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## FISCAL IMPACT REPORT

**SPONSOR** Candelaria/Romero **ORIGINAL DATE** 1/27/17  
**LAST UPDATED** 3/16/17 **HB** \_\_\_\_\_

**SHORT TITLE** No Conversion Therapy **SB** 121/aSJC/aHJC

**ANALYST** Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	NFI	NFI	NFI	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

New Mexico Medical Board (MB)  
Regulation and Licensing Department (RLD)

### SUMMARY

#### Synopsis of the House Judiciary Committee Amendment to Senate Bill 121

This amendment makes two changes, as follows:

- The Uniform Licensing Act is added to the list of acts changed by the bill.
- Conversion therapy becomes “grounds for disciplinary action” rather than being defined in the bill as an “unfair practice.” The disciplinary action would be determined by board relevant to the person performing conversion therapy.

#### Synopsis of the Senate Judiciary Committee Amendment to Senate Bill 121

The amendment replaces the words “filed in good faith and without actual malice” with “with reasonable care” in qualifying the immunity from liability of persons complaining about the use of conversion therapy. No other changes are made in the bill.

#### Synopsis of the Original Bill

Senate Bill 121 would ban the use of so-called “conversion therapy” on any person under 18 years of age. In the legislation, conversion therapy is defined as “any practice or treatment that seeks to change a person's sexual orientation or gender identity, including any effort to change

behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward persons of the same sex.” The bill goes on to exclude from its definition provision of therapy that would promote acceptance, support and understanding for a person’s gender identity or sexual orientation, without attempting to change that identity or that orientation. The prohibition would insert a new category of Unfair Practice into the Unfair Practice Act.

The bill goes on to make identical changes in the Nursing Practice Act, the Medical Practice Act, the Professional Psychologist Act, the Osteopathic Medicine Act, the Counseling and Therapy Practice Act, and the Social Work Practice Act, making the provision of conversion therapy to a minor the subject of disciplinary action by the board of each profession.

## SIGNIFICANT ISSUES

Conversion therapy became popular in the US in the early twentieth century, with a boost from prominent psychoanalyst Sigmund Freud. It became a standard means of attempting to “treat” homosexual men and women until losing favor in the late 1960s. By 1973, the American Academy of Psychiatry, had removed homosexuality from the influential Diagnostic and Statistical Manual. However, some religious groups continued to promote the use of conversion therapy through the end of the twentieth century.

In 2001, US Surgeon General David Satcher issued a report stating that there was no scientific evidence that any type of therapy could change a person’s sexual orientation. Since that time, many professional organizations have taken a stance opposing conversion therapy, and six states (California, Illinois, New Jersey, New York, Oregon and Vermont) and at least two Canadian provinces have banned its use, many jurisdictions and professional organizations and much research noting that harm often accompanies the use of conversion therapy.

The American Psychological Association recently produced a summary of research and opinion on conversion therapy. It is available as an attachment.

MB notes that:

“SB-121 recognizes, officially and specifically, that “Conversion Therapy” for individuals who are recognized as \*”LGBTQIA”, characterized by non-mainstream sexual orientation or gender identity not only is ineffective, but the vast majority of the time creates many more problems than it solves, especially with an individual’s perceived gender identification. The January 2017 Special Edition (#2004375) of the National Geographic, entitled “Gender Revolution Special Issue - U.S.” looks in depth at the international viewpoint and handling of gender identification around the world. *Gender Revolution* is a special, single-topic issue on the shifting landscape of gender. The recommended approach is empathy and support for the LGBTQIA individual rather than an ill-thought through approach...

“SB-121 deals with the recognition that “conversion” is not only a waste of effort and time, but has the potential for, effectively, rendering the subject dysfunctional. SB-121 does not, however, include any commentary on how to deal with the world of LBGQTQIA effectively, but goes a long way to discouraging the destructive approach called “conversion therapy”.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Some physicians, psychologists or other therapists might continue to use the generally discredited conversion therapy.

LAC/sb/al/jle

From American Psychological Association statement

# Just the Facts about Sexual Orientation and Youth

A Primer for Principals, Educators and School Personnel, 2008

The terms reparative therapy and sexual orientation conversion therapy refer to counseling and psychotherapy aimed at eliminating or suppressing homosexuality. The most important fact about these “therapies” is that they are based on a view of homosexuality that has been rejected by all the major mental health professions. The Diagnostic and Statistical Manual of Mental Disorders, sixth published by the American Psychiatric Association, which defines the standards of the field, does not include homosexuality. All other major health professional organizations have supported the American Psychiatric Association in its declassification of homosexuality as a mental disorder in 1973. Thus, the idea that homosexuality is a mental disorder or that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations.

Despite the general consensus of major medical, health and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy have been adopted by some political and religious organizations and aggressively promoted to the public. However, such efforts have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay and bisexual youth is a mental illness or disorder, and they often frame the inability to change one’s sexual orientation as a personal and moral failure.<sup>7</sup>

Because of the aggressive promotion of efforts to change sexual orientation through therapy, a number of medical, health and mental health professional organizations have issued public statements about the dangers of this approach. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists and the National Association of Social Workers together, representing more than 480,000 mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to or can be “cured.”

The **American Academy of Pediatrics** advises youth that *counseling may be helpful for you if you feel confused about your sexual identity. Avoid any treatments that claim to be able to change a person’s sexual orientation, or treatment ideas that see homosexuality as a sickness.*<sup>8</sup>

The **American Counseling Association** adopted a resolution in 1998 stating that it *opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender sexual orientation.*<sup>9</sup> Further, in April 1999, the ACA Governing Council adopted a position opposing the promotion of “reparative therapy” as a “cure” for individuals who are homosexual.<sup>10</sup>

In addition, ACA’s Code of Ethics states:

*Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm.*<sup>11</sup>

The **American Psychiatric Association**, in its 2000 position statement on “reparative” therapy, states:

*Psychotherapeutic modalities to convert or “repair” homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of “cures” are counterbalanced by anecdotal claims of psychological harm. In the last four decades, “reparative” therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm.*

*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. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.*

*Therefore, the American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual homosexual orientation.*<sup>12</sup>

The **American Psychological Association**, in its 1997 Resolution on Appropriate Therapeutic Responses to Sexual Orientation, which is also endorsed by the National Association of School

Psychologists, states:

*That the American Psychological Association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation and mental health and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation.*<sup>13</sup>

The **American School Counselor Association**, in its position statement on professional school counselors and lesbian, gay, bisexual, transgendered and questioning youth, states: *Lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth often begin to experience self-identification during their pre-adolescent or adolescent years, as do heterosexual youth. These developmental processes are essential cognitive, emotional and social activities, and although they may have an impact on student development and achievement, they are not a sign of illness, mental disorder or emotional problems nor do they necessarily signify sexual activity. . . .*

*It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being. . . .*

*Recognizing that sexual orientation is not an illness and does not require treatment, professional school counselors may provide individual student planning or responsive services to LGBTQ students to promote self-acceptance, deal with social acceptance, understand issues related to "coming out," including issues that families may face when a student goes through this process, and identify appropriate community resources.*<sup>14</sup>

The **National Association of Social Workers**, in its policy statement on lesbian, gay and bisexual issues, states that it *endorses policies in both the public and private sectors that ensure nondiscrimination; that are sensitive to the health and mental health needs of lesbian, gay and bisexual people; and that promote an understanding of lesbian, gay and bisexual cultures. Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes.*<sup>15</sup> *Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful.*<sup>16</sup> *NASW believes social workers have the responsibility to clients to explain the prevailing knowledge concerning sexual orientation and the lack of data reporting positive outcomes with reparative therapy. NASW discourages social workers from providing treatments designed to change sexual orientation or from referring practitioners or programs that claim to*

do so.<sup>17</sup> NASW reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so.<sup>18</sup>

As these statements make clear, the nation's leading professional medical, health and mental health organizations do not support efforts to change young people's sexual orientation through therapy and have raised serious concerns about the potential harm from such efforts. Many of the professional associations listed in the Resources section (pp. 17–19) can provide helpful information and local contacts to assist school administrators, health and mental health professionals, educators, teachers and parents in dealing with school controversies in their communities.

<http://www.apa.org/pi/lgbt/resources/just-the-facts.aspx>

## Bill would ban 'conversion therapy' for minors in New Mexico



Posted: Thursday, January 19, 2017 11:30 pm | Updated: 9:26 am, Fri Jan 20, 2017.

By Steve Terrell  
The New Mexican

Randy Royster said that when his daughter Amber started questioning her sexuality as a teen, he sent her to a therapist recommended by his pastor. The therapist used "conversion therapy," a treatment designed to change a person's sexual orientation.

Royster said the therapy caused great harm to his daughter and guilt and shame for him.

"No loving parent would purposefully do something that would hurt their children," he said. "Had I known then what I know now, I would have turned to a therapist who understands that trying to change a young person's sexual orientation through

therapy is a long-discredited practice that often causes long-term mental and physical harm."

Royster, president and chief operating officer of the Albuquerque Community Foundation, spoke Thursday at a news conference at the Capitol in support of legislation to ban the use of conversion therapy on those younger than 18.

Amber Royster, now 36 and openly gay, introduced her father at the news conference. She is the longtime executive director of Equality New Mexico, a major gay rights organization in the state, and has long worked the halls of the Roundhouse fighting for and against legislation affecting the LGBT community.

Sen. Jacob Candelaria and Rep. Andrés Romero, both Albuquerque Democrats, introduced the legislation, Senate Bill 121, to prohibit the use of conversion therapy on minors.

Physicians and therapists groups have condemned the treatment, but most states allow the therapy for children. Six states, including California and New York, and several cities have imposed bans.

The proposed New Mexico legislation involves amending several laws that regulate medical, nursing and counseling practices. Therapists who use conversion therapy would be in danger of losing their licenses.

Royster said he raised his daughter in an evangelical Christian environment. He said that when Amber started questioning her sexuality, he was worried, mostly because he knew homosexuals were often the targets of discrimination and physical attacks.

"When parents witness their children hurting, we want to help them," Royster said. "We turn to communities we know for support, and what I knew at the time was the church."

He said his daughter was subjected to therapy steeped in guilt and shame to try to change her.

"She was made to feel afraid of what might happen should she live her life as a lesbian, including rejection by her family and friends, and eternal damnation in hell," Royster said. "I never indicated or said that I would reject her, but that fear was manipulated against Amber by people in whom I placed great trust and in a place I thought was safe."

He said his daughter was diagnosed with post-traumatic stress disorder several years ago and "struggles with anxiety on a daily basis, and tends to isolate. It can be difficult for her to participate with our family and in the world."

Royster said he left the church where the pastor recommended conversion therapy

Groups that have condemned conversion therapy include the American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists and the National Association of Social Workers.

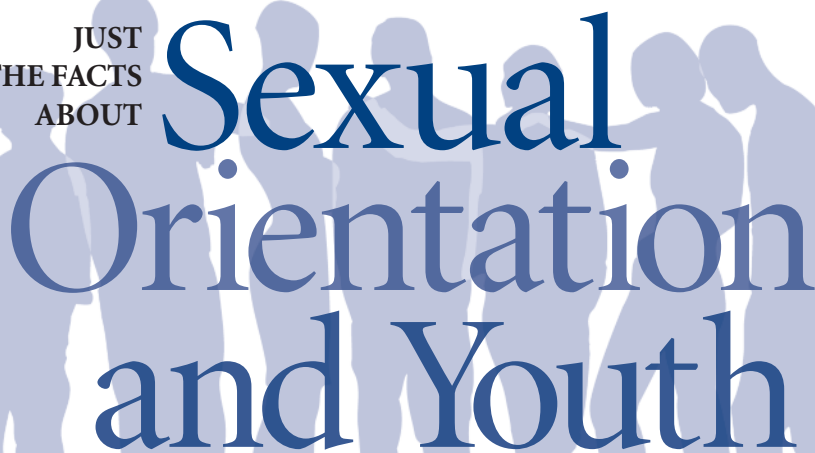
A booklet published by the American Psychiatric Association and several other organizations says:

"Despite the general consensus of major medical, health and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy have been adopted by some political and religious organizations and aggressively promoted to the public. However, such efforts have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay and bisexual youth is a mental illness or disorder, and they often frame the inability to change one's sexual orientation as a personal and moral failure."

Contact Steve Terrell at 505-986-3037 or [sterrell@sfnewmexican.com](mailto:sterrell@sfnewmexican.com). Read his political blog at [www.santafenewmexican.com/news/blogs/politics](http://www.santafenewmexican.com/news/blogs/politics).



JUST  
THE FACTS  
ABOUT



# Sexual Orientation and Youth

*A Primer for  
Principals, Educators,  
and School Personnel*

*A Publication Endorsed by:*

American Academy of Pediatrics  
American Association of School Administrators  
American Counseling Association  
American Federation of Teachers  
American Psychological Association  
American School Counselor Association  
American School Health Association  
Interfaith Alliance Foundation  
National Association of School Psychologists  
National Association of Secondary School Principals  
National Association of Social Workers  
National Education Association  
School Social Work Association of America

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School Social Work Association of America

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# Sexual Orientation and Youth

*A Primer for  
Principals, Educators,  
and School Personnel*

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Coalition?

The information in this booklet has been developed by a coalition of education, health, mental health, and religious organizations that share a concern for the health and education of all students in schools, including lesbian, gay, and bisexual students.\* We know you also share this concern—that all students have an opportunity to learn and develop in a safe and supportive environment.

The reason for publishing this booklet now is to provide you, as principals, educators, and school personnel, with accurate information that will help you respond to a recent upsurge in promotion of efforts to change sexual orientation through therapy and religious ministries. This upsurge has been coupled with a demand that these perspectives on homosexuality be given equal time in schools.

*Sexual orientation conversion therapy* refers to counseling and psychotherapy to attempt to eliminate individuals' sexual desires for members of their own sex. *Ex-gay ministry* refers to the religious groups that use religion to attempt to eliminate those desires. Typically, sexual orientation conversion therapy is promoted by providers who have close ties to religious institutions and organizations. Some religion-based organizations such as Focus on the Family have invested significant resources in the promotion of sexual orientation conversion therapy and ex-gay ministries to educators and young people in conferences, in advertising, and in the media.

This booklet provides information from physicians, counselors, social workers, psychologists, legal experts, and educators who are knowledgeable about the development of sexual orientation in youth and the issues raised by sexual orientation conversion therapy and ex-gay ministry. We hope that you and others who care about and work with youth will review the factual and scientific information provided here and weigh it carefully in responding to controversies about sexual orientation when they arise in your school.

\* The Coalition is aware that it is becoming common to include "transgender" when one refers to "lesbian, gay, and bisexual." However, the Coalition decided that it was not accurate in this instance to make that addition, because the subject is the promotion of therapies and ministries to change sexual orientation (attraction to the other sex, to one's own sex, or to both), not gender identity (psychological experience of being male or female). The Coalition notes that the two populations of youths are not mutually exclusive. Some lesbian, gay, and bisexual youth are transgender. Furthermore, those whose appearance and behavior are perceived as inconsistent with gender norms and roles are often targeted for sexual orientation discrimination and violence. By not including *transgender* in this booklet, the Coalition in no way intends to minimize the real concerns for the safety and well-being of transgender adolescents in schools. We have tried to include resources relevant to transgender youth in the Resources section (pp. 17–19).

# Sexual Orientation Development

Sexual orientation is an enduring emotional, romantic, or sexual attraction that one feels toward men, toward women, or toward both. Although sexual orientation ranges along a continuum, it is generally discussed in terms of *heterosexual*—attraction to the other sex—*homosexual*—attraction to the same sex—and *bisexual*—attraction to both sexes. Sexual orientation has not been conclusively found to be determined by any particular factor or factors, and the timing of the emergence, recognition, and expression of one’s sexual orientation varies among individuals.

Sexual orientation is not synonymous with sexual activity. Many adolescents as well as adults may identify themselves as lesbian, gay, or bisexual without having had any sexual experience with persons of the same sex. Other young people have had sexual experiences with a person of the same sex but do not

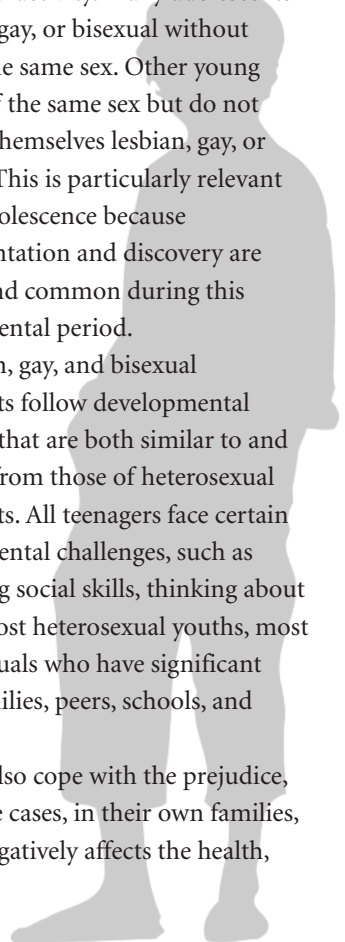
consider themselves lesbian, gay, or bisexual. This is particularly relevant during adolescence because experimentation and discovery are normal and common during this developmental period.

*Lesbian, gay, and bisexual youth must also cope with the prejudice, discrimination, and violence in society and, in some cases, in their own families, schools, and communities.*

Lesbian, gay, and bisexual adolescents follow developmental pathways that are both similar to and different from those of heterosexual adolescents. All teenagers face certain developmental challenges, such as developing social skills, thinking about

career choices, and fitting into a peer group. Like most heterosexual youths, most lesbian, gay, and bisexual youths are healthy individuals who have significant attachments to and make contributions to their families, peers, schools, and religious institutions.

However, lesbian, gay, and bisexual youth must also cope with the prejudice, discrimination, and violence in society and, in some cases, in their own families, schools, and communities. Such marginalization negatively affects the health,



mental health, and education of those lesbian, gay, and bisexual young people who experience it. For example, in one study, these students were more likely than heterosexual students to report missing school due to fear, being threatened by other students, and having their property damaged at school.<sup>1</sup> The promotion in schools of efforts to change sexual orientation by therapy or through religious ministries seems likely to exacerbate the risk of harassment, harm, and fear for these youth.

One result of the isolation and lack of support experienced by some lesbian, gay, and bisexual youth is higher rates of emotional distress,<sup>2</sup> suicide attempts,<sup>3</sup> and risky sexual behavior and substance use.<sup>4</sup> Because their legitimate fear of being harassed or hurt may reduce the willingness of lesbian, gay, and bisexual youths to ask for help, it is important that their school environments be open and accepting so these young people will feel comfortable sharing their thoughts and concerns, including the option of disclosing their sexual orientation to others. Such disclosure is an expression of a normal tendency to want to share personal information about oneself with important others and should be respected as such. It is healthy for teenagers to share with friends and families their “latest crush” or how they spent their weekend. To be able to provide an accepting environment, school personnel need to understand the nature of sexual orientation development and be supportive of healthy development for all youth. If school environments become more positive for lesbian, gay, and bisexual students, it is likely that their differences in health, mental health, and substance abuse risks will decrease.<sup>5</sup>

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# Efforts to Change Sexual Orientation Through Therapy

The terms *reparative therapy* and *sexual orientation conversion therapy* refer to counseling and psychotherapy aimed at eliminating or suppressing homosexuality. The most important fact about these “therapies” is that they are based on a view of homosexuality that has been rejected by all the major mental health professions. The *Diagnostic and Statistical Manual of Mental Disorders*,<sup>6</sup> published by the American Psychiatric Association, which defines the standards of the field, does not include homosexuality. All other major health professional organizations have supported the American Psychiatric Association in its declassification of homosexuality as a mental disorder in 1973. Thus, the idea that homosexuality is a mental disorder or that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations.

Despite the general consensus of major medical, health, and mental health professions that both heterosexuality and

homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy have been adopted by some political and religious organizations and aggressively promoted to the public. However, such efforts have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay, and bisexual youth is a mental illness or disorder, and they often frame the inability to change one’s sexual orientation as a personal and moral failure.<sup>7</sup>

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Because of the aggressive promotion of efforts to change sexual orientation through therapy, a number of medical, health, and mental health professional organizations have issued public statements about the dangers of this approach. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 480,000 mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to or can be “cured.”

The **American Academy of Pediatrics** advises youth that

*counseling may be helpful for you if you feel confused about your sexual identity. Avoid any treatments that claim to be able to change a person’s sexual orientation, or treatment ideas that see homosexuality as a sickness.*<sup>8</sup>

The **American Counseling Association** adopted a resolution in 1998 stating that it *opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender sexual orientation.*<sup>9</sup> Further, in April 1999, the ACA Governing Council adopted a position opposing the promotion of “reparative therapy” as a “cure” for individuals who are homosexual.<sup>10</sup>

In addition, ACA’s Code of Ethics states:

*Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm.*<sup>11</sup>

The **American Psychiatric Association**, in its 2000 position statement on “reparative” therapy, states:

*Psychotherapeutic modalities to convert or “repair” homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of “cures” are counterbalanced by anecdotal claims of*



psychological harm. In the last four decades, “reparative” therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm.

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. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

Therefore, the American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual homosexual orientation.<sup>12</sup>

The **American Psychological Association**, in its 1997 Resolution on Appropriate Therapeutic Responses to Sexual Orientation, which is also endorsed by the National Association of School Psychologists, states:

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The **American School Counselor Association**, in its position statement on professional school counselors and lesbian, gay, bisexual, transgendered, and questioning youth, states:

*Lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth often begin to experience self-identification during their pre-adolescent or adolescent*

*years, as do heterosexual youth. These developmental processes are essential cognitive, emotional and social activities, and although they may have an impact on student development and achievement, they are not a sign of illness, mental disorder or emotional problems nor do they necessarily signify sexual activity. . . .*

*It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being. . . .*

*Recognizing that sexual orientation is not an illness and does not require treatment, professional school counselors may provide individual student planning or responsive services to LGBTQ students to promote self-acceptance, deal with social acceptance, understand issues related to "coming out," including issues that families may face when a student goes through this process, and identify appropriate community resources.<sup>14</sup>*

*As these statements make clear, the nation's leading professional medical, health, and mental health organizations do not support efforts to change young people's sexual orientation through therapy and have raised serious concerns about the potential harm from such efforts.*

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*endorses policies in both the public and private sectors that ensure non-discrimination; that are sensitive to the health and mental health needs of lesbian, gay, and bisexual people; and that promote an understanding of lesbian, gay, and bisexual cultures. Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes.<sup>15</sup> Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful.<sup>16</sup> NASW believes social workers have the responsibility to clients to explain the prevailing knowledge concerning sexual orientation and the lack of data reporting positive outcomes with reparative therapy. NASW discourages social workers from providing treatments designed to change sexual orientation or from referring practitioners or programs that claim to do so.<sup>17</sup> NASW reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so.<sup>18</sup>*

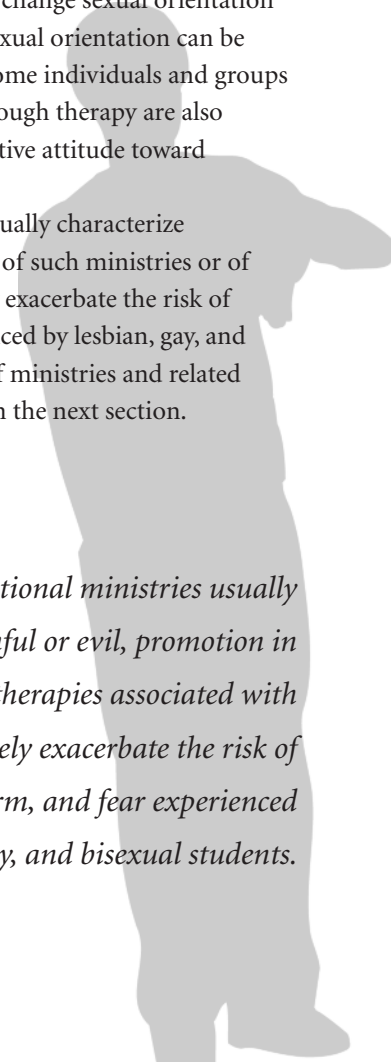
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# Efforts to Change Sexual Orientation Through Religious Ministries

**E***x-gay ministry* and *transformational ministry* are terms used to describe efforts by some religious individuals and organizations to change sexual orientation through religious ministries. These individuals and organizations tend to have negative attitudes toward homosexuality that are based in their particular religious perspectives. In general, efforts to change sexual orientation through religious ministries take the approach that sexual orientation can be changed through repentance and faith. In addition, some individuals and groups who promote efforts to change sexual orientation through therapy are also associated with religious perspectives that take a negative attitude toward homosexuality.

Because ex-gay and transformational ministries usually characterize homosexuality as sinful or evil, promotion in schools of such ministries or of therapies associated with such ministries would likely exacerbate the risk of marginalization, harassment, harm, and fear experienced by lesbian, gay, and bisexual students. In addition, the religious content of ministries and related therapies also raise legal issues, which are addressed in the next section.

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# Relevant Legal Principles

Public school officials are the targets of those who want to include information about efforts to change sexual orientation through therapy and religious ministry in the schools. In order to respond, public school officials should be aware of general legal principles concerning the rights of their lesbian, gay, and bisexual students. This awareness is important because of the risk that these “treatments” may cause harm to young people and of the potential legal liability for school districts and officials. A number of federal, state, and local laws and school district policies protect lesbian, gay, and bisexual students from discrimination, harassment, and similar harms.

Two important principles from the U.S. Constitution apply to every public school in the country. They are (a) the First Amendment, which includes the separation of church and state and the protection of freedom of speech, and (b) the Fourteenth Amendment, which includes the guarantee of equal treatment under the law for all people.

The Establishment Clause of the First Amendment prohibits public schools from promoting, endorsing, or inhibiting religion or attempting to impose particular religious beliefs on students.<sup>19</sup> For this reason, a public school counselor or teacher cannot proselytize to students or attempt to impose his or her religious beliefs about whether or not homosexuality is sinful.<sup>20</sup>

Because of the religious nature of ex-gay or transformational ministry, endorsement or promotion of such ministry by officials or employees of a public school district in a school-related context would likely raise constitutional questions. Thus, schools should be careful to avoid discussions of transformational ministry in their curriculum.

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Apart from their obligation to avoid religious advocacy, public schools have considerable leeway in developing their curriculum. As long as the school's instructional activity does not inculcate a religious view about homosexuality, the choice of instructional materials about homosexuality does not infringe on freedom of religion.<sup>21</sup> Public schools may determine, as part of their instructional activity, not to disseminate information to students when that information is not well-founded or is inadequately researched, scientifically unsound, or biased in some way.<sup>22</sup> As the foregoing discussion of the concerns and policies of health and mental health professionals clearly illustrates, school officials should be deeply concerned about the validity and bias of materials or presentations that promote a

*In 2003, a California school district paid \$1.1 million to six students who alleged their classmates repeatedly harassed them because of their sexual orientation and the school administration did not adequately address the harassment.*

change to a person's sexual orientation as a "cure" or suggest that being lesbian, gay, or bisexual is a sickness or a mental illness. School officials routinely consider the views of professional experts in determining which educational and instructional materials to use in their schools, and in this case those views

strongly advise against any curriculum that suggests that therapy to change sexual orientation has scientific validity or that homosexuality is a disorder that should be "cured."

It is also important to note that a school's legal obligations under the Establishment Clause may be different when it creates a forum for outside speakers to present to students, or when it invites students to speak about topics on their own. In those cases, depending on the individual context, school districts may not be able to forbid certain speakers who wish to express their viewpoints at such events.<sup>23</sup>

Lesbian, gay, and bisexual students, like all other students, are protected by the Fourteenth Amendment and statutory requirements of equal treatment under the law. The Supreme Court has made clear that under the Fourteenth

Amendment’s guarantee of equal protection under the law, public officials may not impose discriminatory burdens or unequal treatment on lesbians and gays because of public animosity toward them.<sup>24</sup> In the public school setting, this means, among other things, that a school district must protect students from anti-gay harassment just as it protects students from other kinds of harassment.<sup>25</sup> In 2003, a California school district paid \$1.1 million to six students who alleged their classmates repeatedly harassed them because of their sexual orientation and the school administration did not adequately address the harassment.<sup>26</sup>

Consistent with this mandate of equal treatment, schools should be careful to avoid curriculum choices that may single out and stigmatize lesbian, gay, and bisexual students and foster a disapproving attitude toward them. The legal mandate of equality for gay and non-gay students alike is not limited to circumstances of harassment—it applies to all decisions a public school official might make that would treat lesbian, gay, and bisexual students differently based on their sexual orientation. School officials should follow the law by ensuring that the factor of real or perceived sexual orientation does not result in a decision that treats these students differently from other students. As an example, even outside the curricular setting, students have formed over 3,000 *gay–straight alliances* in schools.<sup>27</sup> The federal Equal Access Act<sup>28</sup> requires secondary schools to treat the gay–straight alliance the same as any other “non-curriculum-related” student club allowed to meet on campus.<sup>29</sup>

These general legal principles, supplemented by consultation with the school’s legal counsel, should be helpful in the important and sometimes difficult decisions that educators must make in order to serve all students—including those who are lesbian, gay, or bisexual.

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# Endnotes

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- <sup>4</sup> Garofalo et al. (1998); Resnick et al. (1997).
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- <sup>7</sup> Schroeder, M., & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay & Lesbian Psychotherapy*, *5*, 131-166; Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. *Professional Psychology: Research and Practice*, *33*, 249-259.
- <sup>8</sup> American Academy of Pediatrics. (2001). *Gay, lesbian and bisexual teens: Facts for teens and their parents* [Pamphlet]. Elk Grove, IL: Author.
- <sup>9</sup> Resolution adopted by American Counseling Association Governing Council, March 1998.
- <sup>10</sup> Action by American Counseling Association Governing Council, April 1999.
- <sup>11</sup> American Counseling Association. (2005). *Code of ethics* (pp. 11-12). Alexandria, VA: Author. See [www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx](http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx)
- <sup>12</sup> American Psychiatric Association. (1998). "Reparative" therapy [Position statement]. Washington, DC: Author.
- <sup>13</sup> DeLeon, P. H. (1998). Proceedings of the American Psychological Association, Inc., for the legislative year 1997, minutes of the annual meeting of the Council of Representatives August 14 and 17, 1997, Chicago, IL, and minutes of the June, August, and December 1997 meetings of the Board of Directors. *American Psychologist*, *53*, 882-939.
- <sup>14</sup> American School Counselor Association. (2007). *Position statement: Gay, lesbian, transgendered, and questioning youth* [Adopted 1995, revised 2000, 2005, 2007]. See [www.schoolcounselor.org/content.asp?contentid=217](http://www.schoolcounselor.org/content.asp?contentid=217)
- <sup>15</sup> Haldeman, D.C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Counseling and Clinical Psychology*, *62*, 221-227.

- <sup>16</sup> Davison, G. C. (1991). Constructionism and morality in therapy for homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage; Gonsiorek, J. C., & Weinrich, J. D. (Eds.). (1991). *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage; Haldeman (1994).
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- <sup>18</sup> National Association of Social Workers. (2006). *Social work speaks: NASW policy statements 2006–2009* (7th ed., p. 248). Washington, DC: Author.
- <sup>19</sup> *Lemon v. Kurtzman*, 403 U.S. 602 (1971).
- <sup>20</sup> See *Pelozo v. Capistrano Unified School Dist.*, 37 F.3d 517, 522 (9th Cir. 1994) (noting that “[t]o permit [a public high school teacher] to discuss his religious beliefs with students during school time on school grounds would violate the Establishment Clause of the First Amendment”).
- <sup>21</sup> See *Morrison v. Board of Education of Boyd County, Ky.*, 419 F. Supp. 2d 937, 942-46 (E.D. Ky. 2006); *Parker v. Hurley*, No. 06-10751-MLW - F. Supp. 2d -, 2007 WL 543017 (D. Mass. Feb. 23, 2007).
- <sup>22</sup> See *Edwards v. California Univ. of Pa.*, 156 F.3d 488, 491 (3d Cir. 1998) (public schools generally have right to determine own curriculum); see also *Downs v. Los Angeles Unified School Dist.*, 228 F.3d 1003, 1014-16 (9th Cir. 2000) (same).
- <sup>23</sup> See *Hazelwood School District v. Kuhlmeier*, 484 U.S. 260 (1988).
- <sup>24</sup> *Romer v. Evans*, 517 U.S. 620 (1996); *Flores v. Morgan Hill Unified School District*, 324 F.3d 1130, 1037-38 (9th Cir. 2003); *Nabozny v. Podlesny*, 92 F.3d 446 (7th Cir. 1996).
- <sup>25</sup> See *Flores v. Morgan Hill*, 324 F.3d at 1037-38 (holding that school may be liable).
- <sup>26</sup> Pogash, C. (2004, Jan. 7). California school district settles harassment suit by gay students. *The New York Times*, p. A19.
- <sup>27</sup> See GLSEN’s Web site at [www.glsen.org/cgi-bin/iowa/student/student/index.html](http://www.glsen.org/cgi-bin/iowa/student/student/index.html)
- <sup>28</sup> 20 U.S.C. §§ 4071-4074 (2007). The act mandates that whenever a public secondary school “grants an offering to or opportunity for one or more noncurriculum related student groups to meet on school premises during noninstructional time,” then the school may not “deny equal access or a fair opportunity to, or discriminate against any students who wish to conduct a meeting within that limited open forum on the basis of the religious, political, philosophical, or other content of the speech at such meetings” (§ 4071[a], [b]).
- <sup>29</sup> For example, *Straights and Gays for Equality v. Osseo Area Schools - District No. 279*, 471 F.3d 908 (8th Cir. 2006); *Boyd County High School Gay Straight Alliance v. Board of Education of Boyd County, Ky.*, 258 F. Supp. 2d 667 (E.D. Ky. 2003).

# Resources

This booklet provides some basic information that will help you prepare for controversies that your school may experience in the future. You may, however, want to go beyond the information provided here. Many schools have begun to work to improve counseling, health, mental health and psychological services, curricula, and climate so that the educational and health needs of lesbian, gay, bisexual, transgender, and questioning youths are better served. The following resources will be helpful if you or your staff undertake such efforts.

## FEDERAL AGENCIES

### U.S. Department of Education

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#### *Office for Civil Rights*

Customer Service Team  
400 Maryland Avenue, SW  
Washington, DC 20202-1100  
Office: 1-800-421-3481  
Fax: 202-245-6840  
TDD: 877-521-2172  
E-mail: [ocr@ed.gov](mailto:ocr@ed.gov)  
[www.ed.gov/about/offices/list/ocr/index.html?src=mr](http://www.ed.gov/about/offices/list/ocr/index.html?src=mr)

This office's mission is to ensure equal access to education and to promote educational excellence throughout the nation through vigorous enforcement of civil rights. They have an extensive list of publications at their Web site and offer other technical assistance through the contact information listed above.

#### *Safe and Drug Free Schools Program*

Office of Safe and Drug-Free Schools  
400 Maryland Avenue, SW,  
Rm 3E300  
Washington, DC 20202-6450  
Office: 202-260-3954  
Fax: 202-260-7767  
E-mail: [osdfs.safeschl@ed.gov](mailto:osdfs.safeschl@ed.gov)  
[www.ed.gov/about/offices/list/oese/index.html?src=mr](http://www.ed.gov/about/offices/list/oese/index.html?src=mr)

This office is charged with assisting the Department of Education in reaching the seventh national education goal—that schools will be free of drugs and violence and the unauthorized presence of firearms and alcohol and will offer a disciplined environment that is conducive to learning. It has several publications available through the contact information cited above, including through the Web site.

### U.S. Department of Health and Human Services

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#### *Health Resources and Services Administration (HRSA)*

Bureau of Primary Health Care  
Division of Programs for Special Populations  
4350 East-West Highway  
Bethesda, MD 20814  
Office: 301-594-4100  
[www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)

In 1994, the HRSA Division of Programs for Special Populations convened a conference on the primary health care and prevention needs of lesbian, gay, and bisexual youth. Out of that conference evolved a health and mental health provider guide that educators and parents can also use:

- Ryan, C., & Futterman, D. (1998). *Lesbian and gay youth: Care and counseling*. New York: Columbia University Press.

#### *Centers for Disease Control and Prevention*

National Center for Chronic Disease Prevention and Health Promotion  
Division of Adolescent and School Health  
4770 Buford Highway, NE  
Atlanta, GA 30341-3717  
Office: 770-488-6100  
[www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth)

The CDC Division of Adolescent and School Health (DASH) has identified young men who have sex with men as a priority population for HIV prevention. One of DASH's Youth in High Risk Situations work groups is focused on gay, lesbian, bisexual, transgender, and questioning youth.

## NON-GOVERNMENTAL ORGANIZATIONS

### Mental Health Organizations

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#### *American Counseling Association (ACA)*

5999 Stevenson Avenue  
Alexandria, VA 22304-3300  
Office: 703-823-9800  
Fax: 703-823-0252  
[www.counseling.org](http://www.counseling.org)

*American Psychiatric Association*  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901  
Phone: 703-907-7300  
Fax: 703-907-1085  
www.psych.org

*American Psychological Association (APA)*  
Lesbian, Gay, Bisexual, and Transgender Concerns Office  
750 First Street, NE  
Washington, DC 20002-4242  
Office: 202-336-6041  
Fax: 202-336-6040  
www.apa.org/pi/lgbtc

APA Resources:

- Answers to your questions about sexual orientation and homosexuality:  
[www.apa.org/topics/orientation.html](http://www.apa.org/topics/orientation.html)
- Answers to your questions about transgender: [www.apa.org/topics/transgender.html](http://www.apa.org/topics/transgender.html)
- Answers to your questions about intersex:  
[www.apa.org/topics/intersex.html](http://www.apa.org/topics/intersex.html)

*Association for Gay, Lesbian, and Bisexual Issues in Counseling (AGLBIC)*  
5999 Stevenson Avenue  
Alexandria, VA 22304-3300  
Office: 703-823-9800  
Fax: 703-823-0252  
www.aglbic.org

*Association of Gay and Lesbian Psychiatrists (AGLP)*  
4514 Chester Avenue  
Philadelphia, PA 19143-3707  
Office: 215-222-2800  
Fax: 215-222-3881  
www.aglp.org

*Mental Health America (MHA)*  
(formerly the National Mental Health Association)  
2000 N. Beauregard Street, 6th Fl.  
Alexandria, VA 22311  
Office: 703-684-7722  
Toll free: 800-969-6642

TTY: 800-433-5959  
Fax: 703-684-5968  
www.nmha.org/go/home

MHA Resources:

- “What Does Gay Mean?” is an anti-bullying program designed to improve understanding and respect for youth who are gay/lesbian/bisexual/transgender. Centered on an educational booklet called *What Does Gay Mean? How to Talk With Kids About Sexual Orientation and Prejudice*, the program encourages parents and others to communicate and share values of respect with their children.

*National Association of School Psychologists (NASP)*  
4340 East-West Highway  
Suite 402  
Bethesda, MD 20814  
Office: 301-657-0270  
Toll free: 866-331-6277  
Fax: 301-657-0275  
www.nasponline.org

*National Association of Social Workers (NASW)*  
National Committee on Lesbian, Gay, & Bisexual Issues  
750 First Street, NE, Suite 700  
Washington, DC 20002-4241  
Office: 202-408-8600  
Fax: 202-336-8310  
www.socialworkers.org

*School Social Work Association of America (SSWAA)*  
3921 N. Meridian Street,  
Suite 225  
Indianapolis, IN 46208  
Office: 317-464-5116  
Fax: 317-464-5146  
Toll free: 888-446-5291  
www.sswaa.org

## Medical/Health Organizations

*American Academy of Pediatrics (AAP)*  
141 Northwest Point Blvd.  
Elk Grove Village, IL 60007

Office: 847-434-4000  
Fax: 847-434-8000  
www.aap.org

AAP Resources:

- *Gay, Lesbian, and Bisexual Teens: Facts for Teens and Their Parents*  
([www.nfaap.org/netforum/eweb/DynamicPage.aspx?webcode=aapbks\\_productdetail&key=68ef8884-8d58-492c-9762-5230083bceeb](http://www.nfaap.org/netforum/eweb/DynamicPage.aspx?webcode=aapbks_productdetail&key=68ef8884-8d58-492c-9762-5230083bceeb))
- *Gay, Lesbian or Bisexual Parents: Information for Children and Parents*  
([www.nfaap.org/netforum/eweb/dynamicpage.aspx?webcode=aapbks\\_productdetail&key=21c65b71-cc29-41ca-b450-28496633fb84](http://www.nfaap.org/netforum/eweb/dynamicpage.aspx?webcode=aapbks_productdetail&key=21c65b71-cc29-41ca-b450-28496633fb84))
- *Sexual Orientation and Adolescents*  
(<http://pediatrics.aappublications.org/cgi/content/abstract/113/6/1827>)
- *Teen Q&A: Gay, Lesbian, and Bisexual Teens*  
([www.aap.org/publiced/BR\\_GayTeen.htm](http://www.aap.org/publiced/BR_GayTeen.htm))

*American Medical Association (AMA)*  
Child and Adolescent Health Program  
515 North State Street, 8th Fl.  
Chicago, IL 60610  
Office: 312-464-5315  
Toll Free: 800-621-8335  
Fax: 312-464-5842  
www.ama-assn.org

*National Association of School Nurses, Inc. (NASN)*  
8484 Georgia Avenue, Suite 420  
Silver Spring, MD 20910  
Office: 240-821-1130  
Toll free: 866-627-6767  
Fax: 301-585-1791  
nasn@nasn.org

## Education Organizations

*American Association of School Administrators (AASA)*  
801 N. Quincy Street, Suite 700

Arlington, VA 22203  
Phone: 703-528-0700  
Fax: 703-841-1543  
www.aasa.org

*American Federation of Teachers (AFT)*  
Human Rights & Community Relations Department  
555 New Jersey Avenue, NW  
Washington, DC 20001  
Office: 202-879-4434  
Fax: 202-393-8648  
www.aft.org

*American School Counselor Association (ASCA)*  
1101 King Street, Suite 625  
Alexandria, VA 22314  
Office: 703-683-2722  
Toll free: 800-306-4722  
Fax: 703-683-1619  
www.schoolcounselor.org

*American School Health Association (ASHA)*  
7263 State Route 43  
P.O. Box 708  
Kent, OH 44240  
Office: 330-678-1601  
Fax: 330-678-4526  
www.ashaweb.org

*Gay, Lesbian, and Straight Education Network (GLSEN)*  
90 Broad St., 2nd Fl.  
New York, NY 10004  
Office: 212-727-0135  
Fax: 212-727-0254  
www.glsen.org

*National Association of Independent Schools (NAIS)*  
1620 L Street, NW, Suite 1100  
Washington DC 20036-5695  
Office: 202-973-9700  
Fax: 202-973-9790  
www.nais.org

*National Association of Secondary School Principals (NASPP)*  
1904 Association Drive  
Reston, VA 20191-1537  
Office: 703-860-0200  
www.principals.org

*National Education Association (NEA)*  
Human & Civil Rights  
1201 16th Street, NW  
Washington, DC 20036-3290  
Office: 202-822-7700  
Fax: 202-822-7578  
www.nea.org

*National School Boards Association (NSBA)*  
1680 Duke Street  
Alexandria, VA 22314  
Office: 703-838-6756  
Fax: 703-548-5616  
www.nsba.org/schoolhealth

NSBA Resource:

- *Dealing With Legal Matters Surrounding Students' Sexual Orientation and Gender Identity* ([www.nsba.org/site/doc\\_school\\_health\\_abstract.asp?TrackID=&SID=1&DID=34919&CID=1116&VID=53](http://www.nsba.org/site/doc_school_health_abstract.asp?TrackID=&SID=1&DID=34919&CID=1116&VID=53))

*Safe Schools Coalition*  
Public Health - Seattle & King County  
MS: NTH-PH-0100  
10501 Meridian Ave. N.  
Seattle, WA 98133  
Office: 206-632-0662 ext. 49  
1-877-SAFE-SAFE (1-877-723-3723) 24 hours a day  
www.safeschoolscoalition.org

The phone line is answered at the Sexual Assault Hotline, and they will have a Safe Schools Coalition intervention specialist volunteer get back to you within 24 hours.

### **Faith Organizations**

*The Interfaith Alliance Foundation*  
1212 New York Avenue, NW, 7th Fl.  
Washington, DC 20005  
Office: 202-238-3300  
Fax: 202-238-3301  
www.interfaithalliance.org

### **Other National Organizations Serving Lesbian, Gay, and Bisexual Youth**

*Human Rights Campaign (HRC)*  
1640 Rhode Island Avenue, NW  
Washington, DC 20036-3278  
Office: 202-628-4160  
Toll free: 1-800-727-4723  
Fax: 202-347-5323  
E-mail: [hrc@hrc.org](mailto:hrc@hrc.org)  
www.hrc.org

*Lambda Legal Defense and Education Fund (LLDEF)*  
120 Wall Street, Suite 1500  
New York, NY 10005  
Office: 212-809-8585  
Fax: 212-809-0055  
www.lambdalegal.org

*National Center for Lesbian Rights*  
870 Market Street, Suite 370  
San Francisco, CA 94102  
Office: 415-392-6257  
Fax: 415-392-8442  
www.nclrights.org

*National Gay and Lesbian Task Force Policy Institute*  
80 Maiden Lane, Suite 1504  
New York, NY 10038  
Office: 646-358-1459  
Fax: 212-604-9831  
www.TheTaskForce.org

Task Force Resource:

- *Youth in the Crosshairs: The Third Wave of Ex-Gay Activism* ([www.thetaskforce.org/downloads/reports/reports/YouthInTheCrosshairs.pdf](http://www.thetaskforce.org/downloads/reports/reports/YouthInTheCrosshairs.pdf))

*National Youth Advocacy Coalition (NYAC)*  
1638 R Street, NW, Suite 300  
Washington, DC 20009  
Office: 202-319-7596  
Fax: 202-319-7365  
www.nyacyouth.org

*Parents, Families, and Friends of Lesbians and Gays (PFLAG)*  
1726 M Street, NW, Suite 400  
Washington DC 20036  
Office: 202-467-8180  
Fax: 202-467-8194  
www.pflag.org

# What Is the Just the Facts Coalition *and how did this document come about?*

In November 1998, Focus on the Family sponsored a conference near Columbus, OH, with the goal of encouraging the promotion of “reparative therapy” programs in public schools. Staff from the Gay, Lesbian, and Straight Education Network (GLSEN) attended this event and were concerned about the false and misleading information that had been presented. In December 1998, Kate Frankfurt, GLSEN’s director of advocacy, shared the content of this initiative and discussed the November conference with a number of national education, health, and mental health organizations at a meeting in Washington, DC. These organizations, recognizing the negative implications of this initiative and the potential threat it posed to the health and well-being of lesbian, gay, and bisexual students, began meeting regularly to develop a resource to aid school officials in sorting through the information and misinformation on sexual orientation development and on “reparative therapy.”

The first edition of this publication was the result of the work of the groups who participated in those meetings during the spring and summer of 1999 and was published in November 1999.

In June 2006, in the wake of a renewed effort that targeted schools for “equal time” for “reparative therapy” and “ex-gay ministries,” the Just the Facts Coalition, with several new members, decided to revise, update, and republish *Just the Facts*. The current edition is the result of their efforts. Among the groups that have participated in this work and have officially endorsed this publication are:

- American Academy of Pediatrics
- American Association of School Administrators
- American Counseling Association
- American Federation of Teachers
- American Psychological Association
- American School Counselor Association
- American School Health Association
- Interfaith Alliance
- National Association of School Psychologists
- National Association of Secondary School Principals
- National Association of Social Workers
- National Education Association
- School Social Work Association of America



