Instructions: Welcome OU social work community. We as a school of social work have a social responsibility and obligation to begin being more vocal about oppressive and unjust policies impacting the people of Oklahoma. Instead of only involving faculty or select students in the process, we wanted our first official issue/policy statement, which will be against the use of conversion therapy as is written in HB 1598, to be written with feedback from students across our campuses and programs. In this document, please copy and paste your proposed policy/issue statements on this topic. A good issue statement should be clear and concise with a clear position that you are taking as well as a brief rationale for why you are taking that position, typically no longer than a page at most. You may also provide feedback to other statements that are posted, but please do not delete people’s work, simply use a different color font or the comments feature of Google Docs, to indicate your feedback, proposed revisions, etc. Because of the time sensitive nature of this issue, we will close out our request for feedback by the end of the day on Monday, March 9, 2015 at 8AM CST, so we can finalize and approve the final statement early next week.

Given that this process is collaborative and open through using a web based tool, it is difficult to ensure anonymity; however, we do encourage everyone to post their proposed statements and feedback anonymously to encourage less social bias and more collaboration. The way to ensure that you are posting anonymously is to make sure that you are not logged into Google. If you click on this link through your OU, Gmail, or other accounts, you will be able to post anonymously, as long as you are not logged into Google. Thank you for your contribution to the profession, state, and school.

STATEMENT DRAFT 1:
Whereas: House Bill 1598 would allow parents to obtain conversion therapy, or other sexual change efforts (SOCE) for those under 18 for “unwanted sexual attraction” without state interference; and

Whereas: The National Association of Social Workers (NASW) has a stance against the practice of SOCE, stating, “Conversion and reparative therapies are an infringement to the guiding principles inherent to social worker ethics and values.” This belief is affirmed by the NASW policy statement on "Lesbian, Gay, and Bisexual Issues" (1996). The NASW Code of Ethics enunciates principles that address ethical decision making in social work practice with, lesbian, gay, bisexual, and transgender persons—for example, social workers’ commitment to clients’ self-determination and competence, to achieving cultural competence and understanding social diversity, and to clients who lack decision-making capacity; social workers’ ethical responsibilities to colleagues, their commitment to interdisciplinary collaboration, and their responsibility to report unethical conduct of colleagues; social workers’ ethical responsibilities as professionals—maintaining competence, fighting discrimination, and avoiding misrepresentation; social workers’ ethical responsibilities to the social work profession, to evaluation, and to research;” and

Whereas: HB 1598 would diminish the Oklahoma State Board of Social Work’s authority to promote and ensure the safety and well-being of Oklahomans receiving services from Licensed Social Workers by eliminating the Board’s ability to regulate SOCE practice; and
Whereas: There has been no proof that SOCE is effective. The American Academy of Pediatrics has stated: “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;” and

Whereas: California, New Jersey and Washington DC have approved laws banning conversion therapy due to the harmful effects on children, and the state of Iowa is currently considering legislation to ban conversion therapy;

The University of Oklahoma Anne and Henry Zarrow School of Social Work opposes Oklahoma House Bill 1598. We believe it to violate the intent and integrity of multiple sections of Oklahoma Statute 43a, regarding Mental Health Statutes, particularly infringing upon the rights of minors. Additionally, this legislation directly contradicts the social work Code of Ethics. Given these concerns, we urge the Oklahoma State Legislature not to consider HB 1598.

According to the NASW Code of Ethics, “Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.” Therefore, it is simply unethical, as social work students or professionals, to support the HB 1598 statutes, since the practice of conversion therapy promotes the discriminatory idea that a lesbian, bisexual or gay orientation is something that should be “repaired.”

Abstract

Social Problem Paper: House Bill 1598, or the “Kern Bill,” highlights the intended effect of the Kern Bill from a social work perspective. This paper examines the social problems the Kern Bill targets, an analysis of the impact the bill will have on the variety of ecological systems, an analysis of the social, political and economic factors contributing to the problem, a list of any current policies at the state and federal levels aimed at the problem and a brief description of the Kern Bill itself.

Social Problem Paper: House Bill 1598

Introduction

Conversion therapy is a term used to encompass a variety of treatments designed to convert homosexuals into heterosexuals (Moss, 2014). These treatments include electroshock therapy, psychoanalytic therapy, and ex-gay ministries (Haldeman, 2002). These treatments, once widespread, have been met with significant resistance from a number of professional organizations that believe conversion therapy does not work (HRC, 2015) and is even thought to be harmful (APA, 2009). Despite empirically backed opposition to its use, there are currently therapists who continue to practice conversion therapy.

Social Problem: Defining the Issue

Homosexuality was once believed to be a mental health disorder and was thought to be curable (Haldeman, 2002; Moss, 2014). Upon its emergence into the DSM in 1973, homosexuality was treated in a number of ways from a behaviorist approach to a psychoanalytic approach. The behaviorist approach to
treating homosexuality was through administering electric shock to the hands or genitals upon the presence of homoerotic stimuli (Haldeman, 2002). Other common forms of behaviorist conversion therapy included nausea inducing drugs, masturbatory recondition, and visualization (Haldeman, 2002). Another popular approach to treating homosexuality is through the psychoanalytic approach. This approach views homosexuality as having an incomplete bond with the same-sex parent that results in their attraction to same-sex individuals (Haldeman, 2002). An additional form of conversion therapy is ex-gay ministries, where homosexuality is treated through prayer and group support (Haldeman, 2002).

Since the beginning stages of treating homosexuality, there have been significant side effects as a result of this therapy.

There have been substantial researchers who have voiced their concern about the ethical implication of conversion therapy (Haldeman, 2002; Hancock, 2012; Moss, 2012). Conversion therapy has proven to be more damaging than helpful, and many patients experience chronic depression, low self-esteem, difficulty sustaining relationships, sexual dysfunction, and suicidality (Haldeman, 2002; Hancock, 2012; HRC, 2015; Moss, 2014). Given the negative effects of conversion therapy, there are still individuals who feel it is effective.

Although previous research suggests conversion therapy is ineffective, there are a number of therapy clinics open to convert homosexuals to heterosexuals (Hancock, 2012; SPLC, 2015). Many researchers have concluded that reparative therapy is not proven effect and little peer review data exist that scientifically proves its effectiveness (Moss, 2014). There is push from segments of society that are driven by anti-gay prejudice and conservative religious ideologies that believe conversion therapy should continue regardless of the substantial research and evidence against the practice (Haldeman, 2002).

Incidence and Prevalence

Currently, 70 therapists in the United States practice conversion therapy (SPLC, 2015). Washington, Oregon, Arizona, Utah, New Mexico, Colorado Nebraska, Texas, Missouri, Illinois, Georgia, South Carolina, North Carolina, Kentucky, Ohio, Pennsylvania, and New York are some of the states where therapist currently practice this form of therapy (SPLC, 2015). There are no known statistics for the number of individuals currently in conversion therapy. However, with the number of therapy clinics still practicing conversion therapy, it is safe to assume a significant number of individuals are currently in treatment to change their sexual orientation and gender.

Historical Trends

Since the American Psychiatric Association removed homosexuality as a mental health disorder, there have been trends to discontinue all conversion therapy (Haldeman, 2002). Since the start of this trend over thirty years ago, California was the first state to ban conversion therapy on January 1, 2013 (Gajewski, 2013). In addition, there are a number of professional organizations that believe conversion therapy should not be practiced. American Academy of Pediatrics, American Association for Marriage and Family Therapy, American Counseling Association, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, American School Counselor Association, National Association of Social Workers, and Pan American Health Organization all believe homosexuality is not a mental disorder and therefore cannot be “converted” or “repaired” through therapy (HRC, 2015). Despite concerns from professional organizations and previous research stating conversion therapy is ineffective, House Bill 1598 was drafted to target Lesbian, Gay,
Bisexual and Transgender (LGBT) youth. LGBT youth has been shown to be the most at risk for having negative adverse effects from conversion therapy (Haldeman, 2002; Hancock, 2012; HRC, 2015; Moss, 2014).

**Systems Impact Analysis**

The "Freedom to Obtain Conversion Therapy Act" proposed by Representative Sally Kern can and will have adverse effects on the state of Oklahoma and United States as a whole. House Bill 1598 is currently causing great controversy amongst the inhabitants of Oklahoma. If this bill were to be passed, it could potentially have serious side effects on individuals, families, groups and communities, institutions and the profession of social work.

**Individuals and Families**

The systems most affected by the implementation of House Bill 1598 would be individuals and families. One portion of the “Freedom to Obtain Conversion Therapy Act” would give parents the right to place their children in conversion therapy without the child’s consent. This could potentially have several adverse results for both the child and the family.

The child, in addition to having their choices taken from them, would feel disempowered because their sexual orientation is being viewed as something to be cured. It also makes the child undergo dangerous and useless treatments as conversion therapy has never been proven to be successful and can have many damaging side effects. The most well-known way individuals are treated is through ‘the use of electric shock to the hands and/or genitals, or nausea-inducing drugs, which would be administered simultaneously with the presentation of homoerotic stimuli’ (Haldeman, 2002, pg. 260). A secondary technique ‘included masturbatory reconditioning, visualization and social skills training’ (Haldeman, 2002, pg. 260). This can cause long-lasting psychological, emotional and physical damage to the individual in question. Some of the side effects of conversion therapy are depression, intimacy avoidance, sexual dysfunction, post-traumatic stress disorder, de-masculinization and spiritual and/or religious conflict (Haldeman, 2010, pg. 120-127).

Adhering to the House Bill 1598 could also cause strain on family functioning. If the parent did choose to put their child through conversion therapy, the child could grow to resent the parents causing avoidable family tension. The parents will be causing more harm than good because they are essentially forcing their children into an impossible situation. It could also plant the idea that the child receiving conversion therapy is “broken” which could lead to the child being ostracized in his or her own family unit. In extreme cases, it could lead to more families disowning their children because the family refuses to accept the child’s sexual orientation.

**Groups and Communities**

Though most of the impact of House Bill 1598 would be felt in the individual and family systems, the groups and communities within Oklahoma would be affected as well. Conversion therapy is ‘seen as a social phenomenon, one that is driven by anti-gay prejudice in society and anti-gay prohibitions in religious organizations’ (Haldeman, 2002, pg. 261). Because of this view, LGBT groups and communities would be greatly affected by the passage of this bill. This bill is creating a cycle of homophobia in society. If these individuals were forced or pressured into undergoing conversion therapy, they would be adding
to misconceptions about sexual orientation and gender identity. This could theoretically set the LGBT community back by several decades.

This bill impacts people of all ages, including children, adolescents, adults and older adults. Sexual orientation is not something that is defined at a certain age, but can be defined or changed at any age. It impacts all individuals in some ways, though not necessarily in the same manner. For example, children deciding upon their sexual orientation can be affected in a variety of ways. For the child actually experiencing conversion therapy, he or she is going through many layers of trauma including discrimination from peers and adults, shame, self-loathing and doubt. On the flip side, the implementation of conversion therapy on a child’s peer could instill prejudice where prejudice was not present. By attacking vulnerable minors at every angle, the recurrent idea that homosexuality is a sickness will continue in a cyclic motion. This encourages the idea that homosexuality is a sickness or is ungodly. If these procedures and treatments continue, society can never progress.

Local, State and Federal Institutions

The “Freedom to Obtain Conversion Therapy Act” has implications on local, state and federal levels. This bill impacts LGBT individuals locally because they could be experiencing discriminatory attitudes from their peers, co-workers, family, etc. on a daily basis. Locally, it could drive LGBT individuals out of religious sectors because most of the anti-gay views come from religious standpoints (Haldeman, 2002, pg. 261).

It could impact the state of Oklahoma in several ways as well. If LGBT individuals are being forced into conversion therapy, this could potentially lead to increased rates of teenage runaways. If children are being forced into these troublesome situations, odds are that they would want to leave their families to seek out a better, more accepting life. It can also be speculated that there would be an increased rate of suicide from the population enduring conversion therapy. Research shows that ‘LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection’ (Family Acceptance Project, 2009). If these trends are allowed to continue, Oklahoma, with help from the Kern bill, could have skyrocketing rates of teenage suicide. On a federal level, Oklahoma appears to be moving backwards in their acceptance of LGBT rights. Instead of passing bills to improve the rights and lives of LGBT individuals, Oklahoma is attempting to pass bills that will close all doors to the LGBT community. For example, both California and New Jersey have passed laws prohibiting the use of conversion therapy treatment, yet Oklahoma wants to make it the go-to treatment (Gay conversion therapy causes LGBT youth to become suicidal: California Senator Ted Lieu, 2013). These troubling statistics could put Oklahoma on the wrong side of history.

Social Work and Allied Professions

Social work and allied professions could be greatly affected by the passage of House Bill 1598. Many social workers may struggle with implementing conversion therapy because this form of treatment has not been proven to be effective. As a social worker, these professionals are obligated by the NASW Code of Ethics to do no harm (National Association of Social Workers, 2008). By engaging in a form of treatment that does more harm than good to the patients, social workers will be operating in a borderline unethical manner. It would also be difficult for the social workers to operate in an unbiased, professional manner if this idea conflicts with the social worker’s personal and professional values.
Not only are ethical dilemmas a possibility, but there are also possible resource and funding dilemmas. If more people seek out such extensive treatments, more resources would need to readily available for the individuals receiving the treatment. Because conversion therapy has such adverse side effects, the patients may need to have outside assistance in working through all their issues resulting from conversion therapy. Having more resources and services available would be much more expensive for the agency offering the treatment, so additional funding could become a problem. There would also need to be professionals available that have a versatile skill set in order to serve the clients in all the areas they need assistance with. Not only would the therapist have to be able to conduct the conversion therapy, but they would also need to be able to recognize and treat depression, intimacy avoidance, sexual dysfunction, posttraumatic stress disorder, suicidal ideation and spiritual and/or religious conflict. This could potentially become a costly and difficult position to fill.

**Factor Analysis**

Representative Kern’s filing of three house bills that target the LGBT community demonstrates underlying mainstream negative attitudes towards sexual minorities. These attitudes are often simply attributed to homophobia. However, homophobia is a problematic term in that it frequently conveys the assumption that someone harbors negative attitudes about others because he or she is fighting back against his or her own feelings of same-sex attraction. Homophobia also fails to capture the myriad faces of anti-gay sentiment, many of which arise from a larger cultural/social context; even if Representative Kern’s underlying motive in targeting the LGBT population of Oklahoma turned out to be rooted in her own self-loathing, her anti-gay attitude would be only one form of sexual prejudice. Sexual prejudice takes on many different forms, but mainly stems from objections to homosexuality which are rooted in religiosity, gender role ideology, not knowing gay people personally, and fears of societal decline.

**Social Factors**

Religion is frequently viewed as a major predictor of attitudinal stances towards homosexuality (Adamczyk & Pitt, 2009). Homosexuality also appears to be one of the few topics the world’s largest religions agree upon, on the surface at least. Many Christian and Muslim religious leaders and scholars characterize homosexual behavior as “unnatural,” as a “disease” or something “sinful” (Yip, 2005). Even the Dalai Lama has stated in past speeches and TV interviews that lesbian and gay sex is “sexual misconduct” (Robinson, 2010). In America, tolerance and anti-gay attitudes largely fall along denominational lines. The largest religious institutions, the American and Southern Baptist Churches, the Church of Jesus Christ of Latter-day Saints, the Orthodox Jewish Movement, the Roman Catholic Church, the United Methodist Church and Islam all condemn homosexual behavior and same-sex unions (Masci, 2014). While the Conservative and Reform Jewish Movements, Society of Friends (Quaker), Unitarian Universalist Churches, Church of Christ, Lutherans, Episcopalians, and the Presbyterian Church take tolerant stances that sanction same-sex marriage and/or allow LGBT clergy (Masci, 2014), these churches constitute a minority of America’s religious population.

Gender ideology also plays an important role in negative homosexual attitudes. Hegemonic views of masculinity and femininity form the basis of ideological norms (Alden & Parker, 2005). Idealized masculinity dictates what acceptable social behavior is in certain situations and frequently involves “proving” what one is not: a gender-norm violator (Alden & Parker, 2005). Because American culture has traditionally placed such value on gender identity as what is natural and “right,” the “perceived
transgression of approved gender expressions” is directly linked to the “vilification of gay men and lesbians” (Alden & Parker, 2005, p. 324). In this way, cultural, social, and physical assaults on homosexuality are seen as a way of controlling deviant behavior (Franklin, 1998). Herek (2000) highlights a strong relationship between sexual prejudice and not personally knowing any homosexuals: The lowest levels of prejudice are manifested by heterosexuals who have gay friends or family members, describe their relationships with those individuals as close, and report having directly discussed the gay or lesbian person’s sexual orientation with him or her. (p. 20) In other words, those who lack close interpersonal contact with homosexuals are much more likely to harbor negative attitudes/sexual prejudice than those who have first-hand experience with members of the LGBT community.

Previous to her proposed bills that target the LGBT community, Representative Kern referenced a somewhat commonly held belief about homosexuality’s influence on the decline of great empires. “Studies show no society that has totally embraced homosexuality has lasted more than a few decades” (Michels, 2008). Here, Kern is most likely referring to the fall of the Roman Empire, which is largely believed by several conservative Christian bloggers and some historians (Squires, 2011) to have resulted from societal acceptance of homosexuality. However, contrary to Kern’s unsupported claim that “studies show” there is a direct correlation, a brief examination of this view’s supporting arguments reveals it is founded in historical and “common sense” speculation that lacks any empirical support (Goldberg, 2010). This does not prevent this view from being a widely held belief about the dangers of accepting sexual minorities, further feeding societal sexual prejudice.

Political and Economic Factors

Political party affiliation and ideology also carry heavy influence on sexual prejudice, with Republicans and conservatives taking the strongest positions, an ideological standpoint that has only grown stronger since the 1980s (Herek, 2000). This relationship is closely intertwined with religiosity, with 70% of evangelical Christians identifying with the Republican Party (Pew Research Center, 2012). Aside from Representative Kern’s possible religious convictions in influencing her anti-gay stance—her husband is a southern Baptist minister—she could be politically motivated to raise her star in the Republican right’s spotlight. Kern would be a relative unknown political entity if not for her outspoken and controversial positions on sexual minorities.

Pharr (2010) describes sexual prejudice as one facet of sexism, which is used to maintain the social and economic order of America. For her, sexism and homophobia are also intimately intertwined with one another. Those who step out of the normal social order threaten traditional gender roles, and therefore are seen to threaten the entire economic and class system that keeps heteronormative men in power. Similarly, Representative Kern, in defending her proposed bills, also cites homosexuals as a threat to business owners. She argues that the LGBT community poses an economic risk to business owners who “have refused” to serve sexual minorities “because of their conscience” and who “were then sued having to face legal battles that resulted in their losing their business and even facing jail” (Broyles, 2015).

Current and Alternative Policies

There are currently no federal rulings for or against conversion therapy. Legislation has been proposed in twenty-one states to protect minors from this empirically unsupported therapy practice, and
several of them have died in committee. California, New Jersey, and Washington DC are the only parts of the country that have banned conversion therapy for minors (National Center for Lesbian Rights, 2015). California’s bill, Senate Bill No. 1172, set a new precedent when it was signed into law in on September 9, 2012. The bill, written with input from the American Psychological Association and the National Association of Social Workers, states unequivocally: “Being lesbian, gay, or bisexual is not a disease, disorder, illness, deficiency, or shortcoming. The major professional associations of mental health practitioners and researchers in the United States have recognized this fact for nearly 40 years” (SB-1172, 2012). The bill goes on to discuss how sexual orientation change efforts do not work, and are actually harmful for those undergoing the therapies because they can “provoke guilt and anxiety while having little or no potential for achieving changes in orientation” (Lieu, 2011-2012). The bill states that no mental health provider can undergo attempts at sexual orientation conversion with any patients under eighteen, on penalty of losing their licenses (Lieu, 2011-2012).

A bill with nearly identical wording was signed into law in New Jersey by Governor Chris Christie on August 19, 2013. A3371 also makes it punishable by loss of license to make minors undergo conversion therapy (Lesniak, Sweeney, & Weinberg, 2012). Finally, Washington DC’s Bill 20-0501 was signed into law by Mayor Vincent Gray on December 22, 2014 after being referred to the Council of Health. This bill is very similarly written as California and New Jersey’s laws, stating that it bans mental health providers from practicing any conversion therapies with children under eighteen, with the punishment of losing their license if violated (Council of the District of Columbia, 2013).

Groups that support the therapy, such as the Liberty Counsel and Jews Offering New Alternatives for Healing have come out against the bans, and filed suits against both California and New Jersey, saying that the bans are infringements on parents’ rights on how they raise their children, and that it should be a decision made between the child and the parent as to whether they have the therapy or not (Mutchler, 2013). There is currently no proposed policy that would work to protect vulnerable minors in Oklahoma against conversion therapy (National Center for Lesbian Rights, 2015). Oklahoma is one of the states actively working to strip protections for vulnerable LGBT minors from gay conversion therapy. SB 1598, if it passes, will allow parents to force their minor children to participate in conversion therapy without interference from the state.

**Oklahoma State Bill 1598**

House Bill 1598, also known as the "Freedom to Obtain Conversion Therapy Act" was put forth by Oklahoma representative Sally Kern. If passed, the bill will allow parents to make their underage children go through conversion therapy, effectively stripping any state-mandated protections for LGBT minors. The bill starts out by defining two terms, mental health provider and sexual orientation change efforts. Mental health provider is defined as “a psychologist, psychiatrist, social worker, professional counselor or marital and family therapist, pastor and youth minister, who is licensed by his or her licensing authority” (Kern, 2015). The second term, sexual orientation change efforts, is defined as “any communications by mental health providers that seek to control or end any unwanted sexual attraction” (Kern, 2015). This definition includes efforts to “change behaviors and gender expressions, or to attempt to eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same sex” (Kern, 2015).

The main purpose of this bill is to secure Oklahoma residents’ “right” to obtain gay conversion therapy, and for parents to be able to force their children who are under eighteen years of age to go to conversion therapy. In doing so, the state forfeits the possibility to have any input or the ability to
intervene on a minor’s behalf; LGBT teens will be completely at the mercy of their parents’ wishes regarding their own mental health. In the bill’s language, this measure is necessary “for the preservation of the public peace, health and safety, an emergency is hereby declared to exist” (Kern, 2015). However, the bill does not define what the “emergency” is.

References
