

Testimony of Judith Glassgold, Psy.D., In Support of LD 1025,
An Act To Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed
Professionals

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Joint Standing Committee on Health Coverage, Insurance, and Financial Services
April 10, 2019

My name is Judith Glassgold and I am a clinical psychologist. Through my education, scholarship, clinical, and policy experiences, I have developed an expertise in conversion therapy, sexual orientation and gender identity. I have served as an expert in the authoritative professional and governmental reports on efforts to change sexual orientation and gender identity.

Attached to my written testimony is the 2009 American Psychological Association Task Force Report on Sexual Orientation Change Efforts, which I principally authored, and the 2015 report from the U.S. Substance Abuse Mental Health Services Administration; that report grew from an expert consensus panel meeting which I co-facilitated on behalf of the American Psychological Association. These two reports serve as the foundation for the understanding of appropriate treatment of those distressed by their sexual orientation and gender identity. I continue to research and write in this field and am up to date on current research. The information below is detailed in my written testimony, as are the sources I relied on, which are cited there, as well as in the APA and SAMHSA Reports.

I am here because this legislation is an opportunity to help end the suicide epidemic among lesbian, gay, bisexual and transgender (LGBT) youth and protect their lives.

I ask you to think about this: If a child or adolescent grows up in a world that devalues their identity, and is exposed to bullying and ostracism, and then, is told by a mental health professional that who they are and what they feel is wrong, shameful, and flawed and must be

changed — then that young person will be harmed — the result will be an increase in self-hatred and self-loathing at critical developmental phases of life with destructive consequences to their health and welfare.

What is even more distressing for that young person is that these change efforts will ultimately fail, increasing the child's sense of helplessness, hopelessness, and even despair.

These are the forces that increase thoughts of suicide and suicide attempts among this group of young people. In comparison with their heterosexual peers, they are at significantly increased risk for attempting suicide, thinking about suicide, and other depressive symptoms.

The increased rates of serious emotional distress among LGBT youth are not a function of their sexual orientation or gender identity. Rather, these risks stem from the stresses of prejudice, discrimination, rejection, harassment, and violence. But we can help, at least, by protecting youth from conversion therapy by licensed professionals.

How does this legislation address this problem?

All research on conversion therapy — both on youth and adults — finds that it is harmful and ineffective. Sexual orientation and gender identity diversity are normal parts of human nature and can't be changed by psychotherapy. Conversion therapy worsens adolescent mental health by reinforcing the negative stereotypes that children find in the world. These pernicious stereotypes inaccurately claim that LGBT individuals are incapable of leading productive lives and engaging in stable family relationships and careers. Many conversion therapists claim that being LGBT is not normal and is caused by problematic dynamics between parents and children. This is false.

Conversion therapy puts children's lives at risk. The research consistently shows it can increase thoughts of suicide, suicide attempts, depression, self-harm and risky behaviors, and even increases their doubts about their own faith.

Imagine, again, this child who comes for treatment. They find themselves feeling alone, scared, and confused. They may be struggling with conflicts between their beliefs and their feelings. At this vulnerable time in their lives, they need support and understanding of the conflicts they face. Adolescents will be depressed, anxious, maybe even struggling with suicidal thoughts. The last thing they need is to be told that who they are is wrong and to be provided false promises about cures. And this situation is even more difficult for a younger child who may not be able to explain in words to their parents, teachers or health care professionals what they are experiencing.

However, there are safe and beneficial treatments available for all children, no matter what their particular conflicts are. These treatments stress acceptance of the whole child and affirms the validity of their identity exploration and struggles, including those rooted in religious belief. Appropriate therapy includes providing safety and protection from bullying, discrimination and harassment. Finally, and most importantly, appropriate therapy doesn't impose a predetermined outcome for the ultimate sexual orientation or gender identity of the child. Maine is also fortunate to have the multidisciplinary assessment and treatment team found at a specialized gender clinic of the Barbara Bush Children's Hospital, which offers treatment recommended by current professional guidelines.

We can save lives by providing appropriate care to kids who are struggling and stressed. We can support ethical therapy that avoids the risks of harm, And we do so by preventing harmful and ineffective therapy, like conversion therapy, that places children and adolescents at increased risk of life-threatening mental health problems. Every child's life is precious and deserves to be protected from these harmful efforts.

Thank you and I am happy to take any questions.