Sexual Abuse

SAGE the natural home for authors, editors & societies

Thursday, November 26, 2020

In the News: Conversion Therapy in the US and Beyond

By David Prescott, LICSW , Kasia Uzieblo, Ph.D., & Kieran McCartan, Ph.D.

According to Forbes and other media outlets, a federal appeals court in the US recently struck down local ordinances prohibiting conversion therapy. This has happened at a time when conversion therapy has been condemned in many locations around the world, including Germany this past spring and then Israel in the summer. As many readers will know, the term "conversion therapy" (also known as reparative therapy) is used to describe "any attempt to change a person's sexual orientation, gender identity, or gender expression". (This is taken from the GLAAD website's description, which is worth reviewing, as is this document from a United Nations Independent Expert.) We freely acknowledge that we are not lawyers; we are interested in this case as professionals in the area of preventing sexual offending.

A quick Google search on the term "conversion therapy" identifies many ways that it harms people, despite a robust literature showing that it is ineffective. The American Psychological Association and the American Psychiatric Association have issued statements condemning it, as have numerous other professional organizations. In the US, 14 states and the District of Columbia have put laws into place protecting LGBTQ+ youth. There is a considerable historical context that is beyond the scope of this blog, involving the medically and psychologically false idea that LGBTQ (and for that matter, gender-diverse individuals) are sick or pathological, just as there is a long history of severe pain and suffering resulting in long-lasting psychological and physical damage. Conversion therapy continues to take place in a multitude of countries, in all regions of the world.

This last point, regarding conversion therapy with youth, could be worthy of an entire conference, given the numerous questions of what would actually constitute informed consent. For example, young people who may be unable to judge the risks and benefits for themselves and the question of parental consent for various forms of treatment, may signal pressure on the youth, whose identify and wellbeing may hang in the balance.

Kieran McCartan, PhD
Chief Blogger

David Prescott, LICSW
Associate Blogger

Kasia Uzieblo, Ph.D.
Assistant Blogger

SAJRT Bloggers' Profile
We are longtime members of ATSA dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.

The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy, and community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are risk to abuse.

In the main, however, it's important to clarify that the federal appeals court in this case has struck down laws, but made no changes to the ethics codes of the numerous professional organizations that render the practice of conversion therapy unethical. Practicing conversion therapy and holding a license to practice psychotherapy no longer mix, and rightfully so. We are not advocates of conversion therapy as it has been practiced (which has often involved undue coercion either by the therapist, family members, or both). In fact, earlier this year, the Independent Forensic Expert Group (IFEG) of health specialists, declared that conversion therapy is a form of deception, false advertising, and fraud.

There are implications, however, of these and related legal proceedings for people working with those who have abused and have sexual disorders. The rationale of the federal appeals court centered on free speech. Number one on the list of freedoms in the US Constitution's Bill of Rights, free speech is near and dear to the vast majority of people in the world, and not given to many. People have fought and died for it and other freedoms. The court used as one example, that other free-speech cases have involved a Florida law that prevents doctors from talking with their patients about gun ownership (for example, a doctor would not be allowed to talk about the potential health hazards of weapons access where children are present despite the empirical research regarding weapons access and ownership; does free speech end at the door to the doctor's office?).

What are some potential implications of the federal appeals ruling for professionals who work with those who have offended? At the front lines, a number of possible questions emerge. We know that sexual orientation as a broad term is different from sexual interest, sexual arousal, and sexual behavior, but at the front lines of practice, the situation can be more obscure. For example:

Between the ethical codes of my profession and the laws protecting free speech, in what ways might I be at risk for treating people who have sexually abused others? There would seem to be a difference between conversion therapy and helping people who have a sexual interest in children, but do I possess the requisite scholarly papers to make a case should I be accused of practicing a variation of conversion therapy? Conversion therapy has traditionally been about changing someone's same-sex interests; where is the line with changing someone's age-related interests? I understand that changing someone's sexual orientation is unethical, but what about changing someone's sexual interests? How possible is that really? Am I in a safer position trying to help people manage those sexual interests without directly influencing them? Or do I need to think about all this differently?

Further, there has been debate about whether pedophilia is a sexual orientation; am I at risk for ethics complaints or prosecution under the wrong conditions? Can I work to change someone's sexual arousal patterns? Is there a clear line between these and orientation? How would I communicate that to a licensing board? Is it really different when the sexuality I am attempting to influence has to do with harming others (as opposed to traditional conversion therapy focusing on gender-related orientation? Where is the line between influencing someone's sexuality and helping them to manage urges, thoughts, and fantasies? What are the implications when working with a client who is not their own guardian?

We wish to emphasize that we have neither all the questions nor all the answers. To our minds, this is a discussion that has not yet occurred in any meaningful fashion. Questions about pathologizing sexuality will likely exist well into the future, including to what degree various elements of sexuality are innate and biologically based versus learned. Our point in bringing this discussion to the fore is to encourage all professionals to think about the broad dimensions and diversity of the questions that emerge in the assessment, treatment, and prevention of sexual offending.