals.

Id. See generally BUT I’M A CHEERLEADER (Lionsgate 1999) (depicting a teenage girl who is forced to attend a reparative therapy camp). The campers are required to come to terms with their same-sex attractions, rediscover their appropriate gender identity by performing stereotypical gender-role tasks, seeking the reasons for their “unnatural” attractions, learning about the opposite sex, and even simulating heterosexual intercourse. Id. Most of the campers mask their feelings so they can please their family and graduate camp, a few decide to embrace their sexuality even if it costs them their family and friends. Id. LATTER DAYS (Filmworks 2003) (following the story of a Mormon missionary who checks himself into a treatment facility after attempting to take his own life when his parents reject his pronouncement that he is gay); SAVED! (United Artists 2004) (showing a teenager in her final year in a Christian high school who attempts to save her boyfriend from damnation when he admits he might be gay, only for his parents to
As previously mentioned, historically a number of other methods were used to attempt to convert homosexuals to heterosexual. Besides surgical procedures, the most common of these was aversion therapy, which is still practiced, albeit somewhat differently today.\textsuperscript{96} The driving purpose of aversion therapy is to “reduce or avoid an undesirable behavior . . . by conditioning the person to associate the behavior with an undesirable stimulus.”\textsuperscript{97} Often the patient was shown an image of an attractive member of the same sex (or a photo of a former partner supplied by the patient or a family member) and as they viewed that image they were exposed to some kind of noxious stimulus that they would come to associate with feelings of attraction to the same-sex over a number of sessions.\textsuperscript{98} Early on chemicals were used to induce nausea and vomiting, and later this was replaced with electric shock since that method was easier to control and predict.\textsuperscript{99} The best case scenario for such treatment was administration at least twice a day over a period of two weeks, but that was difficult if the patient was participating on an out-patient basis rather than already being confined to a hospital or prison.\textsuperscript{100} Today aversion therapy is practiced using the same general concept, except that instead of using physical stimulus to produce the behavior change, a therapist might show such the picture and describe why attraction to the same-sex is unnatural and wrong, producing essentially the same result.\textsuperscript{101}
All three of these methods have been adapted or devised by conversion therapists to produce a desired result—converting gay patients to straight. They have been used on adults and children alike to accomplish that goal and ensure long-term change.

ii. What is it Meant to Accomplish?

The purpose of the psychoanalyst early on was to identify “socially denigrated behaviors,” translate them into psychological terms, and then create a medical intervention method that would generate hope that there was a cure or change was possible. That is why when psychoanalysis reached its highest influence from the 1940s to the 1960s gay men and women hoping to live a “normal” heterosexual life and not be considered the “other” by society, sought out treatment to help change their attraction to members of the same sex.

The goal, as mentioned, is to convert gay people to straight. More ominously though, and the truly damaging aspect of any of these methods, is that the driving purpose is to convert them to straight by vesting them with the belief that homosexuality is bad, immoral, deadly, unacceptable, and abnormal. In many cases this also includes convincing someone with a loving family that their childhood was bad, and their parents have in some way failed them. It

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102 Drescher, supra note 84, at 11.
103 Id.
104 What We Offer, NARTH, http://narth.com/menus/myths.html (last visited Aug. 30, 2012). NARTH explains that their primary goal is to make reparative therapy available to all homosexuals that seek change. Id.

Fifty years ago, researcher C.D. King offered a very useful definition of "normal." The practical wisdom of that definition is still apparent. Normality, he said, is ‘that which functions according to its design.’

As clinicians, we have witnessed the intense suffering caused by homosexuality, which many of our members see as a "failure to function according to design." Homosexuality distorts the natural bond of friendship that would naturally unite persons of the same sex. It threatens the continuity of traditional male-female marriage—a bond which is naturally anchored by the complementarily of the sexes, and has long been considered essential for the protection of children.

106 Id.
teaches patients to outcast others rather than accept them, and to question their self image rather than empowering them. A basic distillation of the purpose of conversion therapy and what its various applications are meant to accomplish boils down to this: Homosexuality is wrong and therefore if you have homosexual urges there is something wrong with you.

iii. Does it Accomplish This Goal?

Carrying that message forward and viewing it through the lens of the high level of ineffectiveness of such therapies a real problem begins to emerge. Basically, you have patients who continue to experience same-sex attraction, but now are trained to believe that such attractions mean there is something wrong with them. Rather than having positive tools to approach challenges with, they are trained to have negative responses to their own internal emotions.

Just how effective is conversion therapy though? The answer is simply that it is difficult to know because, while proponents report high success rates, their studies are not peer-reviewed or subjected to testing that gives them any kind of credibility. Moreover, when follow-up studies have been conducted many of the reported successes could not be located and seemed not to exist. One of the only peer-reviewed and respected studies backing the success of

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In males, homosexuality it is associated with poor relationship with father; difficulty individuating from mother; a sense of masculine deficit; and a persistent belief of having been different from, and misunderstood by, same-sex childhood peers. In adulthood we also see a persistent pattern of maladaptive behaviors and a documented higher level of psychiatric complaints.

Id.  
107 See Gans, supra note 83, at 220; see also Cianciotto & Cahill, supra note 76, at 77.  
108 See Cianciotto & Cahill, supra note 76, at 77.  
109 See Drescher, supra note 54, at 15.  
110 See Cianciotto & Cahill, supra note 76, at 78.  
111 See Drescher, supra note 54, at 4.
reparative therapy was recently rescinded by the well-respected scientist who conducted the study, leaving conversion groups scrambling to defend their continued use of the study.\footnote{Id. at 16; Steven DuBois, Gay Conversion Therapy Not Ethical, Opponents Charge, ST. LOUIS POST-DISPATCH, May 27, 2012, http://www.stltoday.com/news/national/gay-conversion-therapy-not-ethical-complaint-alleges/article_54092e29-2748-5130-afa8-4a16876e46c4.html. Dr. Spitzer recently apologized for publishing a fatally flawed study that has harmed the LGBT community. Id. But see Admin, Spitzer’s Retraction: What Does it Really Mean?, NARTH, June 1, 2012, http://narth.com/2012/06/2532/ (discussing why Dr. Robert Spitzer’s retraction of his sexual-orientation change study does not impact discredit the original findings of the study).}

Another complication is that success is defined differently among different programs. For some success means completely curing someone of same-sex attraction and for others success equals teaching someone to ignore those desires in order to live a heterosexual lifestyle.\footnote{See Ex-Gay Scandals and Defection, TRUTH WINS OUT, http://www.truthwinsout.org/scandals-defections/ (last visited Aug. 30, 2012); see also Avenger, supra note 49; Cianciotto & Cahill, supra note 76, at 5.} There have been several stories of former leaders and so-called success stories coming out against conversion therapy and denouncing its claimed effectiveness.\footnote{See Cianciotto & Cahill, supra note 76, at 8.} The sum of all of evidence equals a little more than nothing; in other words, there is little evidence that reparative therapy is effective in curing homosexuality.\footnote{Id.} The majority of the evidence points to the opposite conclusion, that not only is it ineffective but it is also harmful.\footnote{Id. at 5.}

B. Conversion Therapy is Harmful to Patients, Both Willing and Forced

Tracing the methods used to accomplish conversion, the embedding of the underlying message that homosexuality is wrong and immoral into the patients psyche, and the lack of effectiveness leaving a patient to reconcile that message with their continued same-sex attraction creates a perfect storm for self-hatred and psychological distress.\footnote{Id. at 5. A seven year study of over two-hundred participants of conversion therapy highlights the damage caused by such attempts. Id.} Indeed, many former patients of reparative therapy report just such results.\footnote{Id.} Often feelings of depression, “severe
mental and physical anguish,” and suicide attempts are reported.\textsuperscript{119} Unfortunately, a number of suicide attempts are successful, putting that person beyond the help of accepting mental health professionals.

Studies show that it often makes no difference if the person was a willing participant of reparative therapy or not.\textsuperscript{120} This makes sense because the end result is still the same, even if a person decides they want to seek out such therapy, when the therapy fails they are still left with the training that homosexuality is wrong.\textsuperscript{121} In many cases for those that were already struggling with the pressure of societal rejection the outcome is worse because their feelings of abnormality have only been heightened and they already sought out help which suggests to them that they are beyond “repair.”\textsuperscript{122} For those forced into such programs the distress is astronomical.\textsuperscript{123} Each session of therapy or day of camp exposes them to people who disapprove of their choices, and leaves them with the feeling that if they do not change or mask their feelings they will be rejected.\textsuperscript{124} Particularly for youth who are forced to attend such programs by their parents, the message is that if they fail to change they face losing the acceptance of their loved-ones and their means for survival.\textsuperscript{125}

\[\text{[They] surveyed 202 individuals who had participated in conversion therapy. Twenty-six (13 percent) of the study participants reported believing that they successfully changed post treatment (self-perceived success), but only eight individuals reported that they were not experiencing “slips” or needed to frequently use coping mechanisms in order to control their same-sex behavior or attractions. Of those eight, seven were providers of ex-gay counseling and four out of those seven actually had paid positions as ex-gay counselors.}\]

\[\text{Of the 176 participants in the self-perceived failure group, 155 reported significant longterm [sic] harm from conversion.}\]

\textit{Id.}  
\textsuperscript{119} See Cox, supra note 91.  
\textsuperscript{120} See Cianciotto & Cahill, supra note 76, at 5–6.  
\textsuperscript{121} Id.  
\textsuperscript{122} Id.  
\textsuperscript{123} Id. at 1–2.  
\textsuperscript{124} Id. at 1.  
\textsuperscript{125} Id.
Besides the individual side-effects and psychological damage, reparative therapy and ex-gay groups foist a larger message on our society as a whole, that homosexuality is wrong and should be cured. Their message suggests the opposite of acceptance, despite claims to the contrary.\footnote{Find Help, EXODUS INT’L, http://exodusinternational.org/find-help/ (last visited Aug. 30, 2012).} They preach intolerance and rejection of the majority of scientific findings that homosexuality is a natural occurrence in the human population, that LGBT people are productive members of society, and that they are capable of participating in important social activities such as marriage and child-rearing.\footnote{Id.} Exodus International, a leader in promoting sexual orientation change efforts, has a section of their website entitled \emph{Help for Family and Friends} on how to help people you know who are “affected by homosexuality.”\footnote{Help for Family and Friends, EXODUS INT’L, http://exodusinternational.org/find-help/help-for-family-and-friends/ (last visited Aug. 30, 2012).} Resources to find help if your child, spouse, friend, or parent struggles with same-sex attraction are listed including links to conversion therapists.\footnote{Id.} NARTH, a supposedly secular association participating in change efforts, has on their home page links to various articles addressing their mission and the pitfalls

\begin{itemize}
\item \footnote{Am. Psychological Ass’n, supra note 77, at 3.} to help!
\item \footnote{Dear Friend or Family Member,}
\end{itemize}

\begin{itemize}
\item \footnote{Id.}
\item \footnote{Exodus has a wealth of helpful resources and information for the friends and family of those who are gay-identified or who struggle with same-sex attractions. We pray that you will find resources to bless you in your own process of healing as well as help for your loved friend or family member.

\begin{itemize}
\item \footnote{Id.} We know that it can be heart-wrenching to learn that a loved one is affected by homosexuality. Exodus is a safe place for you to learn more about homosexuality, gain insight for practically caring for your loved one, and get the support you need personally. Friends and family need just as much care and support as the child, spouse, parent, sibling or friend who is gay-identified or struggling with same-sex attractions.
\end{itemize}
\end{itemize}
of the gay lifestyle.¹³⁰ In a section addressing the “Born that way” theory entitled *Facts, Not Flattery, About Same-Sex Attraction* NARTH explains its view of the gay lifestyle:

> Who helps you: someone who fails to tell you the truth or someone who does tell you the truth? The former may make you feel better; they may soothe and flatter, but the truth is more loving. It will help you live a healthier, happier and more fulfilled life.

> Defenders and promoters of homosexuality try to cover up the scientifically documented serious promiscuity, inability to maintain sexual fidelity, partner abuse and psychological and medical illnesses associated with the lifestyle. Also, they tell persons with same-sex attractions (SSA) that "It's genetic," "You were born that way," or worse "God made you gay."¹³¹

Though NARTH insists that it preaches acceptance for those who choose not to change, it is hard to miss the clear statement they are making about homosexuality between the lines of their “loving” messages.¹³² Here the truth about homosexuality and the need to change your self is going to lead to a “healthier, happier, and more fulfilled life.”¹³³ So what happens if you choose or are forced to these people for help and still experience same-sex attraction? What happens if you do not want to change? Does that mean you or your loved one are doomed to an unhealthy, unhappy, and empty life? At the very least, that is the message broadcasted into a society where acceptance is already hard to find.¹³⁴

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¹³¹ *Facts, Not Flattery, About Same-Sex Attraction*, NARTH, http://narth.com/docs/notflattery.html (last visited Aug. 30, 2012). NARTH claims to be a secular institution dedicated to the research and cure of homosexuality and yet religious undertones appear in a number of their arguments, including this statement made by the organization’s president. *Id.*

¹³² *Id.*

¹³³ *Id.*

Whether a patient agrees or is forced into some kind of program to change their sexual orientation the result is the same. These programs are largely ineffective in accomplishing the goal of curing homosexuality, undoubtedly because, as the vast majority of the scientific community believes and asserts, homosexuality is not a disease but a naturally occurring part of the human population and therefore does not require a cure.\textsuperscript{135} What sexual orientation change methods are effective in accomplishing is embedding self-hatred within its patients and intolerance within society.\textsuperscript{136} Individual patients report depression, mental and physical anguish, attempted suicide, and extreme dissatisfaction with the course such therapies have guided them to in their lives.\textsuperscript{137} Our society clearly suffers from persistent problems with homophobia, perpetuated and encouraged by the suggestion that gay people need to change which is only enhanced by permitting these groups to continue espousing discredited scientific theories.\textsuperscript{138} Even worse, as younger more tolerant generations have made positive strides towards acceptance these groups have targeted their message at the generations coming up behind them in an effort to reverse the growing tide of acceptance sweeping the United States.\textsuperscript{139}

\textbf{C. Youth has Become the Primary Target in the War Against the LBGT Community}

Prior to the early part of this century adults were the primary target of conversion therapists.\textsuperscript{140} While the harm caused to adult patients by so called conversion therapists is widely accepted, the ability to intercede is limited when you have an adult member of society making a conscious choice to continue such programs, even when their informed consent was

\textsuperscript{135} Am. Psychological Ass’n, \textit{supra} note 77, at 6; \textit{see also} Gans, \textit{supra} note 83, at 226.
\textsuperscript{136} \textit{See} Gans, \textit{supra} note 83, at 225–27.
\textsuperscript{137} \textit{See} Cianciotto & Cahill, \textit{supra} note 76, at 5–7; \textit{See} Cox, \textit{supra} note 91.
\textsuperscript{138} \textit{See} Gans, \textit{supra} note 83, at 225–27.
\textsuperscript{139} \textit{See} Cianciotto & Cahill, \textit{supra} note 76, at 14.
\textsuperscript{140} \textit{Id.} at 26–29.
This threat is magnified exponentially when the target is our nation’s youth and even more when it is forced upon them by their parents. The reality is that minors are an especially vulnerable and impressionable population, and this is equally as true, if not more so for those struggling with their sexual identity in a society that already signals and reinforces the abnormality of such lifestyle choices via the discriminatory practices it condones.

However, society has made great strides towards acceptance and momentum has been building in favor of the gay rights movement over the last decade, beginning with two major court decisions in 2003: first, the Supreme Court decision in *Lawrence v. Texas* which legalized private, consensual same-sex relationships, and second, the Massachusetts Supreme Judicial Court opinion which legalized gay marriage in that state. This momentum has continued as more states have legalized gay marriage (including New York in 2011) or domestic partnerships, as Don’t Ask, Don’t Tell was repealed, and as Barack Obama made history as the first president to openly announce his support for gay marriage. Since 2003 ex-gay activism has dramatically increased its efforts to halt this momentum, and it has targeted a large portion of that activism at youth, be it encouraging parents to commit their children to treatment, or encouraging youth to reject the culture of acceptance propagated by the “pro-gay” agenda all

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141 *Id.* at 7, 26–29. One common ethical complaint is that many reparative therapists do not provide accurate information to their clients that would allow them to make an informed decision about whether they want to participate. *Id.* at 7. Instead they work hard to convince them that they need to participate or face an unhealthy and immoral life. *Id.*
142 *Id.* at 29–30.
143 *Id.*; see also PFLAG, supra note 12, at *4–6.
144 Cianciotto & Cahill, supra note 76, at 29.
Recently, the invention of “prehomosexuality” was developed with the purpose of encouraging parents of very young children who displayed any characteristics that might blossom into homosexuality (i.e. boys clinging to their mothers, or little girls who like rough housing) to immediately get them involved in conversion therapy before any of these tendencies caused them to believe they were attracted to the same-sex.

Exactly what is wrong with targeting children and adolescents? Most people reflecting on their teenage years recall a period of confusion, constant emotional and physical changes, and an insatiable desire to be accepted by their peers. Those feelings are only multiplied when a youth is grappling with their sexual identity in the middle and high school environments. Frankly, it is hard enough to be a kid; it is harder when you are struggling with your sexual identity in a community that can react harshly to differences. During these formative years schools, families, and societal institutions help shape adolescents for the adult roles they must

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148 Cianciotto & Cahill, supra note 76, at 29.
149 Id. at 16.
150 See Am. Psychological Ass’n, supra note 77, at 3–4.
151 PFLAG, supra note 12, at *1–2.
152 See PFLAG, supra note 12, at *4–6; Pearson et al., Adolescent Same-Sex Attraction and Academic Outcomes: The Role of School Attachment and Engagement 54 Social Problems 523, 523 (2007).

Schools create environments in which some sexual feelings, behaviors, and relationships are stigmatized, and this may have negative consequences for adolescents with nonheterosexual romantic attractions. This stigma can lead them to withdraw and disengage from school at a critical time of preparation for adulthood, which can compromise opportunities for future success. Previous research has demonstrated that sexual minority youth report greater levels of school-related problems, including a weaker sense of attachment to school and more trouble with teachers and peers. This lack of social integration is likely to affect their educational success. Data from the National Longitudinal Study of Adolescent Health and the newly collected Adolescent Health and Academic Achievement study provide the first opportunity to fully explore whether and to what extent same-sex attracted youth enter adulthood with an educational disadvantage. In this study, we examine (1) whether same-sex attracted adolescents have lower levels of academic success, (2) if their lower academic success is explained by a lack of social integration at school, and (3) whether these relationships differ for boys and girls. Results suggest that same-sex attracted students, particularly boys, do suffer academically, and that this is in part a result of school-related problems and risk factors such as emotional distress and substance use; however, a great deal of the disadvantage fails to be explained by these factors. Additionally, while same-sex attracted boys show poorer academic performance, same-sex attracted girls do not, suggesting that gender may shape how sexual minority youth experience and respond to marginalizing school environments.

Id.
claim in society.\textsuperscript{153} The early presence of unwelcoming peers and societal rejection has an immediate and negative impact on LGBT youth.\textsuperscript{154} Often they experience bullying and rejection from peers and loved ones which undermines their ability to achieve their full potential because they lack the necessary support systems.\textsuperscript{155} The cost of this rejection is far too high, the suicide rate for LGBT students is three to four times as high as that of their heterosexual counterparts, and for transgender or gender non-conforming youth it ranges between 41 to 51\% depending on environmental factors.\textsuperscript{156} The need to create safe and welcoming environments for LGBT youth has passed a critical level.\textsuperscript{157}

The message propagated by NARTH, Exodus International, and their counterparts is clear—help yourself, help your friends, help your parents, and parents help your children overcome their homosexual urges.\textsuperscript{158} As Dr. Joseph Nicolosi, President of NARTH stated at the Love Won Out conference in October 2005,

\begin{quote}
There is no such thing as a homosexual. He [the male homosexual] was born to be heterosexual. His true nature is heterosexual. He may have a homosexual problem but he is not a homosexual. God didn’t create heterosexuals and homosexuals—two kinds of people. [If he did] he would be throwing natural law out the window.\textsuperscript{159}
\end{quote}

While not only contrary to accepted scientific principles, this message clearly imparts upon youth the need to fix the homosexual “problem” or risk living against the natural order of the

\textsuperscript{153} Id. at 523.
\textsuperscript{154} Id.
\textsuperscript{155} PFLAG, supra note 12, at *3-5. Bullying is an increasingly visible problem. It involves “psychological, social, or verbal attacks by an aggressor against a victim in an uneven power dynamic. Id. at 3-4. The effects of bullying include low self-esteem, decline in academic performance, disruption of relationships, running away, and even suicide. Id. at 5. Suicide as the result of bullying has received a lot of attention over the past year as more and more such cases are being reported. (need source)
\textsuperscript{156} PFLAG, supra note 12, at *5.
\textsuperscript{157} PFLAG, supra note 12, at *8.
\textsuperscript{158} Cianciotto & Cahill, supra note 76, at 14.
\textsuperscript{159} Id. at 33.
universe.\textsuperscript{160} Youth, often brought by concerned parents, make up a growing number of attendees as such conferences.\textsuperscript{161} Moreover, the environment of fear is further heightened by the announcements that “militant homosexual” protestors would be present and conference attendees should not go outside or speak with them, and anyone attempting to infiltrate with messages of acceptance would be asked to leave.\textsuperscript{162}

Implicit in the platform of sexual orientation change efforts is the rejection of homosexuality.\textsuperscript{163} Whether that is because it is immoral, unnatural, will result in an unhappy or unhealthy lifestyle, or because it goes against one’s religious beliefs, the message is clear—it is wrong and it must be sought out and changed.\textsuperscript{164} Psychologically speaking it is hard enough for an adult to deal with the social ramifications of such a message, but the toll on LGBT youth has reached an unacceptable level.\textsuperscript{165} When a portion of the population is in danger it has been the practice of our nation’s government to step in and protect that group and the Supreme Court has repeatedly upheld these efforts as serving a legitimate government purpose, even where they have infringed on the rights of parents to control the upbringing of their children.\textsuperscript{166} We have already passed that point with LGBT youth, and the time for action is now.

IV. The Solution

Being gay or lesbian is not a disorder. While at times people need therapy to better understand their sexuality and to assist them in considering issues of sexuality in the context of their lives, 'conversion' therapies, as the name implies, too often tend to start from a presumption that it is wrong to be gay and that the only goal is to change that; which is not a helpful therapeutic approach.” – Martin Binks, clinical director and CEO of Binks Behavioral Therapy

\textsuperscript{160} Id.
\textsuperscript{161} Id. at 30.
\textsuperscript{162} Id. at 34.
\textsuperscript{163} Id. at 30.
\textsuperscript{164} Id.
\textsuperscript{165} PFLAG, supra note 12, at *5.
\textsuperscript{166} See Winkler, supra note 17, at 864.
On August 30, 2012 SB 1172, a bill banning most forms of sexual orientation change efforts on a minor passed both California houses and will move forward to Governor Jerry Brown for his consideration and signature. This bill is the first of its kind and hopefully will pave the way for other states or better still, the federal government to follow suit. The sooner the better for our nation’s youth.

A. California Acts to Protect Minors from a Discredited and Harmful Practice

How does SB 1172 protect the gay community? First, it declares on behalf of the state government of California that being gay or bisexual is not a disease, as has been recognized by mental health professionals for over forty years. Second, the legislature found that the American Psychological Association’s Task Force on Appropriate Therapeutic Responses to Sexual Orientation systematic study of peer-reviewed research demonstrated that reparative therapy poses “critical health risks . . . including, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame towards parents . . . ”, which amounts to the first legal recognition of the extreme damage caused by sexual orientation change efforts. The bill also declared that minors face especially serious health risks and that California has a compelling interest in “protecting the physical and

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168 Conley, supra note 11.
169 Cianciotto & Cahill, supra note 76, at 3.
171 Id, § 1(b). The next few sections involve rejection of such efforts by the American Psychological Association, the American Psychiatric Association, the American School Counselor Association, the American Academy of Pediatrics, the American Medical Association, the National Association of Social Workers, the American Counseling Association Governing Council, the American Psychoanalytical Association, the American Academy of Child and Adolescent Psychiatry, and the Pan American Health Organization, a regional office of the World Health Organization which has condemned reparative therapy as well. Id. §1(b)–(l).
psychological well-being of minors..."\(^{172}\) After making these findings and declarations the bill amended Article 15 of the Business and Professions Code to include:

865.1. Under no circumstances shall a mental health provider engage in sexual orientation change efforts with a patient less than 18 years of age.

865.2. Any sexual orientation change efforts attempted on a patient less than 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider.

Essentially, SB 1172 creates a cause of action against mental health providers who attempt to engage in reparative therapy by declaring such actions professional misconduct.\(^{173}\)

While it would be nice to have a farther reaching pronouncement, SB 1172 represents an intelligent approach to chipping away at the practice of conversion therapies. First, it directly addresses the major legal challenge it will face, that it interferes with a parent’s Fourteenth Amendment right to dictate the upbringing of their children.\(^{174}\) A government is allowed to curtail certain rights if it can prove that any such legislation is narrowly tailored to meet a compelling government interest.\(^{175}\) In terms of medical health, state actors have had a number of successes in demonstrating their right to protect the medical well-being of minors from certain parental actions or inactions, including refusing medical treatment.\(^{176}\) Much of the broader language within the original version of the bill was removed as it was amended in each house in an effort to ensure it was narrowly tailored.\(^{177}\) While the bill only reaches licensed mental health professionals, it need not expand to other areas because they can be reached via the violation of practicing without a license where necessary.\(^{178}\)

\(^{172}\) Id. § 1(m)–(n).
\(^{173}\) Conley, supra note 11.
\(^{174}\) See S.B. 1172, supra note 170, § 1(n).
\(^{175}\) See Winkler, supra note 17, at 798–800.
\(^{176}\) See Asser & Swan, supra note 18, at 625.
\(^{177}\) See S.B. 1172, supra note 170.
\(^{178}\) Cianciotto & Cahill, supra note 76, at 11.
Still, despite its limitations, the definition of “mental health provider” included in the bill means it will impact a wide range of licensed mental health professionals.\textsuperscript{179} “Mental health provider” was defined to include,

a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, \textit{intern, or trainee}, a licensed marriage and family therapist, a registered marriage and family therapist, intern, or trainee, an \textit{a licensed} educational psychologist, \textit{a credentialed school psychologist}, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, or a registered clinical counselor, intern, or trainee, or \textit{any other person designated as a mental health professional under California law or regulation}.\textsuperscript{180}

This definition protects minors against reparative therapy attempts outside and inside their school environment, by banning such practices by psychoanalysts and educational or school psychologists.\textsuperscript{181} It also ensures that proponents of sexual orientation change efforts can no longer pretend that their motivation is scientifically based, but forces them to act through protected religious organizations.\textsuperscript{182}

The biggest shortfall is that SB 1172 does nothing to stop ex-gay ministries such as Exodus International, though it essentially represents a major blow to supposedly secular institutions like NARTH in California if it is passed.\textsuperscript{183} The reality is that had SB 1172 attempted to ban such practices on the part of religious institutions and their representatives, the bill likely would have been struck down as violating the First Amendment of the Constitution.\textsuperscript{184} Also, if it attempted to regulate non-professionals it could possibly have been struck down for

\textsuperscript{179}See S.B. 1172, supra note 170, § 2(a).
\textsuperscript{180}Id.
\textsuperscript{181}Id.
\textsuperscript{182}See supra notes 131, 179.
\textsuperscript{184}Cianciotto & Cahill, supra note 76, at 53.
viewpoint discrimination.\textsuperscript{185} NARTH has already entered into a representation agreement with Liberty Council to challenge the legislation in court.\textsuperscript{186} As it stands the bill is likely to survive a court challenge, particularly in California.\textsuperscript{187} The government interest is to protect the mental health of LGBT minors and the bill does that by creating a cause of action against licensed professionals who attempt to engage in reparative therapies based on discredited science.\textsuperscript{188} It does not overreach by targeting religious groups or non-professionals who could claim a violation of their First Amendment rights, and as such it is narrowly tailored to meet its objective.\textsuperscript{189} Furthermore, it would not be the first time the government proved that it had a right to intervene in medical decisions made on behalf of children.\textsuperscript{190} With a suicide rate as high as fifty-one percent for out LGBT youth it should not be difficult to demonstrate that the government has a compelling need to keep children from exposure to a practice that embeds self-hatred into the patient’s own psyche.\textsuperscript{191}

\textbf{B. The Need for Federal Legislation and Defending its Constitutionality}

Over time these limitations will effect change by narrowing the ability to target youth for reparative therapy and spread the message of intolerance. However, time is of the essence, the youth of today are already grappling and too often losing the battle for self and societal acceptance.\textsuperscript{192} Reparative therapy needs to be banned nationwide by federal legislation. The California bill is a good model for stopping the use of sexual orientation change efforts aimed at minors by licensed professionals, but to be truly effective federal legislation needs to reach

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\textsuperscript{186} SB 1172, The Bill to Ban All Forms of SOCE for Minors, \textit{supra} note 167.
\textsuperscript{188} Conley, \textit{supra} note 11.
\textsuperscript{189} Cianciotto & Cahill, \textit{supra} note 76, at 11.
\textsuperscript{190} See Asser & Swan, \textit{supra} note 18, at 625.
\textsuperscript{191} PFLAG, \textit{supra} note 12, at *5.
\textsuperscript{192} PFLAG, \textit{supra} note 12, at *5.
\end{flushleft}
further and end the practice as it is applied to children and teenagers altogether, whether conducted by secular or religiously affiliated practitioners.

Notably, the government is permitted to intervene when a parent denies medical care based on their religious beliefs. This sets a precedent for state interference with religious beliefs when they endanger the life of a minor. Any federal legislation could be defended as a logical extension of that line of precedent. Thus a bill that banned sexual orientation change efforts could be defended from a Fourteenth Amendment challenge on the ground that it was narrowly tailored to serve a compelling government interest, and still survive a First Amendment challenge based on the precedent already in place for protecting children against certain religiously based medical decisions that clearly endanger minors. The weight of the scientific evidence points to the psychological and physical damage posed and actually caused by proponents of SOCE.

Another important benefit would be the clear message by the federal government that homosexuality is an acceptable and important part of society. That, as a nation we value all of our people, and will not tolerate hatred and homophobia. Besides protecting minors through the ban of reparative therapy this pronouncement would go further in spurring change and acceptance that will help let our youth develop good self-esteem, thrive in a positive environment, and prosper in ways that benefits our society as a whole. We would not need to

193 See Asser & Swan, supra note 18, at 625.
194 Id.
195 See Winkler, supra note 17, at 861, 863. Winkler indicated that challenges to the 14th Amendment based on the exemption argument are rarely successful, losing 74% of the time. Id. at 861. On the other hand challenges alleging discrimination based on religious beliefs have enjoyed a great amount of success. Id. Decisions upholding a violation of the 14th Amendment’s Due Process Clause are issued in approximately 22% of such cases. Id. at 863. Restrictions on parental rights have been upheld in 25% of such challenges, though there is greater precedent for interfering in medical decisions that endanger a child’s health. Id. at 864; see also Asser & Swan, supra note 18, at 625.
196 Cianciotto & Cahill, supra note 76, at 57–59.
197 See Am. Psychological Ass’n, supra note 77, at 3–4.
have videos of famous people announcing to LGBT youth to hang in there because life gets better, they would know because society has not out-casted them or permitted efforts to condemn or change their sexuality.\textsuperscript{198} This represents one giant, but essential step in our country’s path to enlightenment and acceptance of diversity.

V. Conclusion

Homosexuality has been around since time immemorial.\textsuperscript{199} It went from accepted in ancient times, to tolerated practice up through the High Middle Ages, to condemnation as the reach of the Christian church grew and turned more conservative.\textsuperscript{200} Following the church’s condemnation of same-sex attraction, homosexual acts were punished as criminal, often resulting in imprisonment or death for offenders.\textsuperscript{201} Over time the scientific fields became involved and started to stake their claim over the sexual nature of humans, resulting in the determination that homosexuality was a mental disorder and lessening the criminal punishments dished out.\textsuperscript{202}

With the involvement of the scientific fields came the pursuit of a “cure.”\textsuperscript{203} Early on these attempts were crude and horrific.\textsuperscript{204} These practices faded into the background as aversion therapy—generating attraction to the same-sex and then giving nausea and vomit inducing drugs or electric shocks to create a negative impression of such attraction—gained in popularity.\textsuperscript{205} As aversion therapy became widely disfavored (though it still is used some today) “talk” therapy, a process of helping the patient learn the tools needed to control their psychological responses to


\textsuperscript{199} Herek, \textit{Facts About Homosexuality and Mental Health}, supra note 20; see also Phang, \textit{supra} note 19, at 262–63.

\textsuperscript{200} Herek, \textit{Facts About Homosexuality and Mental Health}, supra note 20.

\textsuperscript{201} Id.

\textsuperscript{202} Id.

\textsuperscript{203} Id.

\textsuperscript{204} Avenger, \textit{supra} note 49.

\textsuperscript{205} Id.
stressors, was adapted to the needs of conversion therapy and continues to be heavily relied on today.\textsuperscript{206}

Starting in the 1970s the weight of the evidence, numerous scientific studies, and changing social norms led to the determination by the vast majority of the medical community that homosexuality was not pathological in nature, and it was removed from the DSM.\textsuperscript{207} A select few medical professionals and a large number of religiously affiliated organizations rejected the shift and have worked tirelessly to help homosexuals convert to straight ever since.\textsuperscript{208} The growing condemnation from all the prominent medical and mental health associations of sexual orientation change efforts, a series of court decisions decriminalizing private, consensual same-sex acts, and legalization of gay marriage in a few states resulted in a flurry of heightened activity by such groups.\textsuperscript{209} Only this time they targeted their efforts at the youth, hoping to spur change from the ground up and stop the tide of acceptance growing with each passing generation.\textsuperscript{210}

Their driving purpose and the goal of all conversion treatment methodologies is to convert homosexuals into heterosexuals.\textsuperscript{211} This goal is accomplished by doing the exact opposite of embedding the positive tools that a typical therapist would seek to provide their patient, rather conversion therapists hammer in the belief that homosexuality is bad, immoral, deadly, unacceptable, and abnormal.\textsuperscript{212} Even where that means telling someone from a loving family that their childhood was not what they remember, and that their parents have in some way

\textsuperscript{206} Drescher, supra note 84, at 5.
\textsuperscript{207} Herek, Facts About Homosexuality and Mental Health, supra note 20.
\textsuperscript{208} Cianciotto & Cahill, supra note 76, at 29.
\textsuperscript{209} Id.
\textsuperscript{210} Id. at 29–30.
\textsuperscript{211} What We Offer, NARTH, http://narth.com/menus/myths.html (last visited Aug. 30, 2012). NARTH explains that their primary goal is to make reparative therapy available to all homosexuals that seek change. Id.
failed them. Moreover, there exists little to no peer-reviewed scientific evidence that conversion therapy works, and in fact, most valid studies point to the opposite conclusion, that is highly ineffective and extremely harmful. Boiled down to its essence, reparative therapy foists upon its patients a deep hatred for homosexuality, and then when it fails, as it almost always does, that hatred is turned inward.

The California bill is a needed and necessary step towards ending this harmful practice, but we must do more to help protect the mental and physical well-being of our nation’s youth. The federal government needs to pass legislation aimed at banning any form of conversion treatment for children under the age of eighteen. Of course, conversion therapy is just as harmful for adults but it would be difficult for the government to defend legislation that limits the rights of adults, though it could refuse to extend health care funds to such practitioners. However we get solve it everyone can agree that a forty to fifty percent suicide rate for out LGBT youth is unacceptable. As a nation we have a compelling interest in protecting our youth, and as a society that claims to value individual freedom and equal rights we have a moral obligation to practice what we preach. Conversion treatments should not be permitted or condoned for anyone, but especially not for children, the cost is simply too high.

\[213\] Id.
\[214\] Cianciotto & Cahill, supra note 76, at 5–6.
\[215\] PFLAG, supra note 12, at *5.