

**WASHINGTON STATE**  
**B A R A S S O C I A T I O N**

**Board of Governors Meeting**  
**Late Meeting Materials**

**January 13-14, 2022**  
**WSBA Conference Center**  
**Seattle, WA**  
**Zoom and Teleconference**

| <b>BOARD OF GOVERNORS MEETING<br/>Late Materials<br/>January 13-14, 2022<br/>WSBA Conference Center, Seattle, WA<br/>Zoom and Teleconference</b> |                    |
|--|--------------------|
| <b>Description</b>   | <b>Page Number</b> |
| Member Engagement Survey   | LM-3               |
| Volunteer Engagement Report  | LM-16              |
| LGBTQ+ Training Materials  | LM-74              |
| POLB Annual Report to the BOG  | LM-191             |

**TO:** WSBA Board of Governors

**FROM:** Bryn Peterson, Co-Chair Member Engagement Workgroup  
Francis Adewale, Co-Chair Member Engagement Workgroup  
Sara Niegowski, Chief Communication Officer

**DATE:** January 10, 2022

**RE:** **Member Engagement Survey Results – FY21 Quarter One**

---

Attached please find the results of the Member Engagement Survey conducted by National Business Research Institute (NBRI).

We will be briefly discussing the results during the Board Committee updates at the Board meeting.

Sincerely,

Bryn Peterson, Co-Chair Member Engagement Workgroup  
Francis Adewale, Co-Chair Member Engagement Workgroup  
Sara Niegowski, Chief Communication Officer

Attachments: Member Engagement Survey Results from NBRI



# MEMBER ENGAGEMENT SURVEY

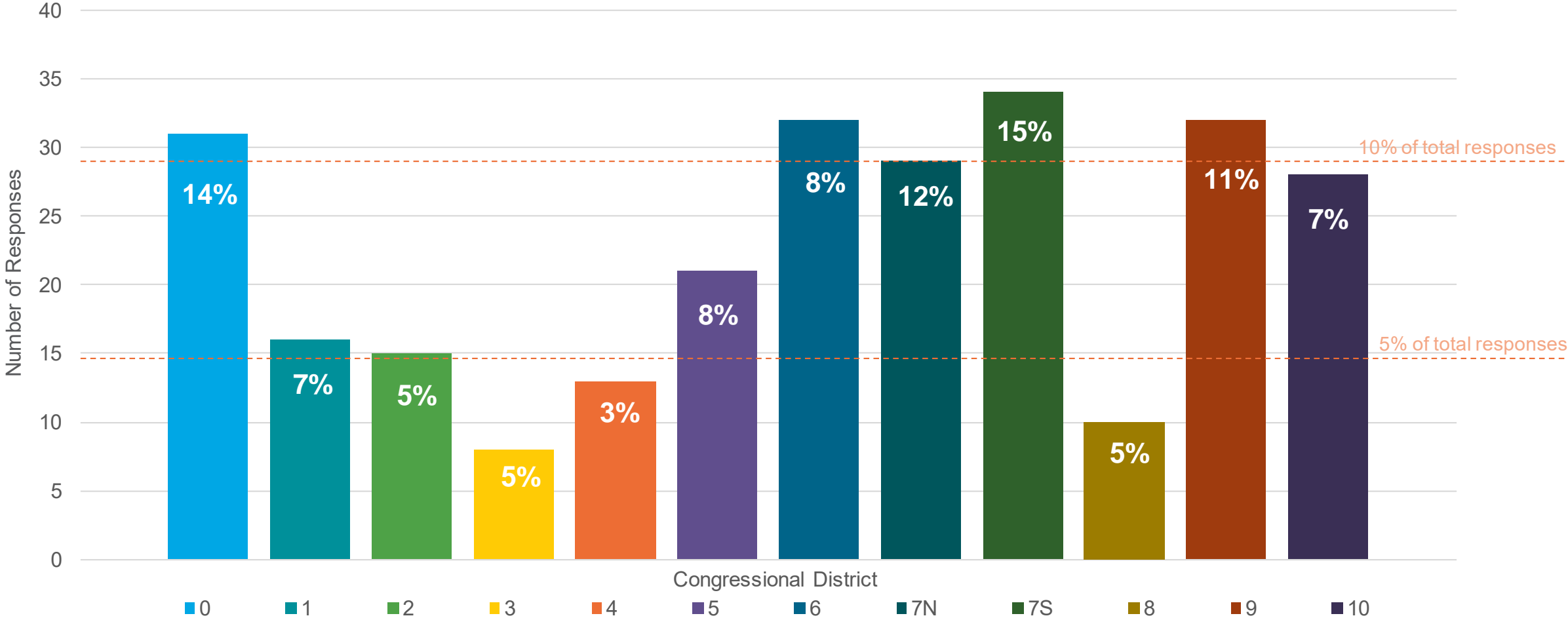
FY2021-21 Quarter 1

# OVERVIEW AND RESPONSE RATE

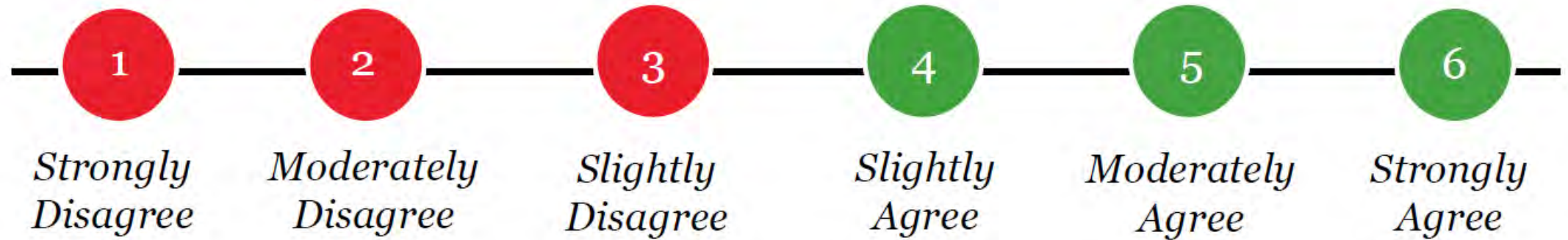
- **Conducted by National Business Research Institute (NBRI)**
  - 3,000 surveys sent between Nov. 1 and Dec. 1, 2021
  - Invitations sent proportionally to Congressional Districts based on percentage of total WSBA population
  - NBRI selected randomized sample and sent invitations to ensure anonymity; WSBA received no identifying information
- **We achieved a 91.4% confidence level**
  - 269 responses representing an 8.97% response rate
  - 5% sampling error
  - Surpasses the minimum standard for confidently performing a data analysis (80%↑ confidence level, 5%↓ margin of error)

# 296 TOTAL RESPONSES

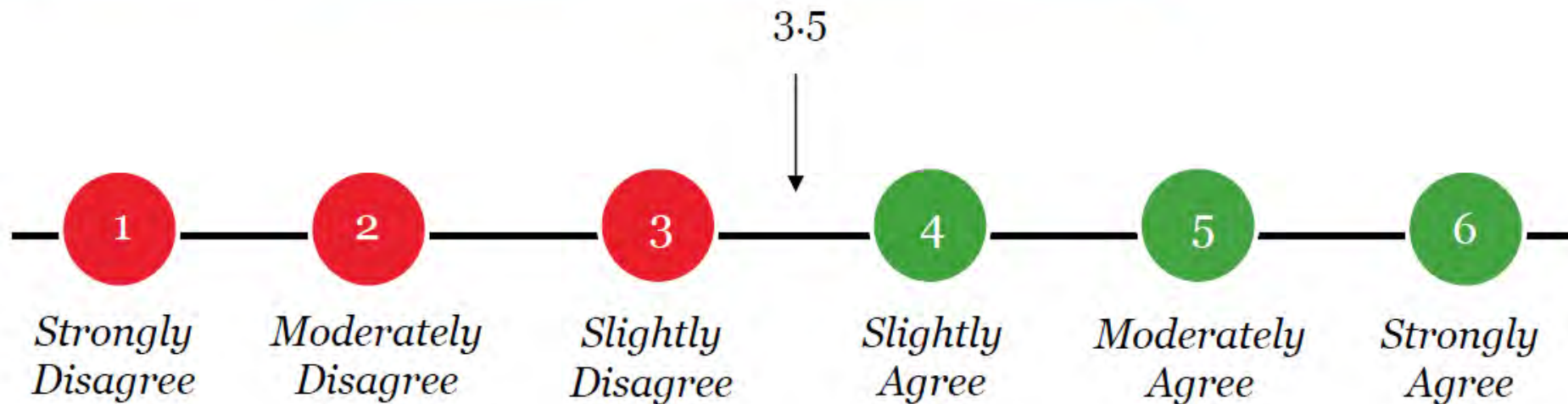
(Percentage of WSBA population in each district shown inside corresponding colored bar)



# The Six Point Scale



# The Mean Score



- A Mean Score is the “Average,” or a measure of central tendency.
- The Mean Score is computed by taking the sum of all scores and dividing by the total number of responses.
- The Mean of a 6-point scale = 3.5

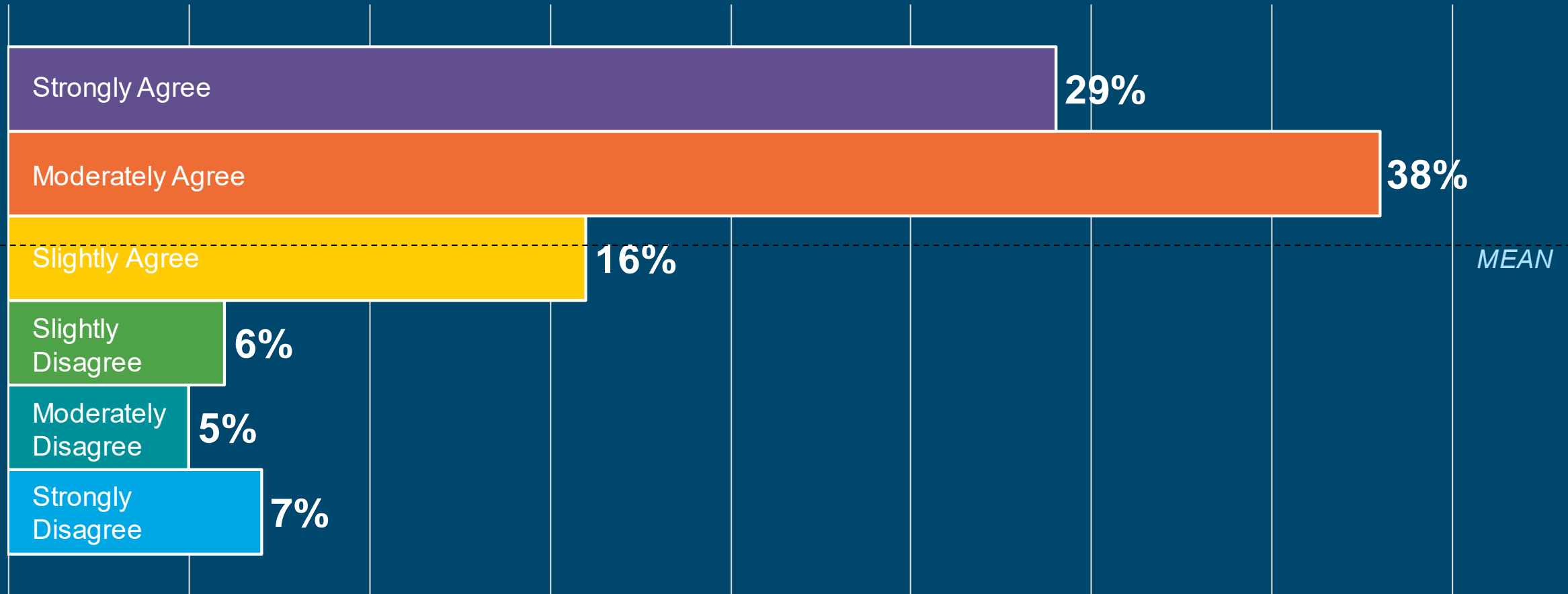


# QUESTIONS



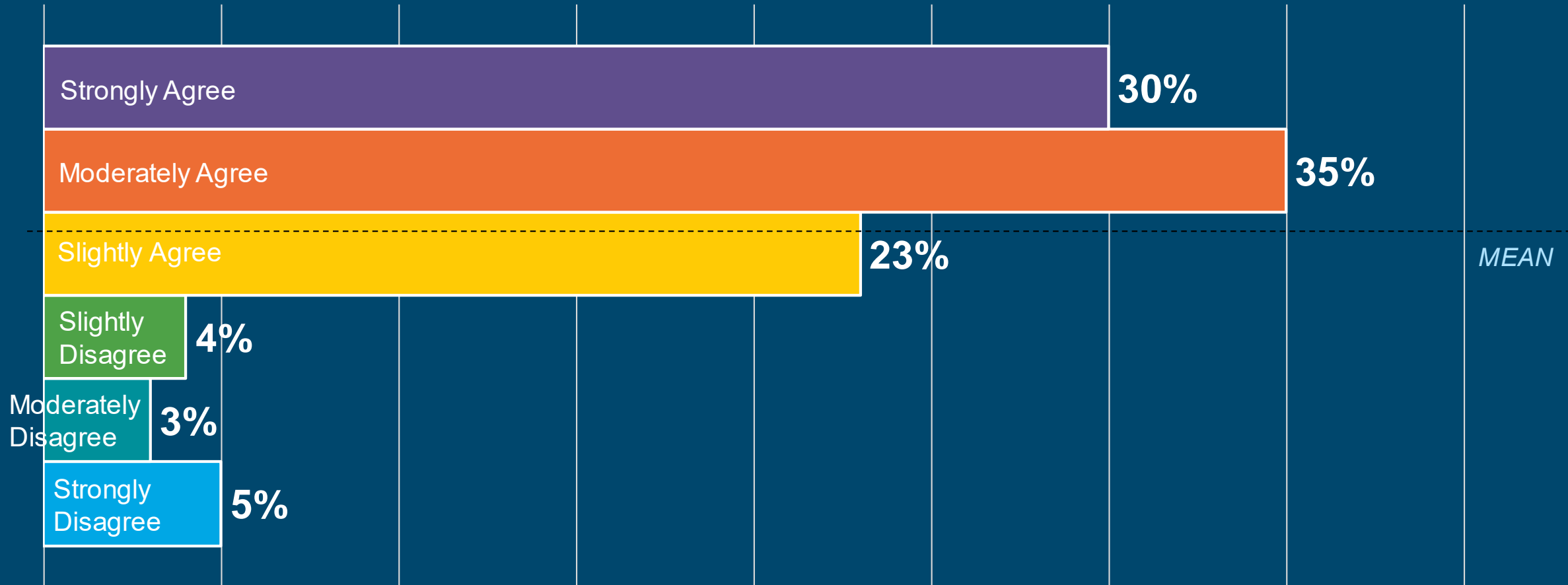
# COMPANY IMAGE

*The WSBA upholds high quality standards for Washington's legal profession*



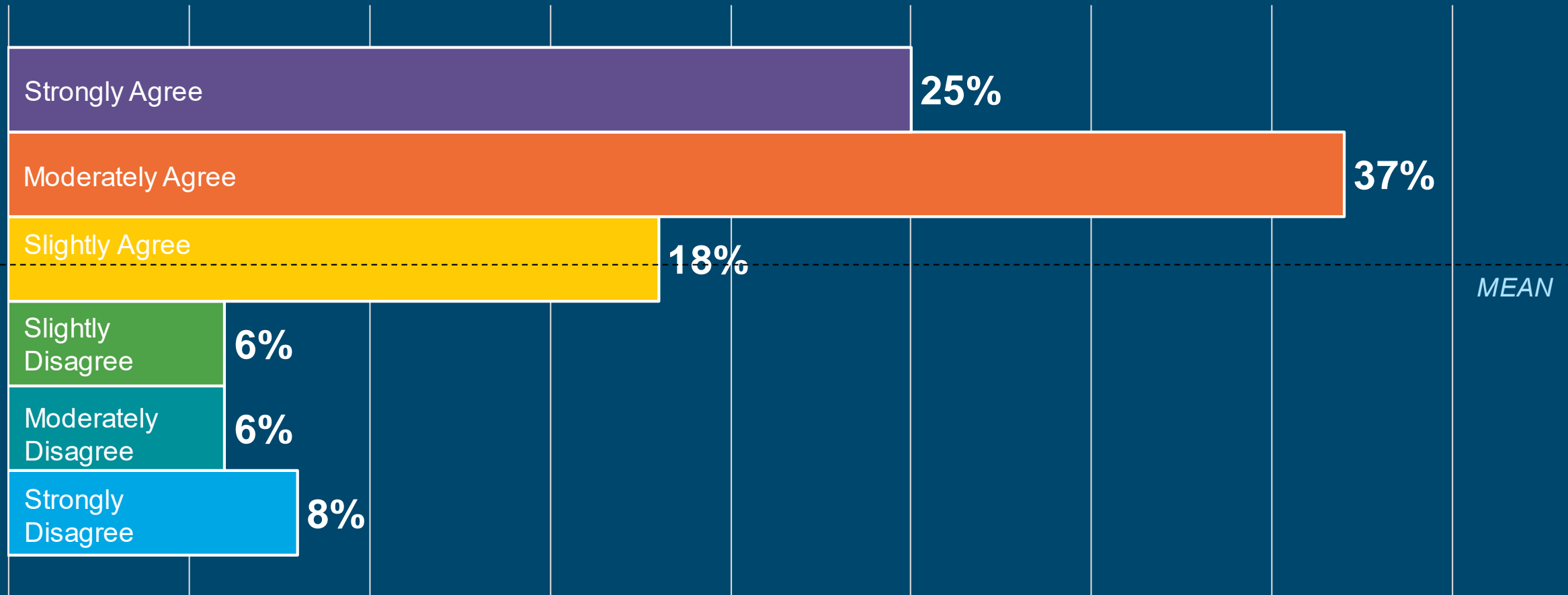
# CUSTOMER SATISFACTION

*It is easy to work with the WSBA: Staff are responsive and knowledgeable*



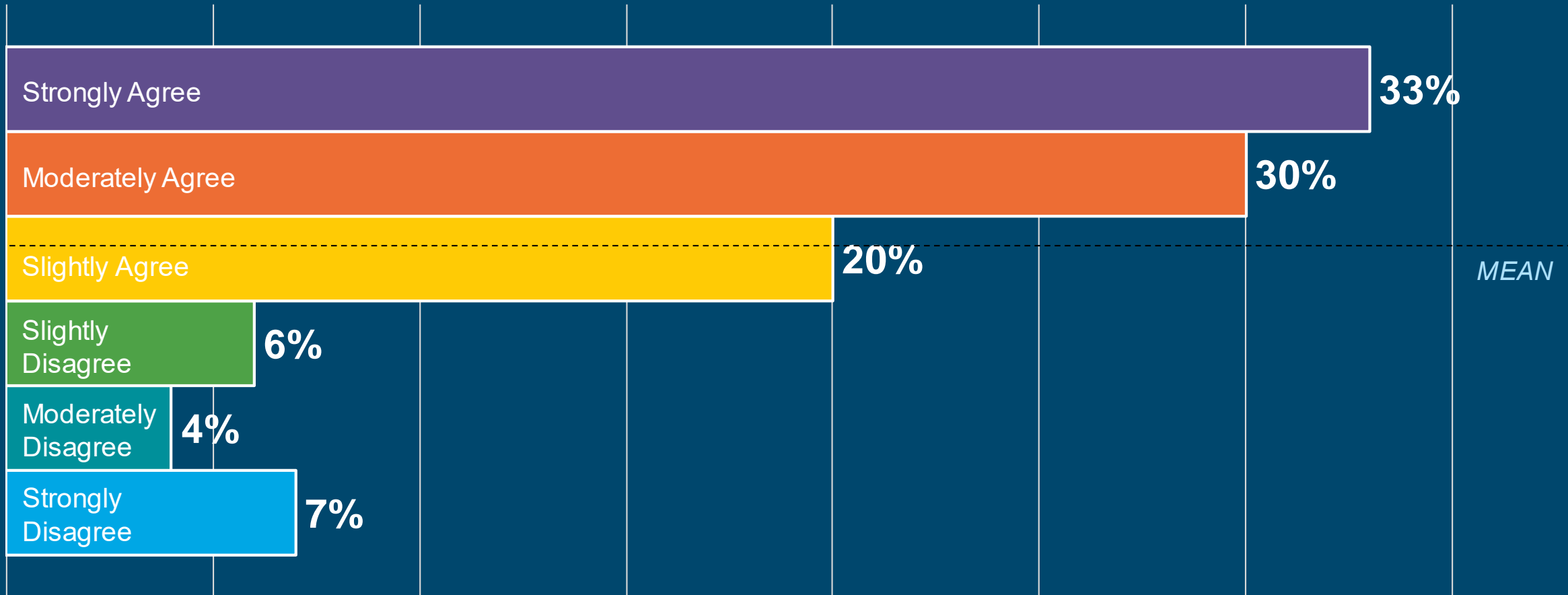
# CUSTOMER SATISFACTION

*My overall experience with the WSBA has been satisfactory*



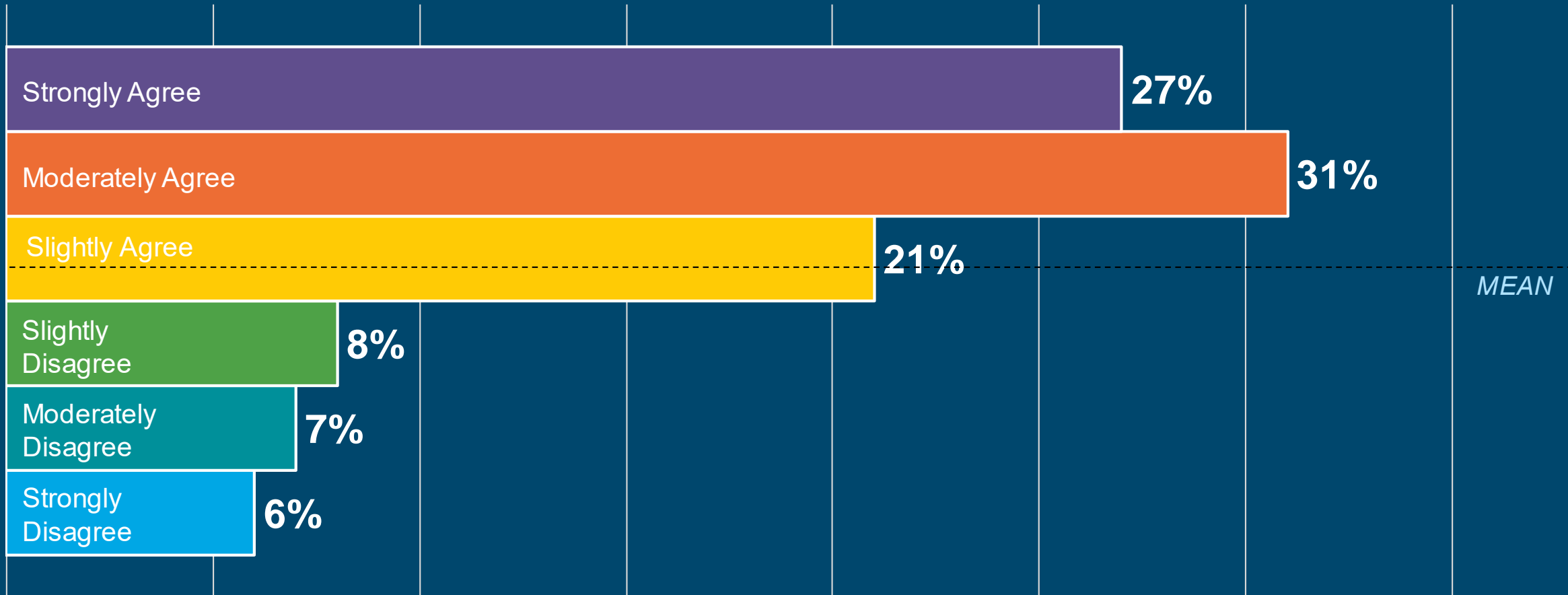
# DIVERSITY AND INCLUSION

*The WSBA upholds the values of diversity, inclusion, and equity in the courts and legal profession, especially for members who are underrepresented*



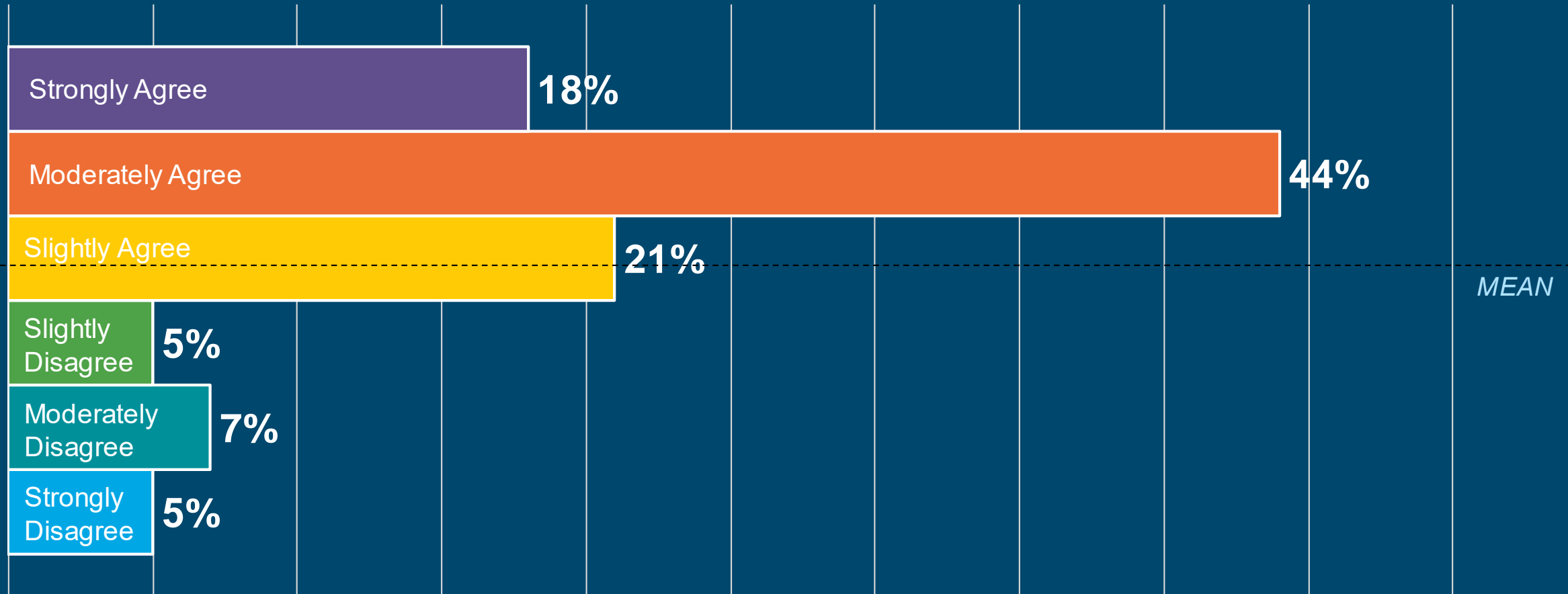
# DIVERSITY AND INCLUSION

*The WSBA provides opportunities for members from all different backgrounds and experiences*



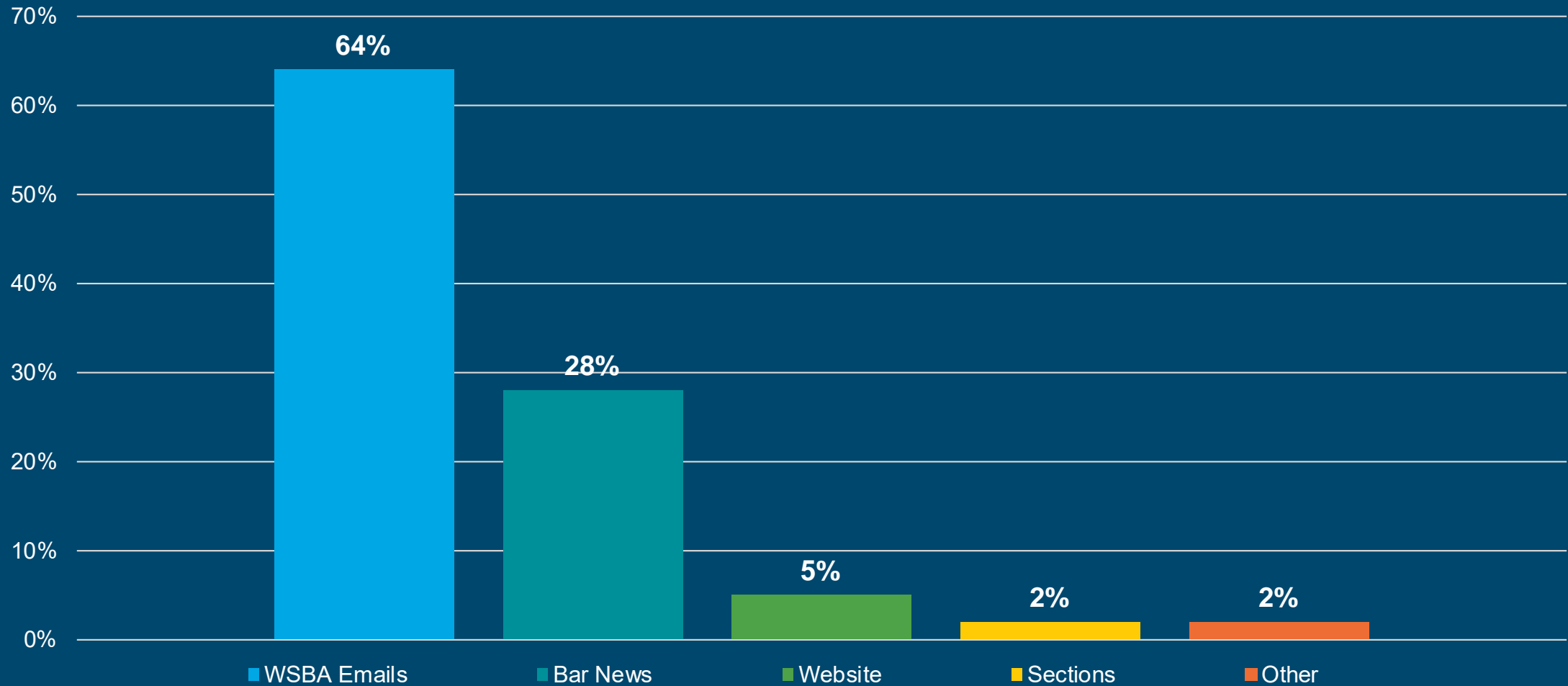
# COMMUNICATION

*WSBA communications keep me well informed*



# COMMUNICATION

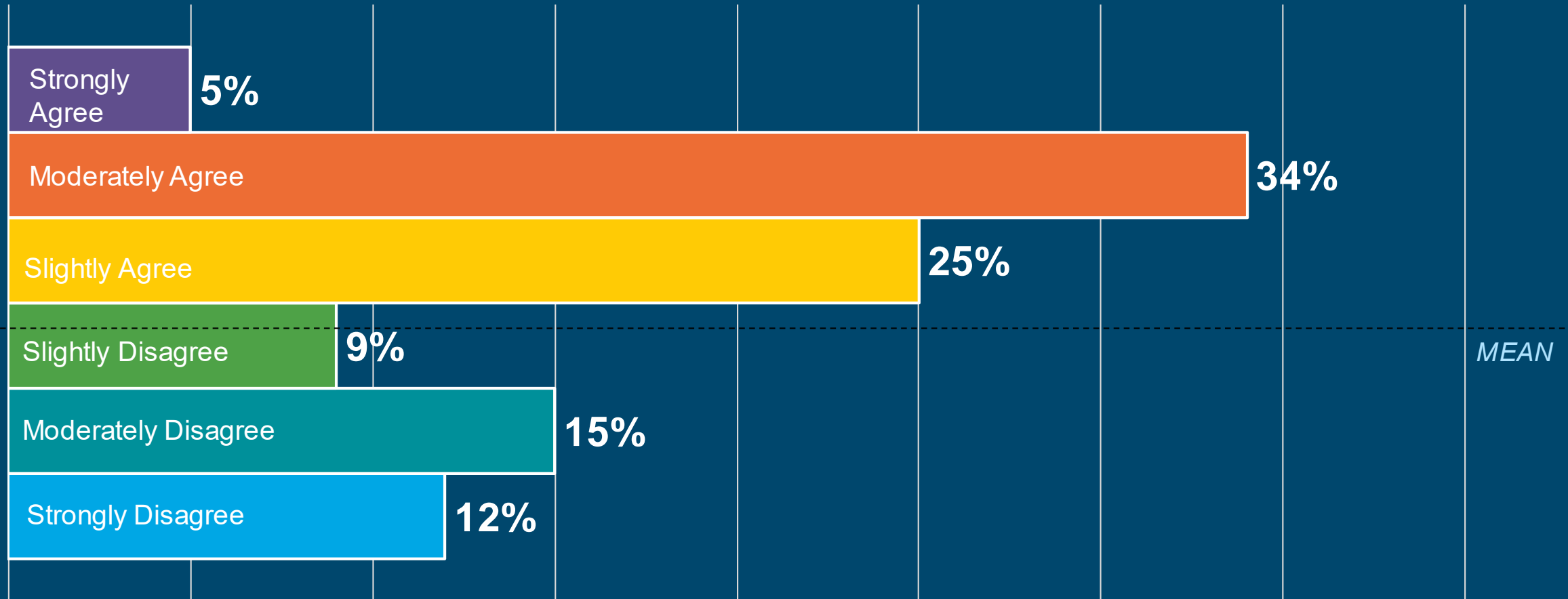
*What is your main source of information about the WSBA?*





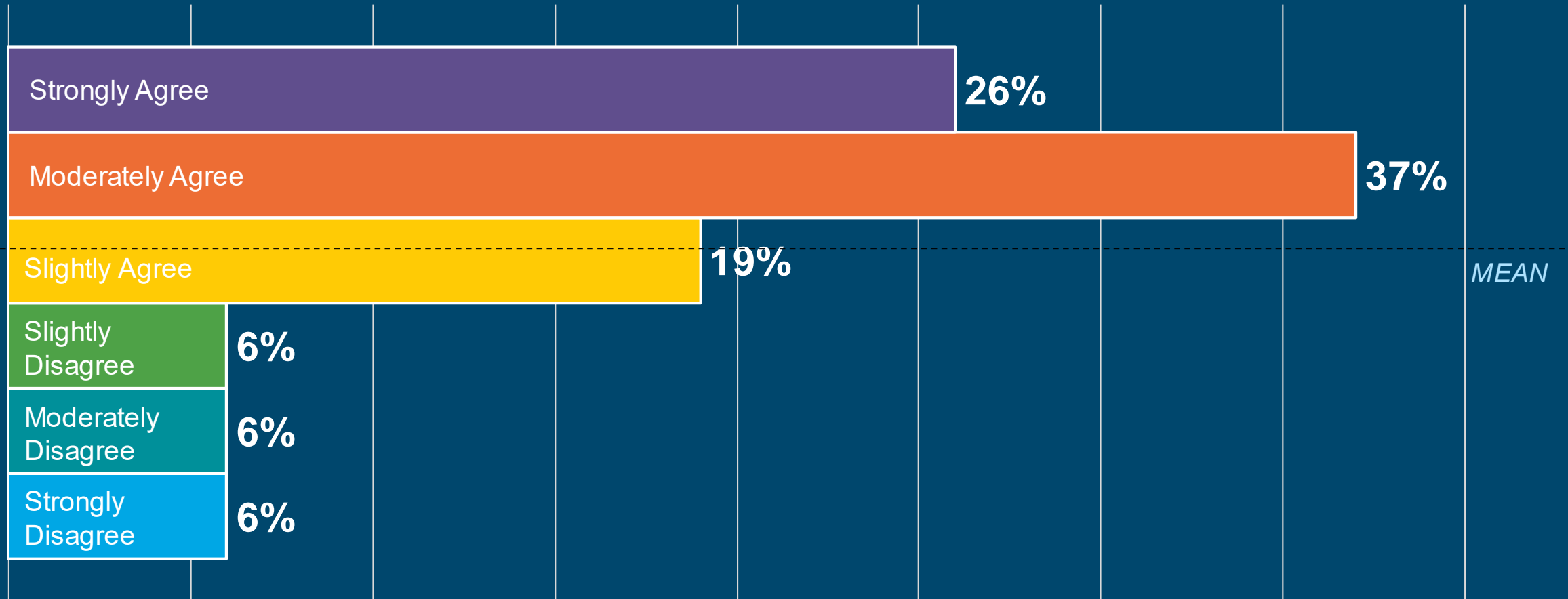
# COMMUNICATION

*The WSBA listens to its members*



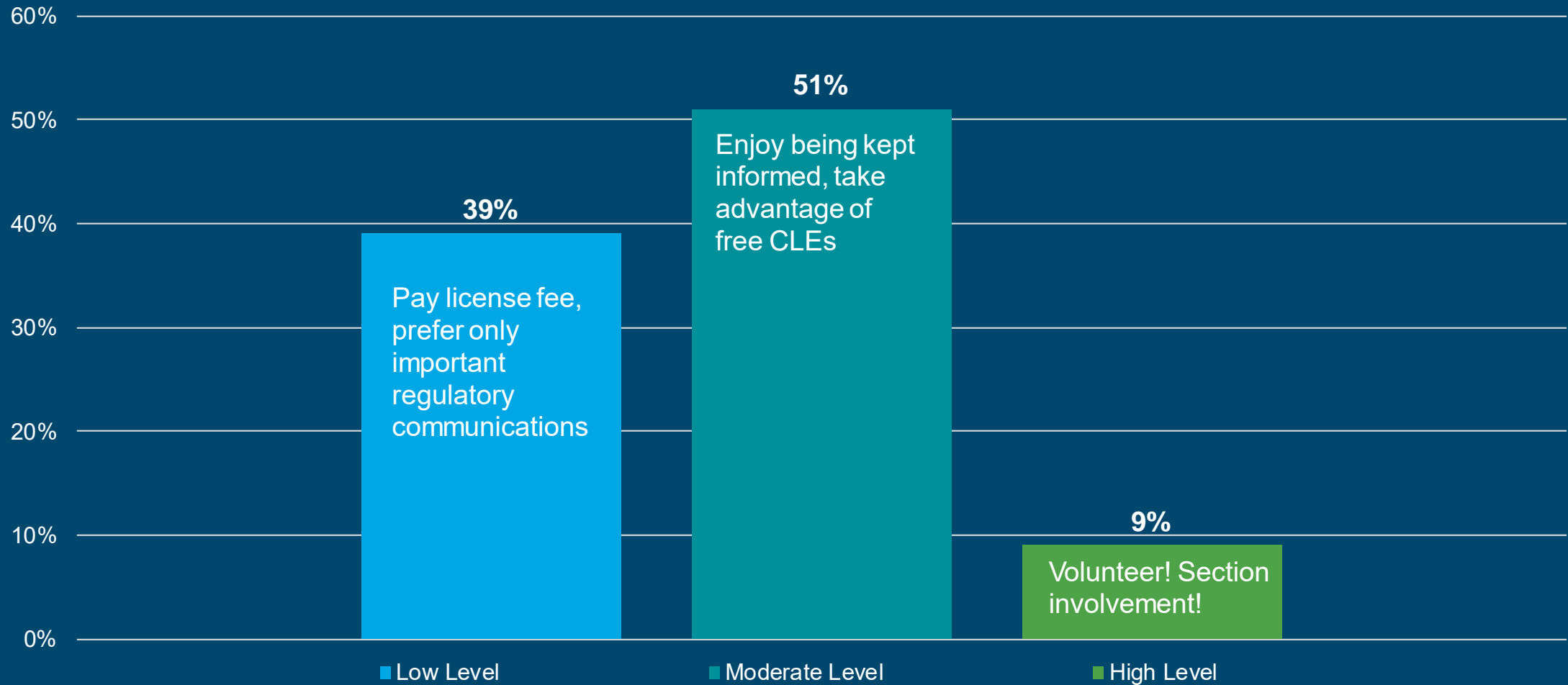
# INVOLVEMENT

*I know how I can get involved with the WSBA*



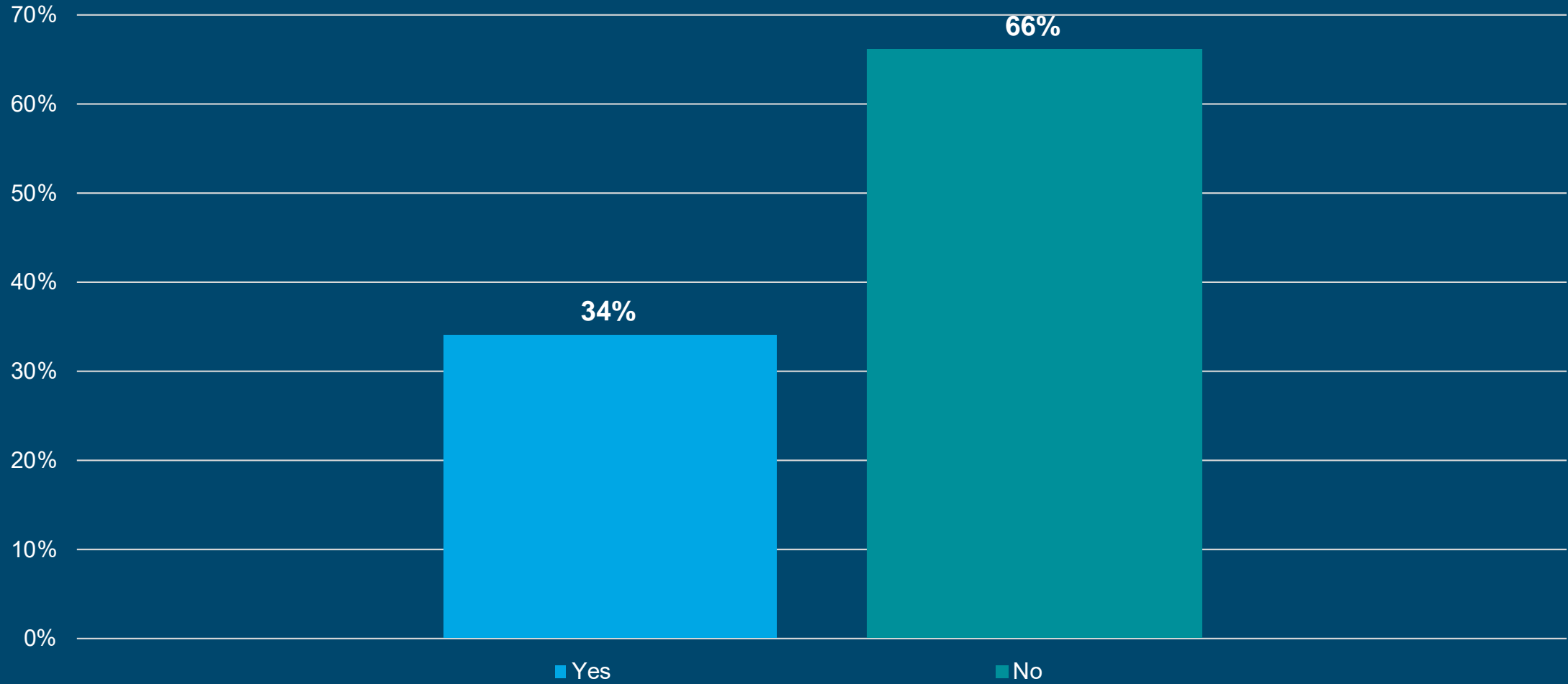
# INVOLVEMENT

*My preferred level of involvement with the WSBA is:*



# INVOLVEMENT

*Do you participate in WSBA Sections?*



# I DO PARTICIPATE IN SECTIONS BECAUSE ...

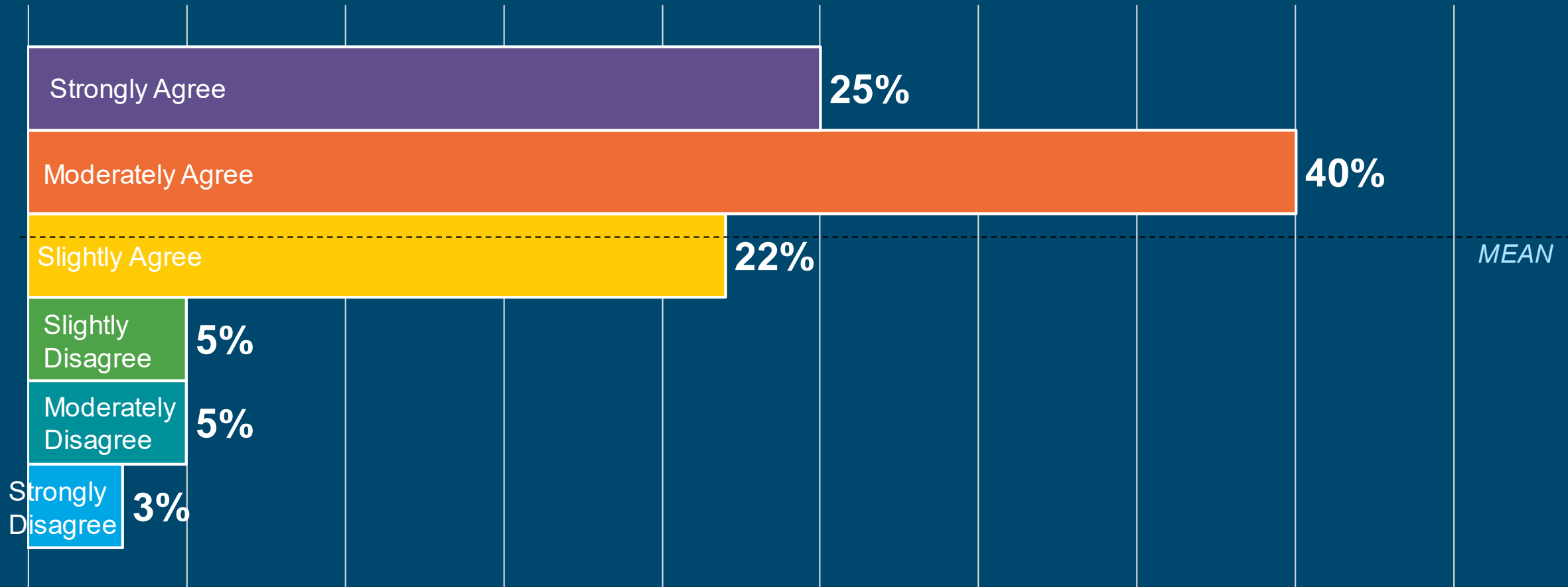
| Reason  | Percent |
|---|---------|
| Keeping up to date on changes in my practice area | 92%     |
| Networking and social connections                 | 36%     |
| Discounted and free section-specific CLEs         | 35%     |
| Legislative engagement                            | 11%     |
| Other   | 4%      |
| Resume building                                   | 2%      |

# I DO NOT PARTICIPATE IN SECTIONS BECAUSE ...

| Reason  | Percent |
|---|---------|
| I find more helpful or current information about my practice area elsewhere | 34%     |
| I don't have time   | 24%     |
| There are other groups and associations more relevant to my practice area   | 23%     |
| Other   | 23%     |
| Cost  | 17%     |
| I do not feel affiliation with section members                              | 16%     |

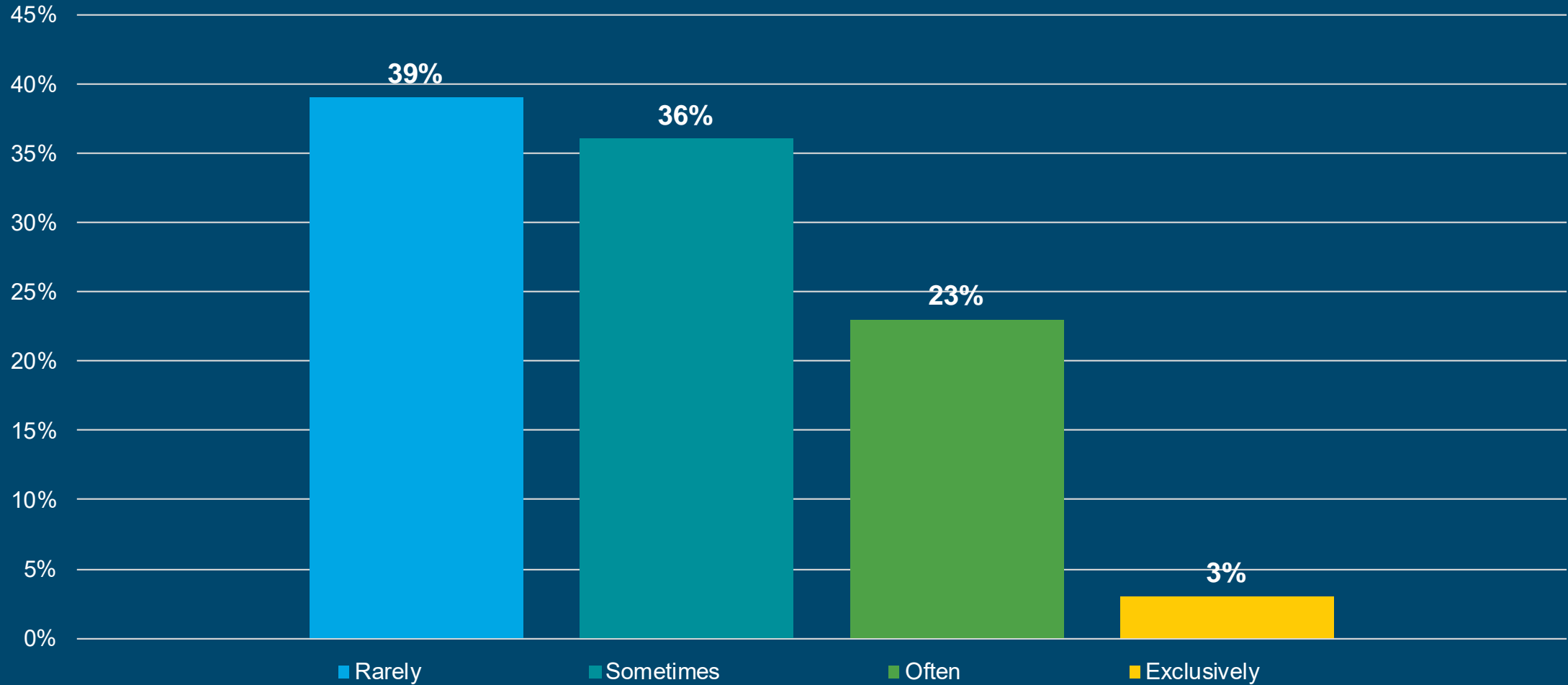
# SERVICES

*The WSBA provides high quality live and on-demand CLEs*



# SERVICES

*I attend WSBA-provided CLEs:*





# MEAN RANK: MEMBER BENEFITS AND RESOURCES

| Resource / Benefit                       | Mean Rank | Not Important at All / Not Very Important / Somewhat Important / Important / Very Important |
|--|-----------|---|
| Ethics Line                              | 3.52      | 12% / 11% / 20% / 30% / 28%   |
| On-Demand CLEs                           | 3.35      | 12% / 15% / 21% / 26% / 24%   |
| Deskbooks                                | 3.23      | 20% / 11% / 18% / 27% / 23%   |
| Live Remote CLEs                         | 3.19      | 15% / 16% / 24% / 26% / 19%   |
| Legal Lunchbox                           | 3.14      | 20% / 17% / 18% / 20% / 26%   |
| Free Legal Research Tool (Fastcase)      | 3.11      | 22% / 12% / 26% / 14% / 26%   |
| WA State Bar News Magazine               | 3.01      | 10% / 21% / 36% / 25% / 8%  |
| Free Health Counseling and Consultations | 2.93      | 24% / 19% / 16% / 23% / 19%   |
| Job Seeking and Career Assistance        | 2.75      | 27% / 20% / 17% / 24% / 13%   |
| Law Firm Guides and Templates            | 2.51      | 34% / 16% / 22% / 21% / 7%  |
| In-Person CLEs                           | 2.47      | 26% / 30% / 23% / 15% / 6%  |
| Member Wellness Program                  | 2.46      | 33% / 19% / 24% / 16% / 8%  |

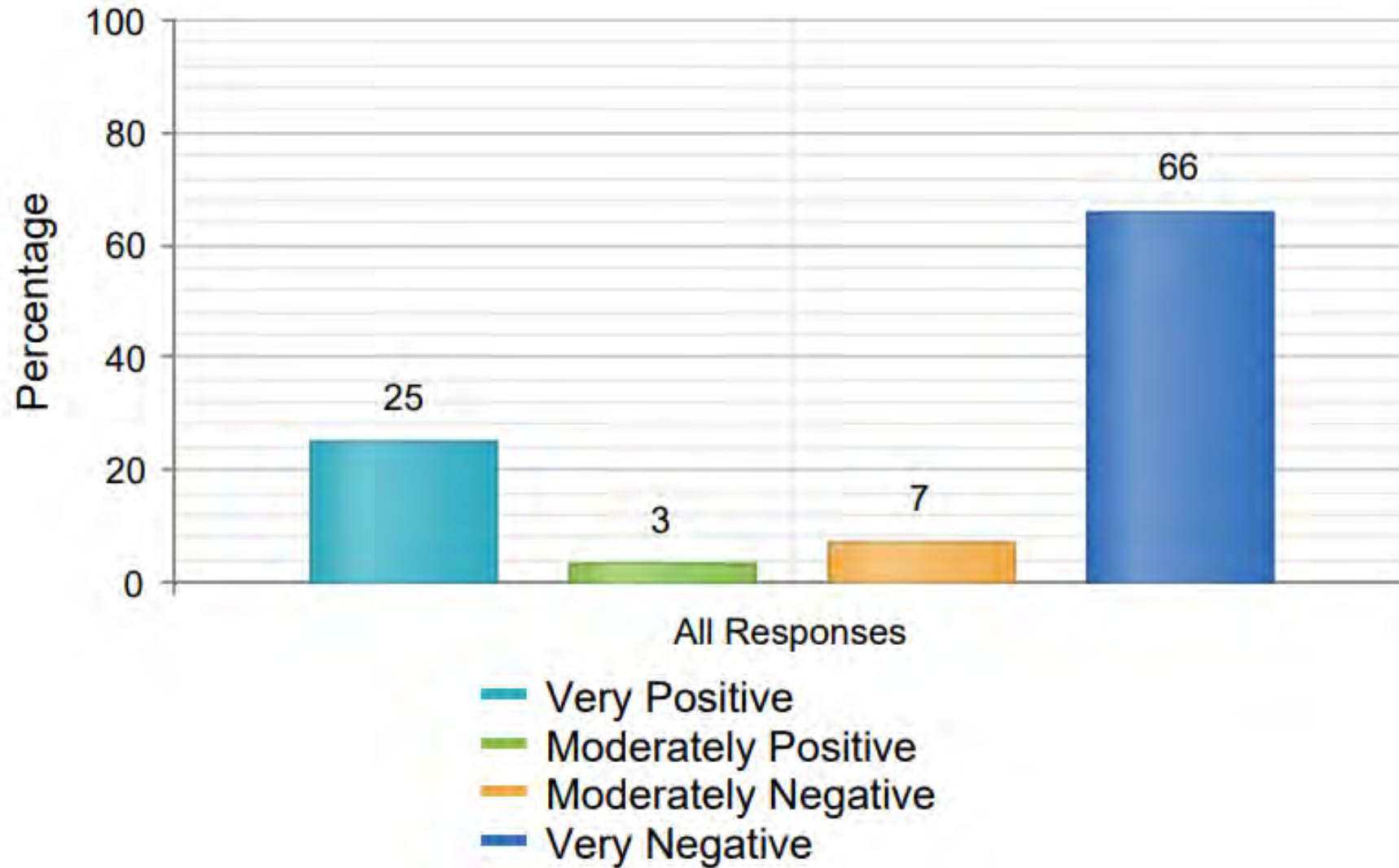
# MEAN RANK: MEMBER BENEFITS AND RESOURCES

| Resource / Benefit                           | Mean Rank | Not Important at All / Not Very Important / Somewhat Important / Important / Very Important |
|--|-----------|---|
| Mentorship Opportunities                     | 2.41      | 31% / 24% / 25% / 14% / 6%  |
| Retirement Resources                         | 2.36      | 35% / 20% / 25% / 15% / 5%  |
| Practice Management Assistance Consultations | 2.29      | 38% / 21% / 21% / 15% / 6%  |
| Lending Library                              | 2.20      | 39% / 21% / 24% / 11% / 4%  |
| Practice Management Discount Network         | 2.02      | 46% / 24% / 18% / 8% / 5%   |
| Health Insurance Marketplace                 | 1.93      | 53% / 20% / 14% / 9% / 5%   |

**OPEN ENDED**



# SENTIMENT ANALYSIS WITHOUT “NEUTRAL”



# WORD CLOUD

## Comments

feel **bar** example forced diversity cle organization political  
legal lunchbox topics applicable lawyer especially own cost  
issue past **practice** limited **wsba** seattle attorneys  
opinion magazine lot inclusion option time questions services  
help **dues** value money board irrelevant discipline ethical rules  
profession people please lower annual membership harassment  
social issues focus **lawyers** disciplinary justice **law** criminal  
benefit public system regulation court association burdens pay  
**free** attempts consequences process support diverse white  
providing washington paid expensive office downtown job  
committee doing wa program racism filing bog taking illt  
appears neutral meetings available professional understand minority  
equity instead racist care fees race hire

# SAMPLE WORD ASSOCIATIONS

## Diversity

“I don't see any consequences imposed upon members for sexist and racist behaviors that should mean they do not have the character and fitness to practice law. There is a lot of talk about **diversity** and equality for non-white male attorneys, but no consequences for discrimination and hostile practices against those who are not white and male.”

“I have heard from many women lawyers that they routinely experience sexual harassment in their firms or from other counsel. I would like the WSBA to include education for male lawyers about sexual harassment of women lawyers. I don't know whether this has been addressed in the WSBA's program to increase **diversity** and inclusiveness in the legal profession. If it has not, it should be. There should be efforts to both 1) hire and promote more women lawyers, and 2) reduce the sexual harassment of women lawyers. I would start by -- yes! -- taking a survey of women bar members to determine their perceptions as to what kinds of sexual harassment they have experienced, and how the Bar could help address this issue.”

“The pandering to the political left is really tiresome. **Diversity** and inclusion are important. But they are not the only important thing.”

“More **diversity** needed at WSBA and in the legal profession generally. More support needed around supporting diverse legal professionals with career development as they may not have connections that white/affluent counterparts may have.”

“I feel like branching out into areas not specifically connected to oversight leaves the bar vulnerable to a Janus breakup. For example, having a forced **diversity** CLE is no different than having an mandatory Originalist CLE.”

## Services

“As noted, my primary practice is in Oregon, but I have been impressed with the WSBA in my limited contacts. With that qualification, it seems important to identify critical areas and core competencies--as this survey attempts to do--and start with what is most important and/or is already adding real value. When the budget allows for additional **services**, be sure they are done well. Ideally, the Bar should have some role as an equalizer, raising the quality of practice and representation across the Bar by providing resources.”

“Focus on the basics - maintaining integrity of the profession and providing important **services** to its membership.”

“Member dues are too high. Allow for lower annual fees perhaps by offering a sliding scale. The cost of CLEs is also too high paired with the 45 credit requirement. I get ample professional development but I look for what is good, not what is qualified for CLEs. So then I find myself having to pay for CLEs that are completely irrelevant to my work just to check a box for WSBA. At least offer enough free on-demand CLEs that one could meet the requirement for free. I find most WSBA **services** to be irrelevant and/or very Seattle focused.”

“I strongly support WSBA providing career and job opportunity **services**, and anything that increases the number of law jobs and makes it easier for lawyers to find jobs. Increasing the public's access to lawyers is important, particularly if it also increases the number of law jobs.”

“I was unaware of some of the **services** and initiatives described in this survey and therefore ranked them low. This survey may yield more accurate results if it had a neutral/not applicable/I was not aware option.”

“Recognize that some of us pay more to stay in law than we earn for our legal services. I would prefer not to subsidize other lawyers' access to practice (a la the unified bar, where I don't have a choice). If others don't earn enough to pay for their own legal research or practice management **services**, that shouldn't be my problem.”

# DEMOGRAPHICS



| Category | Percentage  |
|----------|---|
| Age      | <ul style="list-style-type: none"> <li>• 21 to 30: 3%</li> <li>• 31 to 40: 16%</li> <li>• 41 to 50: 21%</li> <li>• 51 to 60: 23%</li> <li>• 61 to 70: 24%</li> <li>• 71 to 80: 12%</li> <li>• 80 and older: 2%</li> </ul> |
| Gender   | <ul style="list-style-type: none"> <li>• Female: 44%</li> <li>• Male: 54%</li> <li>• Transgender: 0%</li> <li>• Non-Binary / Non-Conforming: 0%</li> <li>• Not listed: 1%</li> </ul>                                      |

| Ethnicity                                      | % (number) |
|--|------------|
| American Indian/Native American/Alaskan Native | 1% (3)     |
| Asian-Central Asian                            | 0% (1)     |
| Asian-East Asian                               | 1% (3)     |
| Asian-South Asian                              | 1% (2)     |
| Asian-Southeast Asian                          | 0% (1)     |
| Asian-Unspecified                              | 0% (1)     |
| Black/African American/African Descent         | 2% (4)     |
| Hispanic/Latinx                                | 6% (14)    |
| Middle Eastern Descent                         | 0% (1)     |
| Multi-Racial/Bi-Racial                         | 2% (5)     |
| Not Listed                                     | 5% (11)    |
| Pacific Islander/Native Hawaiian               | 1% (2)     |
| White/European Descent                         | 80% (80)   |



# PRACTICE AREAS

| Area                     | Percent |
|--------------------------|---------|
| Criminal                 | 10%     |
| Government               | 10%     |
| Other                    | 8%      |
| Family                   | 6%      |
| Civil Litigation         | 6%      |
| Business-Commercial      | 4%      |
| Estate Planning/Probate  | 4%      |
| Real Property            | 4%      |
| Health                   | 3%      |
| Litigation               | 3%      |
| Personal Injury          | 3%      |
| Judicial Officer         | 3%      |
| Administrative-Regulator | 2%      |

| Area                    | Percent |
|-------------------------|---------|
| Corporate               | 2%      |
| Employment              | 2%      |
| General                 | 2%      |
| Military                | 2%      |
| Municipal               | 2%      |
| Not Actively Practicing | 2%      |
| Torts                   | 2%      |
| Intellectual Property   | 1%      |
| Bankruptcy              | 1%      |
| Civil Rights            | 1%      |
| Construction            | 1%      |
| Contracts               | 1%      |
| Disability              | 1%      |
| Entertainment           | 1%      |
| Environmental           | 1%      |

| Area                           | Percent |
|--------------------------------|---------|
| Immigration/<br>Naturalization | 1%      |
| Indian                         | 1%      |
| Maritime                       | 1%      |
| Tax                            | 1%      |
| Workers<br>Compensation        | 1%      |

**UP NEXT**



- **Q2 polling begins in January**

- 3,000 survey invitations to be sent to randomly selected members
- All those who responded to Q1 survey will be taken out of the selection pool for several years
- Continued notification to all members about the survey
- A professional analysis and presentation from NBRI's organization psychologists and statisticians to come at the end of Q4



# VOLUNTEER ENGAGEMENT REPORT

January 13, 2022

Paris A. Eriksen, CVA

Volunteer Engagement Advisor

# AGENDA

- ✓ Introduction & Core Elements of Volunteer Engagement
- ✓ FY21 Volunteer Community Snapshot
- ✓ Volunteer Community Trends
- ✓ FY21 Highlights
- ✓ Upcoming Projects



# INTRODUCTION

## Paris A. Eriksen, CVA

Volunteer Engagement Advisor

Office of the Executive Director

[parise@wsba.org](mailto:parise@wsba.org)

CVA: Certified Volunteer Administrator



# INTRODUCTION

## Professional Ethics in Volunteer Administration

### CORE VALUES & PRINCIPLES

- **Citizenship:** volunteerism is a foundation of civil societies and guides the organization and its stakeholders toward active community participation.

*philosophy of volunteerism, social responsibility, philanthropy*

- **Respect:** acknowledge the inherent value, skills and abilities of all individuals and affirms the mutual benefit gained by the volunteer and the organization.

*dignity, inclusivity, privacy*

- **Accountability:** demonstrate responsibility to the organization, its stakeholders and the profession of volunteer administration.  
*collaboration, continuous improvement, professionalism*
- **Fairness:** commit to individual and collective efforts that build and support a fair and just organizational culture.  
*impartiality, equity, justice*
- **Trust:** maintain loyal and trusting relationships with all stakeholders and is dedicated to providing a safe environment based on established standards of practice.  
*honesty, integrity, commitment*

Source: 2016 Council for Certification in Volunteer Administration

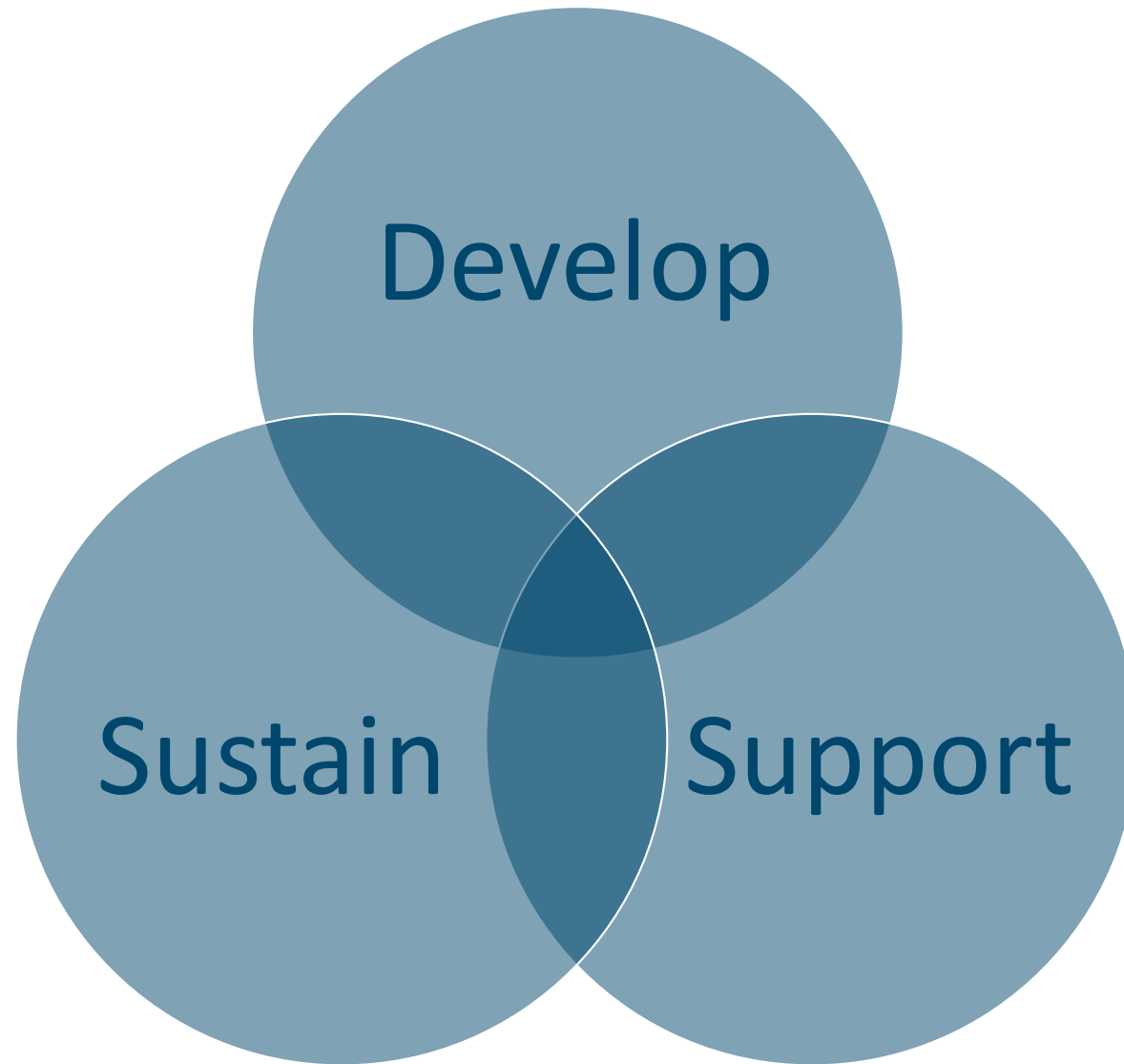


# CORE COMPETENCIES

- **Plan** for Strategic Volunteer Engagement  
*goals, objectives, policies, procedures*
- **Advocate** for Volunteer Involvement  
*communicate, cultivate, collaborate*
- **Attract and Onboard** a Volunteer Workforce  
*targeted recruitment, clear roles & expectations, matching*
- **Prepare** Volunteers for their Roles  
*orientation, training, on-going development of skills*
- **Document** Volunteer Involvement  
*manage data, record keeping*
- **Manage** Volunteer Performance and Impact  
*train staff, feedback, exit interviews*
- **Acknowledge, Celebrate and Sustain** Volunteer Involvement  
*invest, recognition, volunteer satisfaction, ongoing evaluation, monitor retention*



Source: Seven Competencies of Volunteer Administration



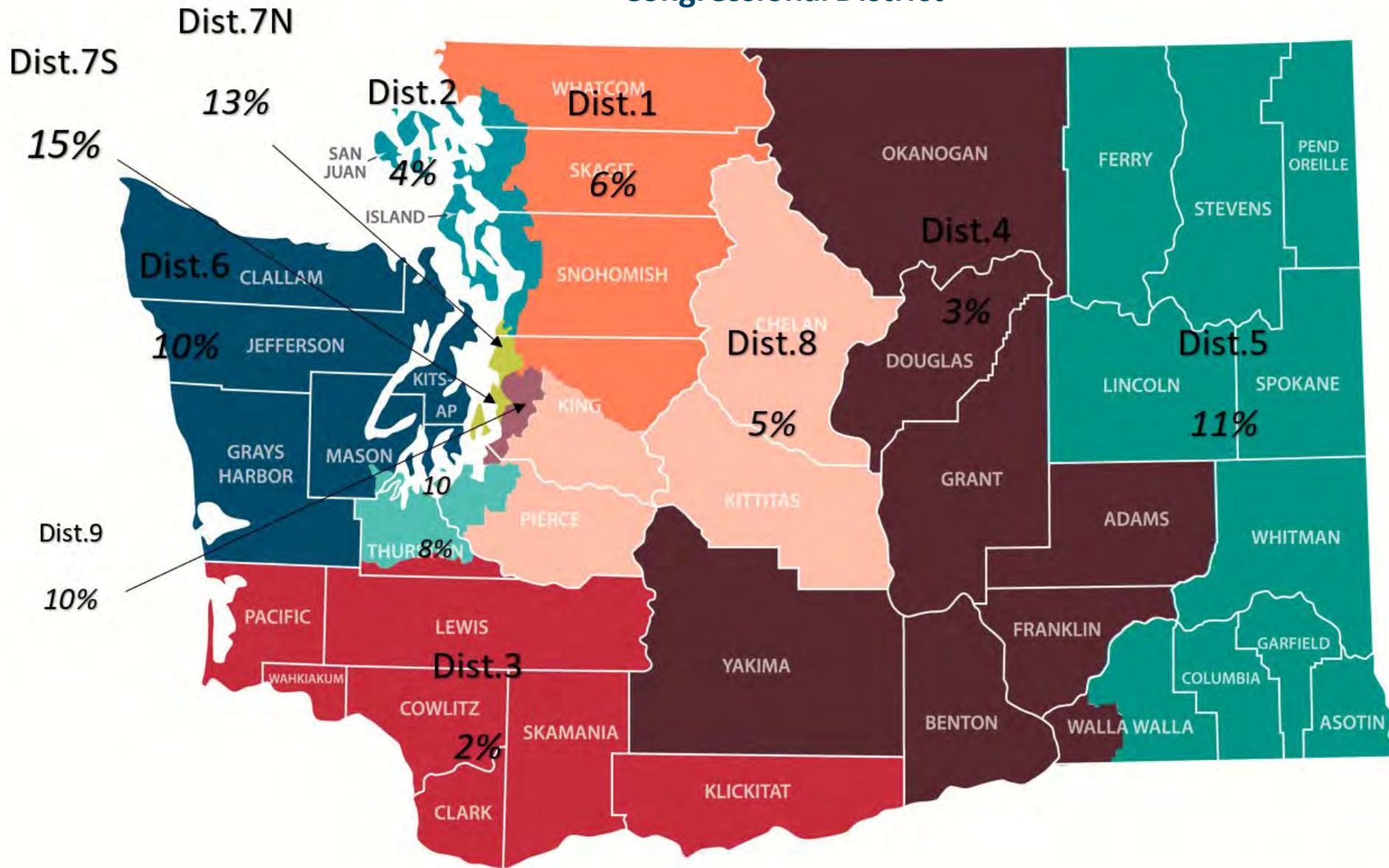
# OUR CURRENT VOLUNTEER COMMUNITY

|  |   |                           |  |
|--|---|---------------------------|--|
| <b>Boards</b>                                    | Usually created by court rule or court order. Appointed by the Court. (10)                                      | <b>Board of Governors</b> | Elected by members.  |
| <b>Committees, Councils, Panels, etc.</b>        | Usually created by BOG Action. Appointed by BOG. (17)   | <b>WSBA Reps</b>          | Appointed or nominated by the BOG to serve on an external entity. (28 groups)    |
| <b>Faculty</b>                                   | Identified and selected by staff and volunteers.  | <b>Authors</b>            | Identified and selected by staff and volunteers.                                 |
| <b>Ad Hoc Projects, Task Forces, Work Groups</b> | Appointed by President or BOG for time-limited and narrowly focused topics/charters. (2)                        | <b>Mentors</b>            | Identified and selected by staff and volunteers for MentorLink Mixers.           |
| <b>Section Executive Committees</b>              | Elected by section members. Many section executive committees also engage a volunteer Young Lawyer Liaison (29) | <b>Pro Bono</b>           | Not a WSBA volunteer but WSBA supports, encourages and recognizes pro bono work. |

# FY21 VOLUNTEER COMMUNITY SNAPSHOT



# Congressional District



|    |     |
|----|-----|
| 1  | 6%  |
| 2  | 4%  |
| 3  | 2%  |
| 4  | 3%  |
| 5  | 11% |
| 6  | 10% |
| 7S | 15% |
| 7N | 13% |
| 8  | 5%  |
| 9  | 10% |
| 10 | 8%  |

**40.3%**  
Female

**17.4%**  
People of  
Color

**8%**  
LGBTQ

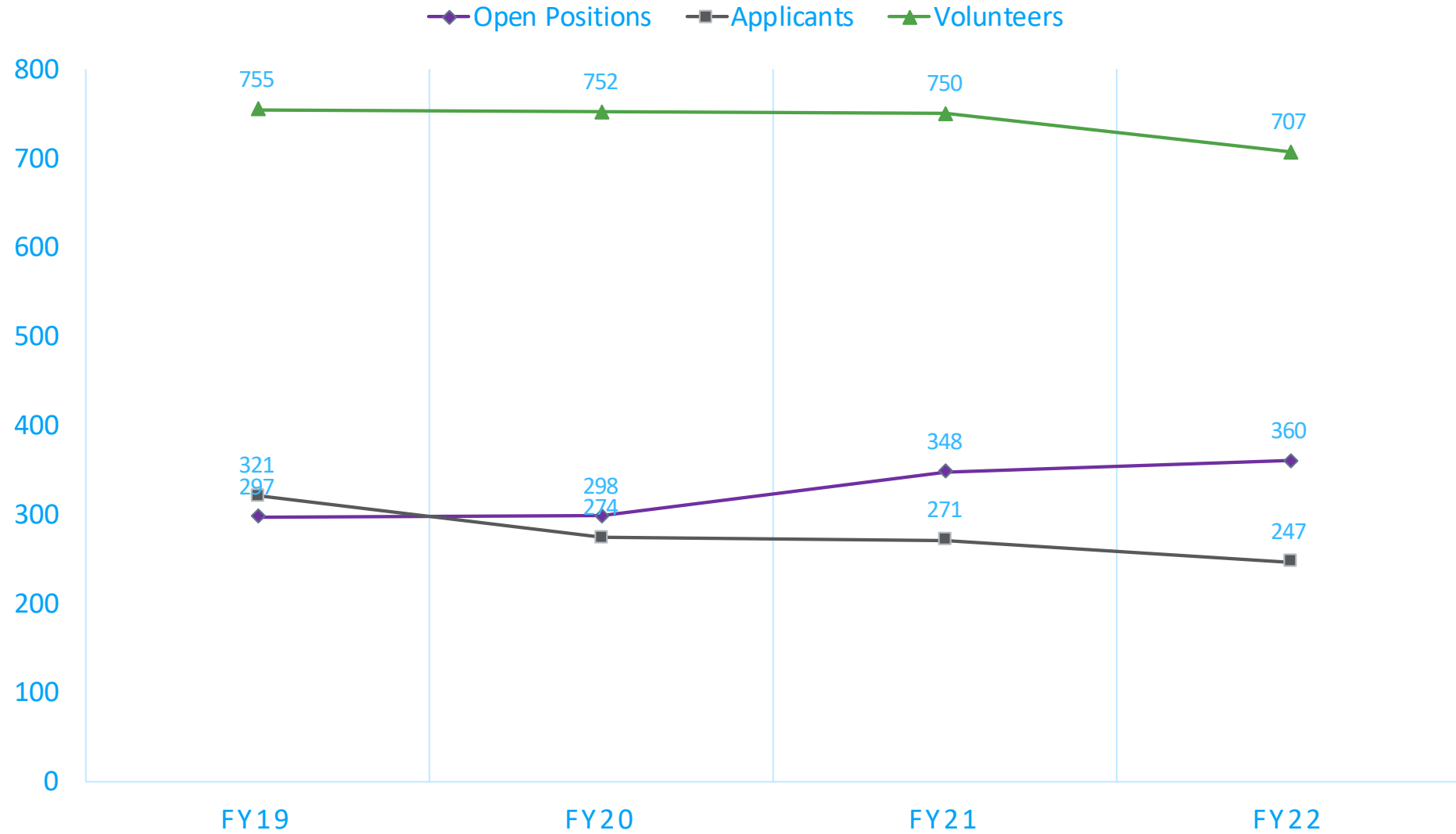
**5%**  
with  
Disabilities

## Underrepresented Groups

# VOLUNTEER COMMUNITY TRENDS



# OPEN POSITIONS, APPLICANTS, VOLUNTEERS





# NATIONAL TRENDS



According to the **2021 Volunteer Management Progress Report** published by *Tobi Johnson & Associates* and *VolunteerPro*, volunteer participation has declined across organizations of varying volunteer community sizes.



# NATIONAL TRENDS

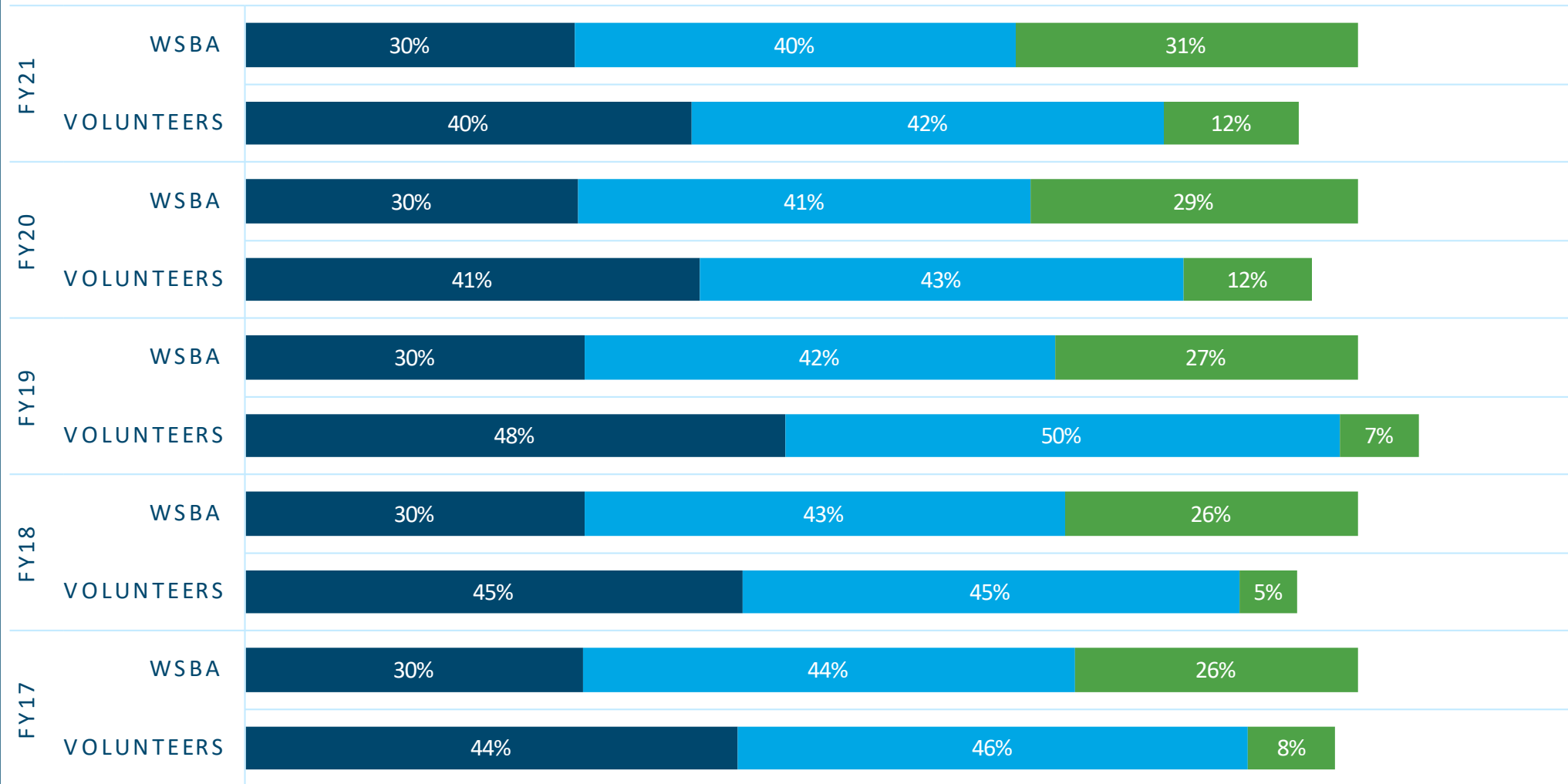
Conversely, *Sterling Volunteers 2021 Industry Insights Nonprofit and Volunteer Perspectives Report* in collaboration with *VolunteerMatch* indicates that ‘volunteerism persevered during the pandemic.’

- 76% of volunteers expect to volunteer the same amount or more in the coming year.
- A quarter of volunteers said ‘responding to urgent needs related to the pandemic or disaster relief’ motivated them to volunteer and many continued their previous volunteering efforts.’



# GENDER

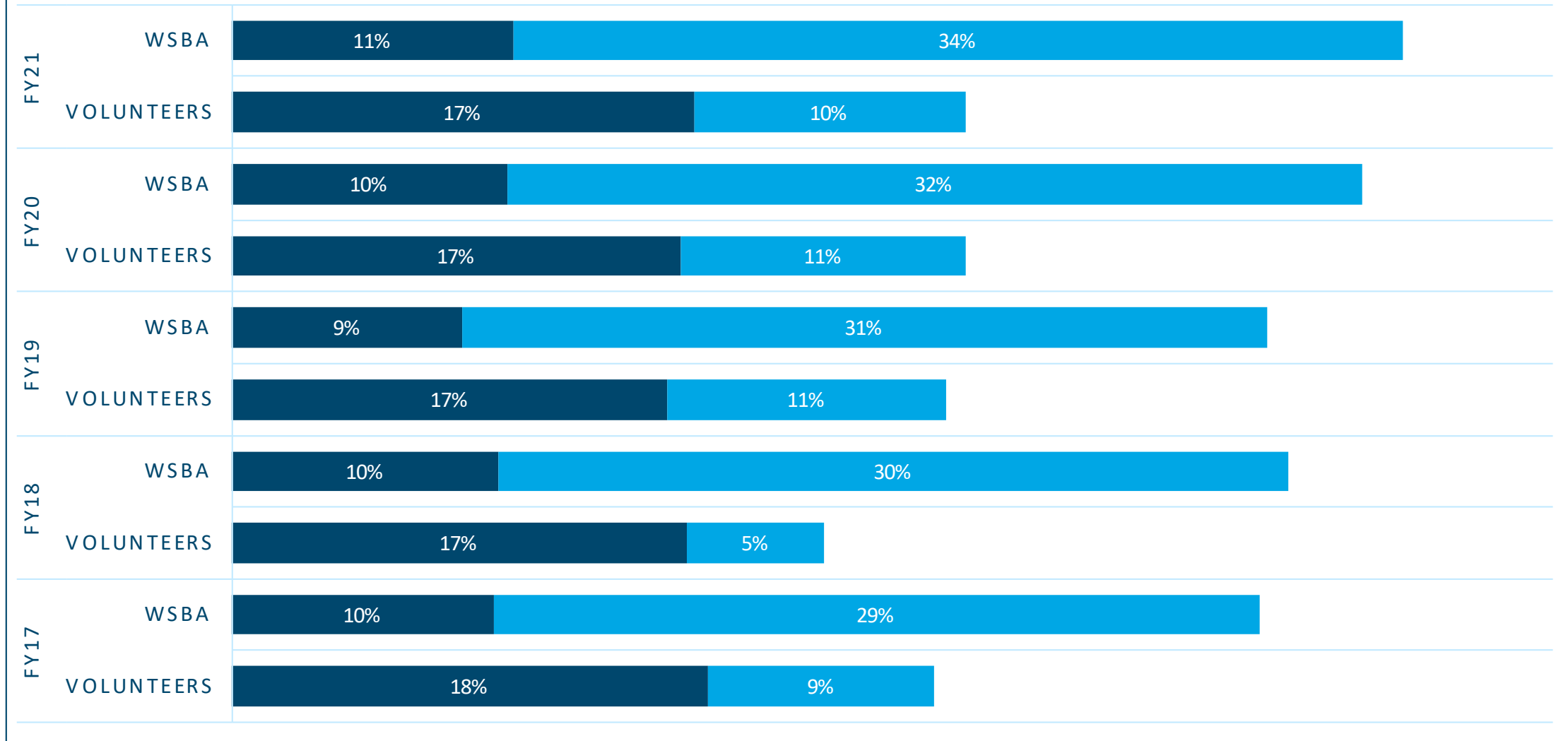
■ FEMALE ■ MALE ■ NO RESPONSE



*Note: Less than 1% of volunteers and members identified as non-binary, multi-gender, transgender, two-spirit or not listed. Therefore, this group is not included in the chart.*

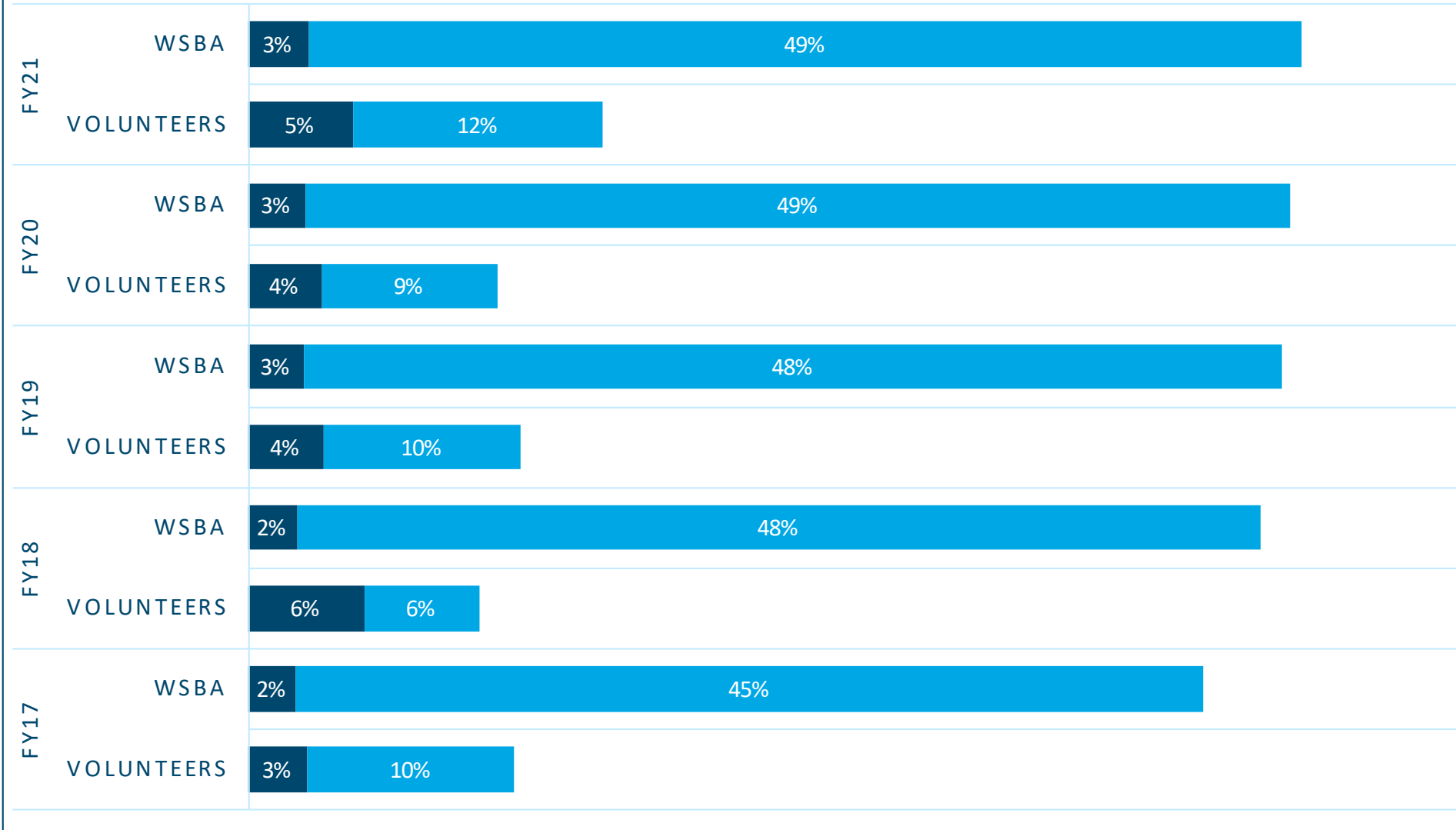
# PEOPLE OF COLOR

■ Yes ■ No Response



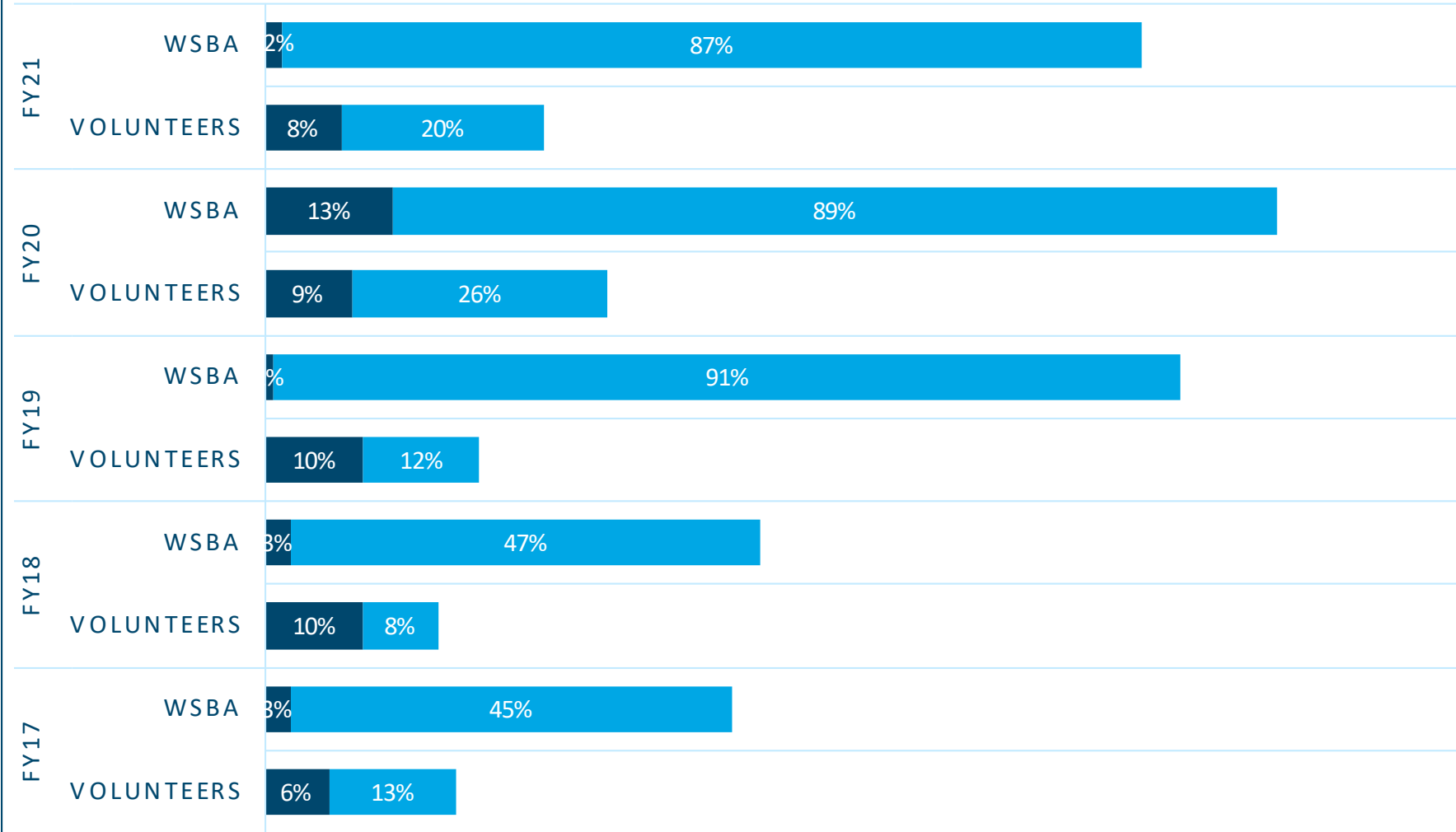
# DISABILITY

■ YES ■ NO RESPONSE



# LGBTQ

■ LGBTQ ■ NO RESPONSE



# VOLUNTEER SATISFACTION SURVEY TRENDS

WSBA conducts a volunteer satisfaction survey every other year. The goal of the survey is to track the effectiveness and impact of the relationship between WSBA and its volunteer community. The survey focuses on the core areas of volunteer engagement including recruitment, onboarding, support, recognition and retention.

## Response Rates:

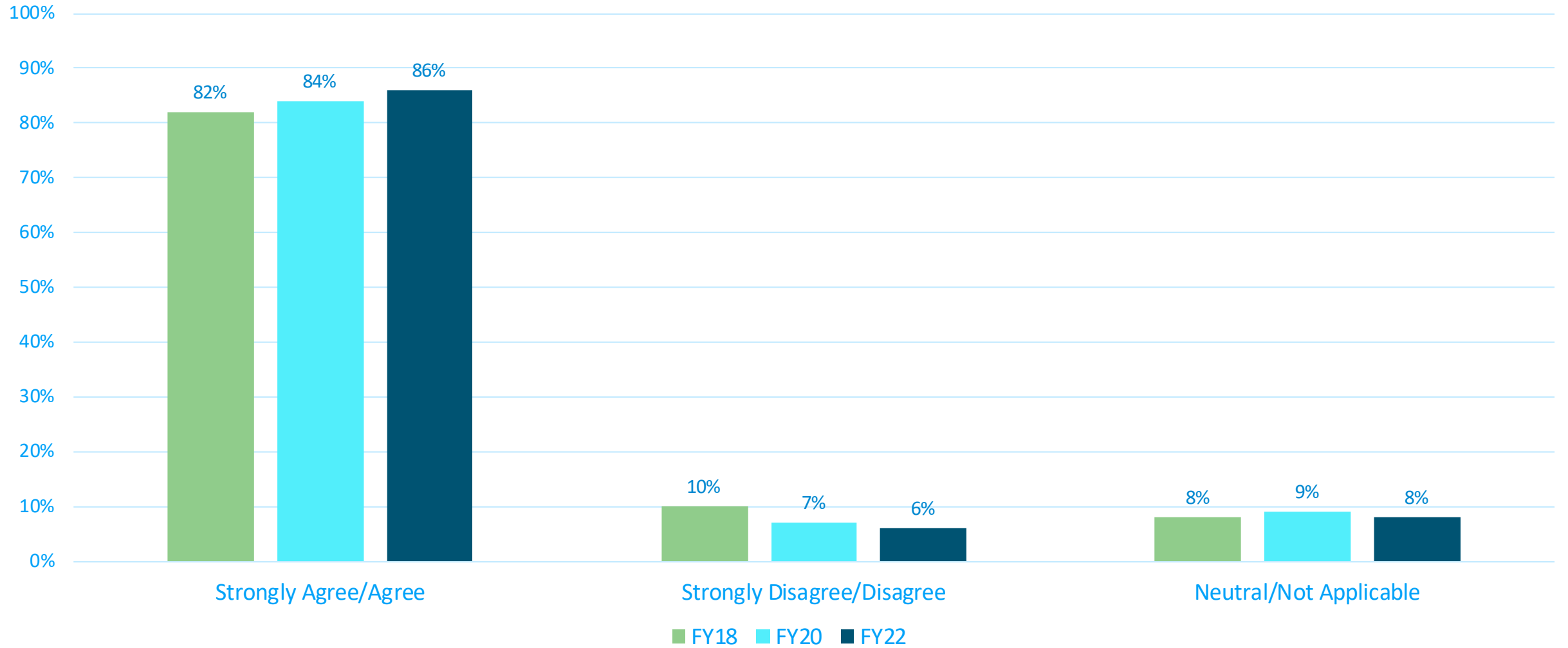
**FY2018: 16%**

**FY2020: 12%**

**FY2022: 14%**

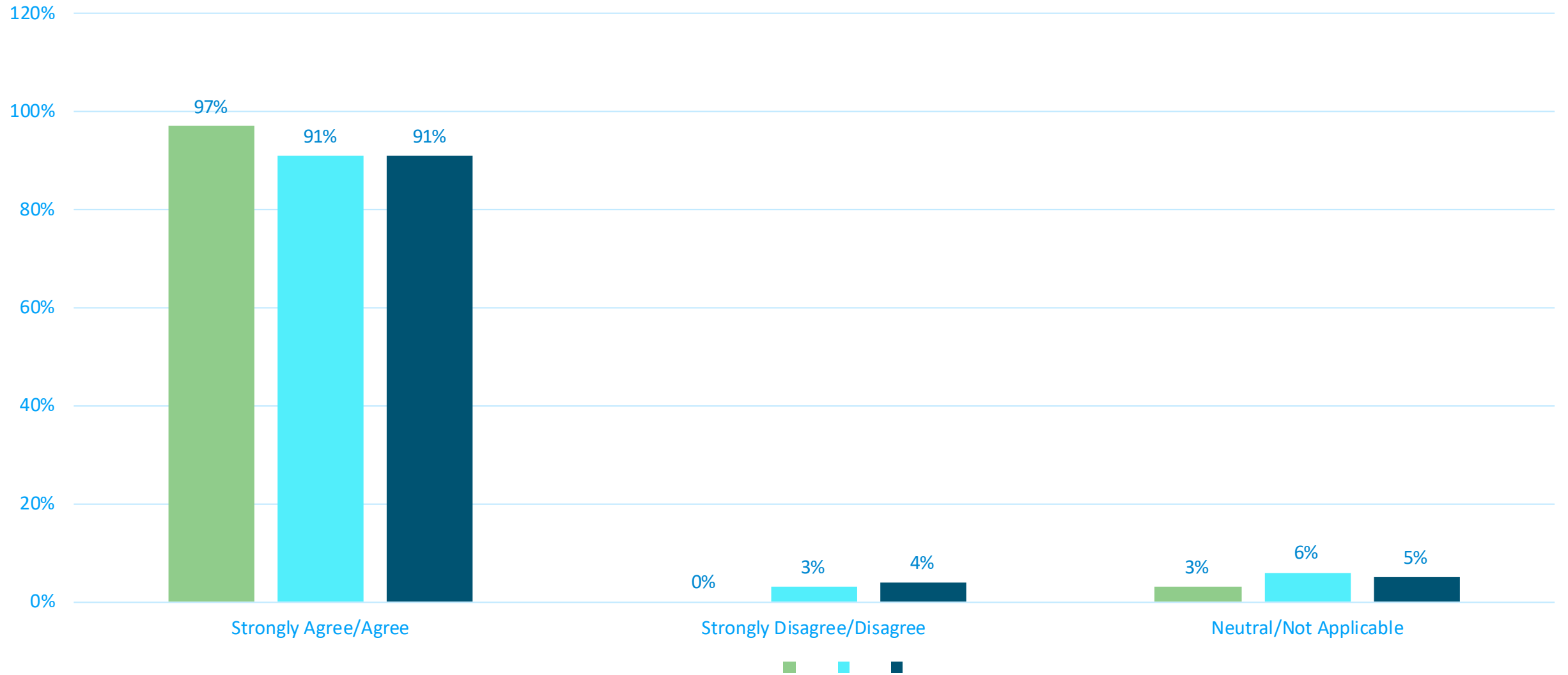


## I was provided with enough information to understand the expectations & responsibilities of my role

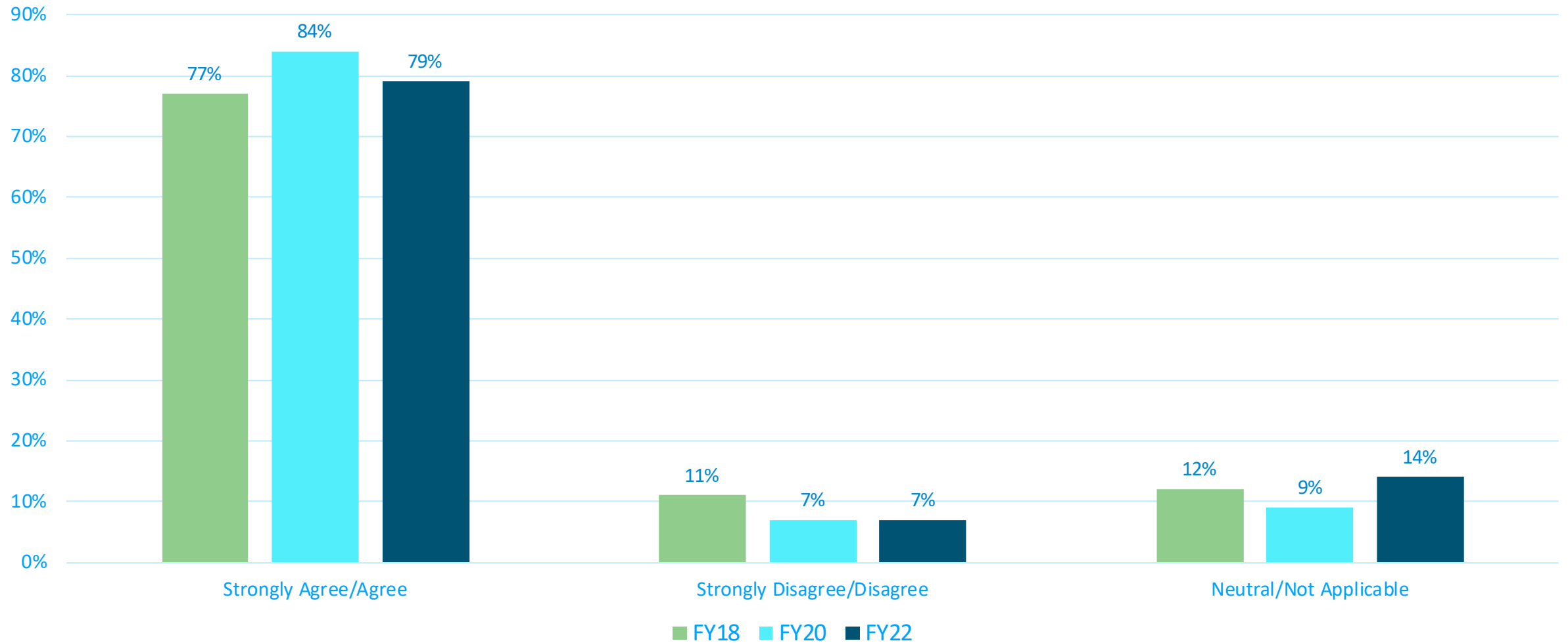




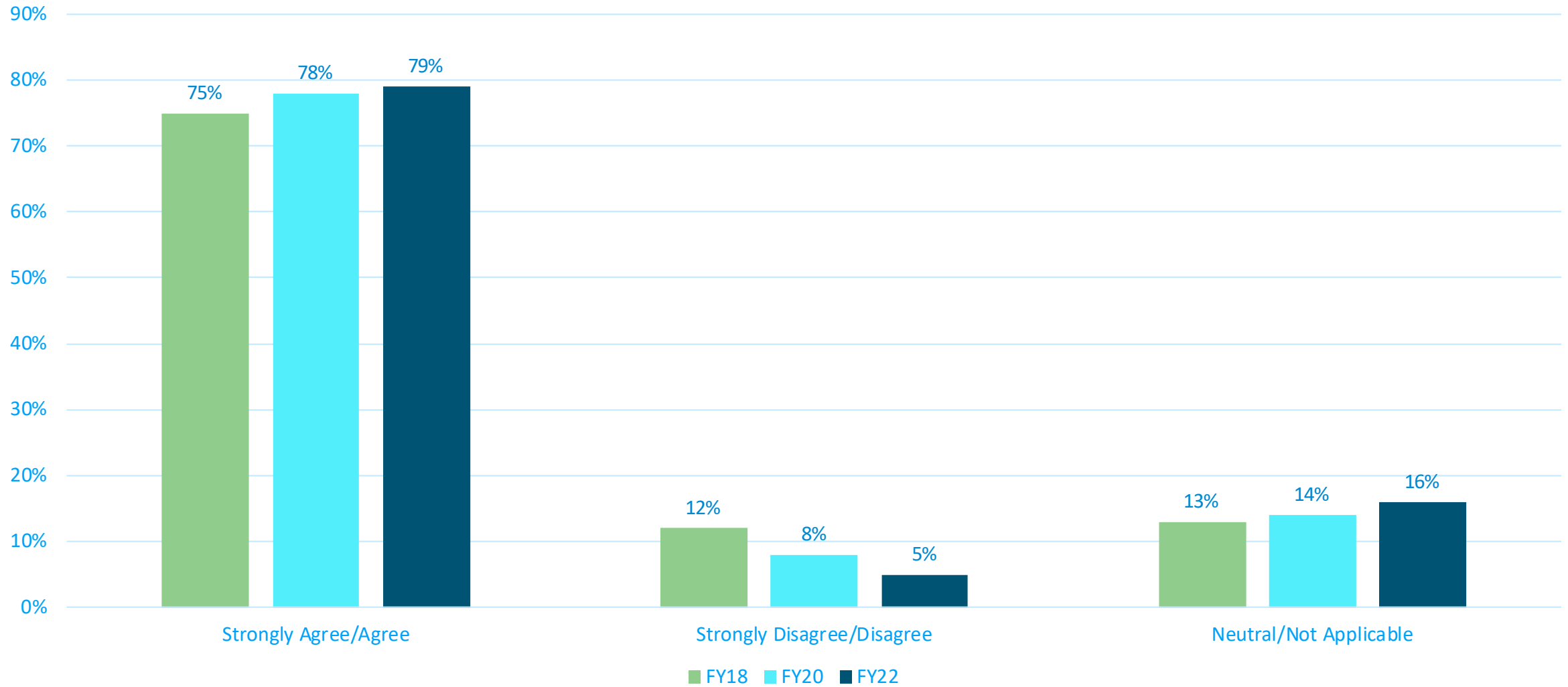
## My talent and skills were a good match for the volunteer role in which I served.



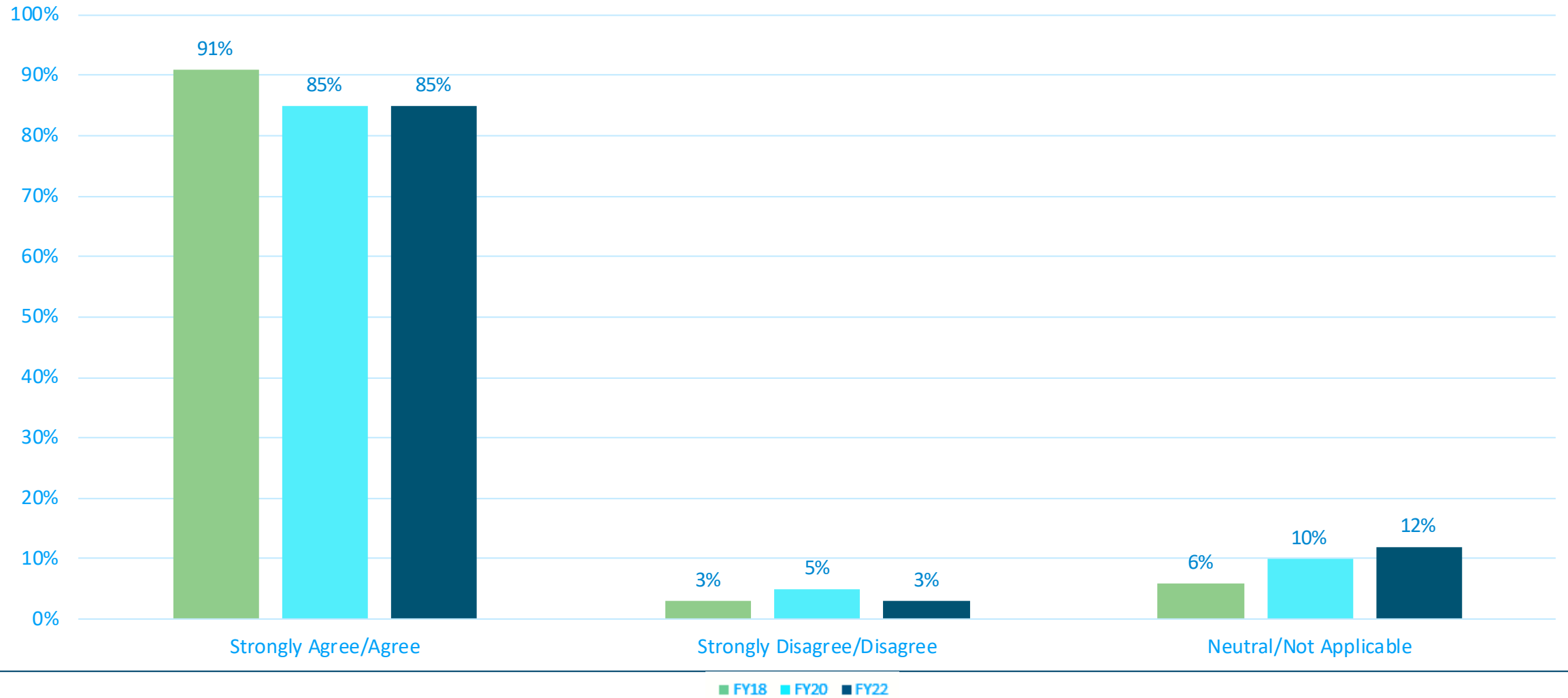
## I received adequate support and guidance from staff to be successful in my volunteer role.



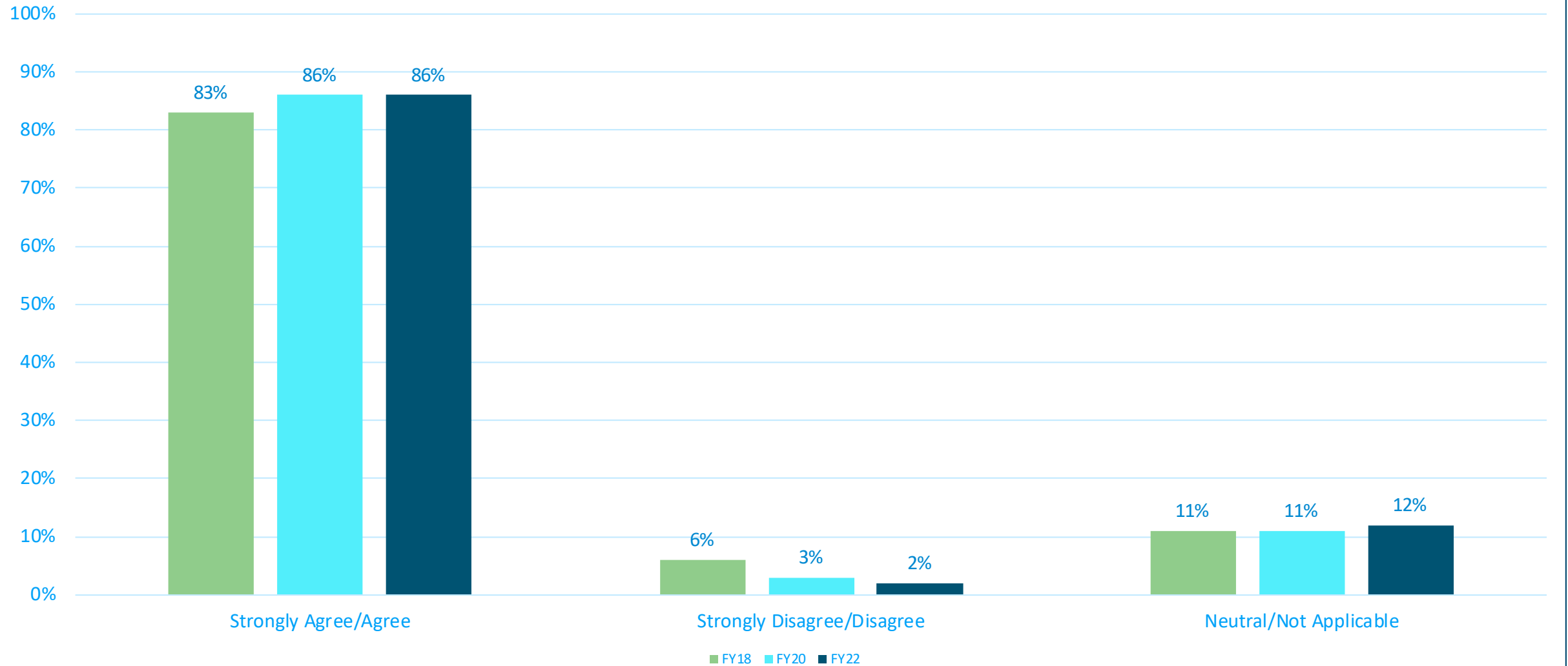
## There was a climate of teamwork among staff and volunteers



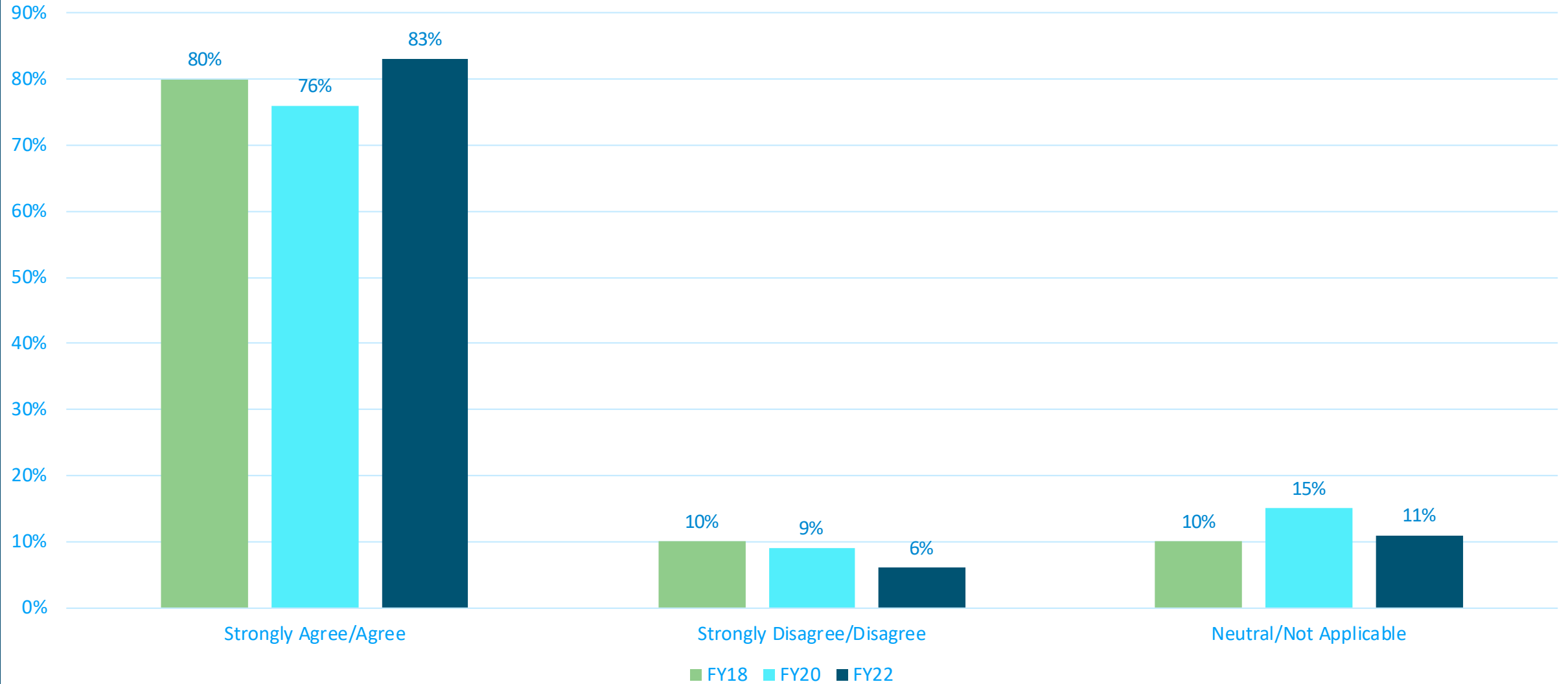
## My volunteer role furthered the purpose of the group or program I was volunteering with.



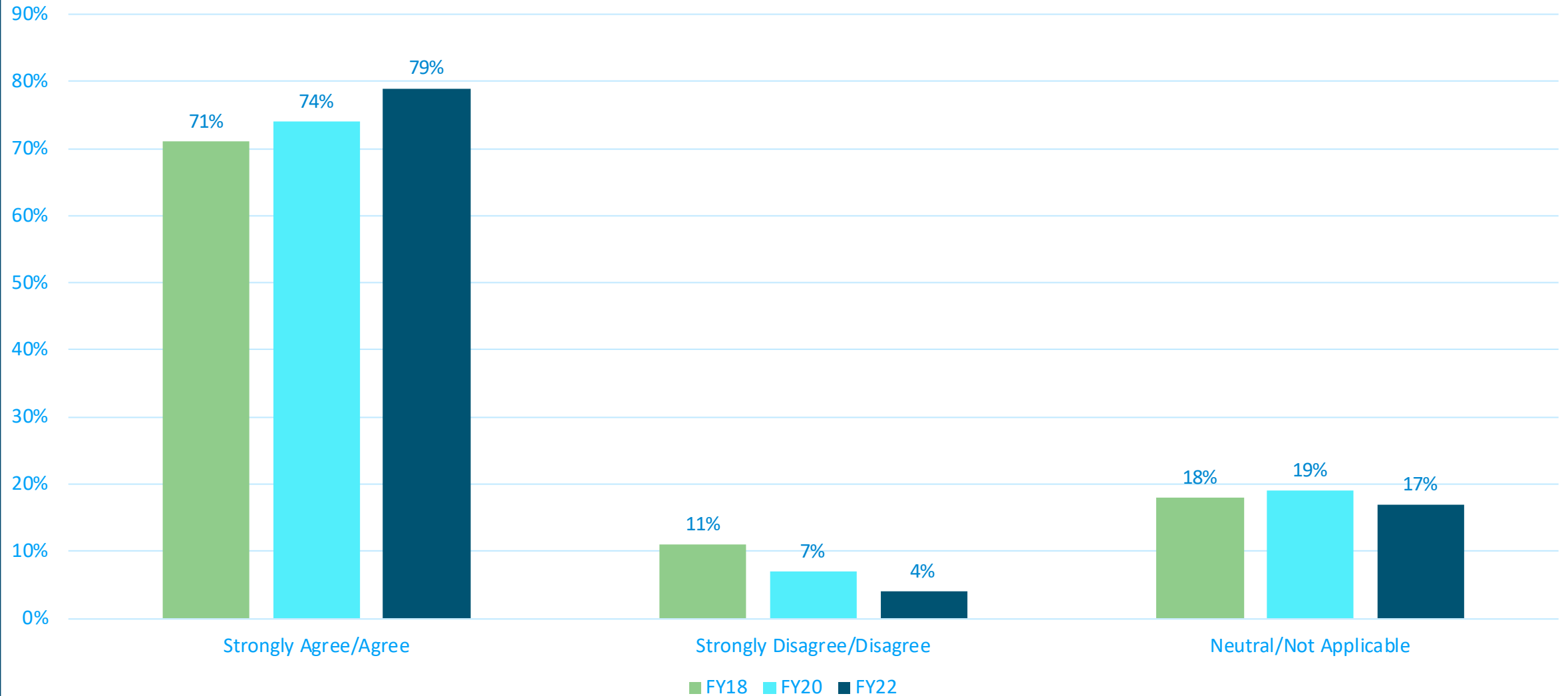
## My role furthered the mission.



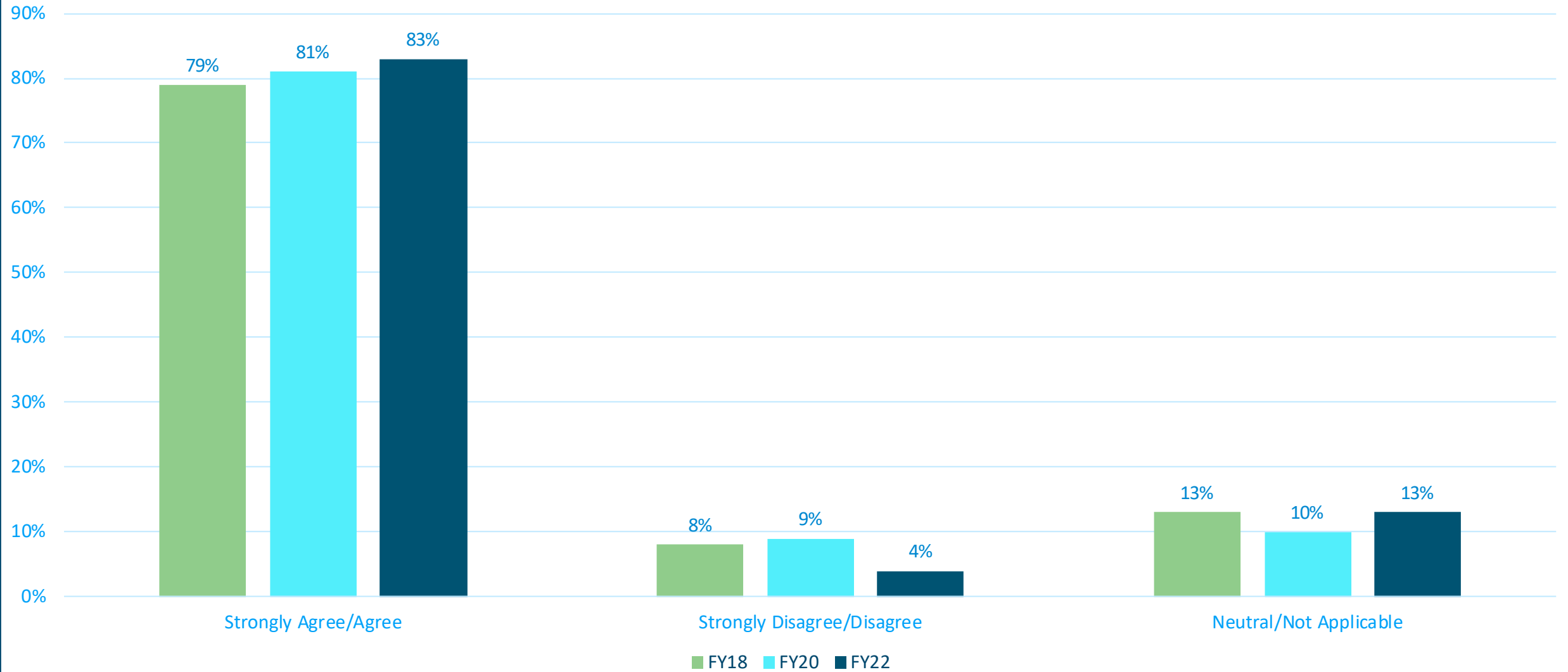
## Overall, I was satisfied with my volunteer experience.



## My time and talent in this volunteer position were valued by the organization.



### I would volunteer again.





## Do you have any additional feedback for how the WSBA could improve onboarding, better support you in your volunteer role, or show appreciation for your contribution? Or do you have any other comments you would like to share with us?

- ‘It seemed to me the colleagues I was volunteering with were less engaged than in years past. Perhaps that was due to outside (pandemic related) forces. Not sure what that could be attributed to really but I had enough experience with volunteering on the committee before to recognize that as an outlier this year as compared to past years’.
- ‘I like that we are continuing to work on more effectively recruiting, welcoming and supporting volunteers who hold Bipoc or non-conforming gender identities.’
- ‘I wish there were an easier way for us all to talk among ourselves – email is not great but I don’t know what it would be. Forming a community of volunteers seems challenging.’

# FY21 HIGHLIGHTS



# Take Our Quiz: Which Type of Legal Volunteer Are You?

April 12,  
2021



No. 1  
Most-Read  
Blog Post in  
2021!



# NWSidebar

The Voices of Washington's Legal Community

## Take It from a WSBA Volunteer: A Q&A With Francis Adewale

Meet Francis Adewale. All this week, the WSBA is joining others around the country during National Volunteer Week to recognize and celebrate the many invaluable volunteers who devote their time and expertise to carry out the WSBA mission of serving the public, ensuring the integrity of the legal profession, and championing justice.



*When each of us, in our own way,  
answers the call to make a difference,  
we make progress in solving our most persistent problems,  
and create stronger communities  
and a more just society.*

— POINTS OF LIGHT

# VOLUNTEER WITH WSBA

Find the volunteer opportunity that best aligns with your interests, skills, experiences, and professional goals.

## ■ WSBA COMMITTEES

A rewarding opportunity to refine a skill, explore an interest, join a professional community, and advance your own professional development while strengthening the legal profession

- ▶ Apply online at [myWSBA.org](https://mywsba.org) beginning March 15, 2021. The deadline for applications is April 16, 2021.
- ▶ Not sure where you'd like to volunteer? Complete the [Volunteer Interest Form](#).
- ▶ For questions, email [barleaders@wsba.org](mailto:barleaders@wsba.org).

## ■ BOARDS AND PANELS

A unique opportunity to work with the Supreme Court and the WSBA on the regulation and discipline of Bar members, while providing insight into the dynamics of a self-regulated profession.

*Click on one of the entities listed below to learn more. Those marked with an asterisk (\*) welcome public members, some eligibility requirements may apply.*

### YOUR INTERESTS, SKILLS, EXPERIENCES, AND GOALS

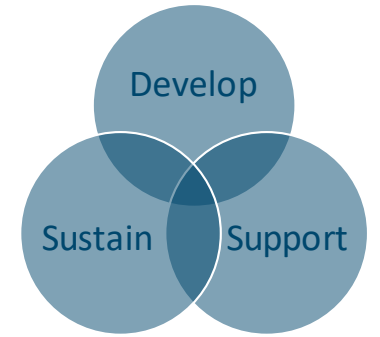
| WSBA COMMITTEES   |   | Administrative Processes | Civil Legal Aid, Pro Bono, and Public Service | Critical Thinking and Analysis | Discipline System | Delivery of WSBA Events and Programs | Diversity, Equity and Inclusion | Education and Ethics | Effectuate Systemic Change | Event Planning | Group Collaboration | Leadership Development and Mentorship | Centers Voices of Oppressed Communities | Policy/Rules/Legislation | Public Protection | Recruitment and Peer Recognition | Regulatory Oversight | Research, Writing and Communications | Technology |
|---|---|--------------------------|---|--------------------------------|-------------------|--------------------------------------|---------------------------------|----------------------|----------------------------|----------------|---------------------|---------------------------------------|---|--------------------------|-------------------|----------------------------------|----------------------|--------------------------------------|------------|
| WSBA Committees<br>(created and authorized by the Board of Governors) | • Continuing Legal Education Committee  |                          |   |                                |                   | ■                                    | ■                               | ■                    |                            |                |                     |                                       |   |                          |                   |                                  |                      | ■                                    | ■          |
|   | • Court Rules & Procedures Committee    |                          |   | ■                              |                   |                                      |                                 |                      |                            |                | ■                   |                                       |   | ■                        |                   |                                  |                      | ■                                    |            |
|   | • Diversity Committee                   |                          |   |                                |                   |                                      | ■                               |                      | ■                          | ■              |                     | ■                                     | ■                                       | ■                        |                   |                                  |                      |                                      |            |
|   | • Editorial Advisory Committee          |                          |   |                                |                   |                                      | ■                               |                      |                            |                |                     |                                       |   |                          |                   |                                  |                      | ■                                    |            |
|   | • Judicial Recommendation Committee     |                          |   |                                |                   |                                      |                                 |                      | ■                          |                |                     | ■                                     |   |                          |                   |                                  |                      |                                      |            |
|   | • Legislative Review Committee          |                          |   |                                |                   |                                      |                                 |                      | ■                          |                |                     |                                       |   | ■                        |                   |                                  |                      | ■                                    |            |
|   | • Pro Bono and Public Service Committee |                          | ■   |                                |                   |                                      |                                 |                      |                            |                |                     |                                       |   | ■                        | ■                 |                                  |                      |                                      |            |
|   | • Committee on Professional Ethics*     |                          |   | ■                              |                   |                                      |                                 | ■                    |                            |                | ■                   |                                       |   | ■                        | ■                 |                                  |                      | ■                                    |            |
|   | • Washington Young Lawyers Committee    |                          | ■   |                                |                   | ■                                    |                                 | ■                    |                            | ■              | ■                   | ■                                     | ■                                       | ■                        | ■                 | ■                                |                      |                                      |            |

# UPCOMING PROJECTS



## DEVELOP

Improve/Update **Committees and Boards Policy** (last updated in September 2020).



## SUPPORT

Identify and seek approval for implementation of a **volunteer engagement tool** such as *HigherLogic* or *Personify CommUnity*.

- Allows volunteers to work more effectively with each other online. Communicate, share information, answer surveys, see upcoming meetings and events, RSVP, and access documents.



## SUSTAIN

Create a **Volunteer Philosophy Statement**

- A clear, positive and consistent statement which articulates why and how volunteers are valuable to the organization. The statement should chart the engagement of volunteer's and the organization's accountability to the volunteer community.





**THANK YOU!**

**Paris Eriksen**  
**Volunteer Engagement Advisor**  
[parise@wsba.org](mailto:parise@wsba.org)



# LGBTQ+

# Experiences in the

# Legal System

---

A VIEW FROM PRACTITIONERS AND COMMUNITIES



# Who We Are

If you'd like, please drop  
your name, pronouns,  
District, and/or type of legal  
practice into the chat!



# Agenda/What We'll Cover

---

9:00-9:10 – Introductions

9:10-9:25 – LGBTQ+ Communities and Legal Issues

9:25-9:35 – Being an LGBTQ+ Practitioner

9:35-9:45 – Representing LGBTQ+ Individuals

9:45-9:55 – The Path to Equal Justice for All

9:55-10:00 – Questions

QUESTIONS YOU DON'T WANT TO ASK PUBLICLY: feel free to directly message Dana or Denise in the chat – we will happily provide an answer during the Q&A section!

# LGBTQ+ Identities and Legal Experiences

---

- LGBTQ2S+ IDENTITIES AND TERMS
- LGBTQ2S+ LEGAL SYSTEM EXPERIENCES

# Intro to LGBTQ+ People in WA

---

5.2% of overall  
population in WA

29% POC (30.7%  
general  
population)

28% raising  
children

57% under age 35  
(28% general  
population)

25% food insecure  
(12% general  
population)

22% income <\$24k  
(15% general  
population)

# LGBTQ+ Legal Needs

*from the 2016 Supplemental WA Civil Legal Needs Survey*

---

## **LGBTQ+ Low-Income Populations**

- 9.4% homeless
- 12.1% denied shelter access
- 13.8% DV survivors
- Average civil legal problems per household per year is 10.3
- Discrimination based on:
  - Race – 19%
  - Disability – 17%
  - Immigration Status – 14%

## **General Low-Income Population**

- 1.7% homeless
- 3.3% denied shelter access
- 8.4% DV survivors
- Average civil legal problems per household per year is 9.3
- Discrimination based on:
  - Race – 14%
  - Disability – 12%
  - Immigration Status – 5%

# What we experience in the legal system

*From Protected and Served?  
Lambda Legal Survey (2012)*

## **Discriminatory Comments about SO/GI:**

- Overall - 19%
- Disabled folks (incl. HIV) - 24%
- Low-income - 28%
- BIPOC folks – 30%
- Trans/NB folks – 33%
- Trans/NB BIPOC folks – 53%

## **Most likely to hear discriminatory comments:**

- Attorneys – 32%

## **SO/GI raised when not relevant:**

- Overall – 16%
- Subgroups – 25-29%

## **Outed in court:**

- Overall – 11%
- Subgroups – 14-21%



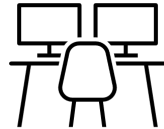
# 2021: How Gender and Race Affect Justice Now

By the Washington State Supreme Court Gender and Justice Commission

## LGBTQ+ people experience barriers:



Cost of accessing courts



Workplace discrimination  
(including in WA courts!)



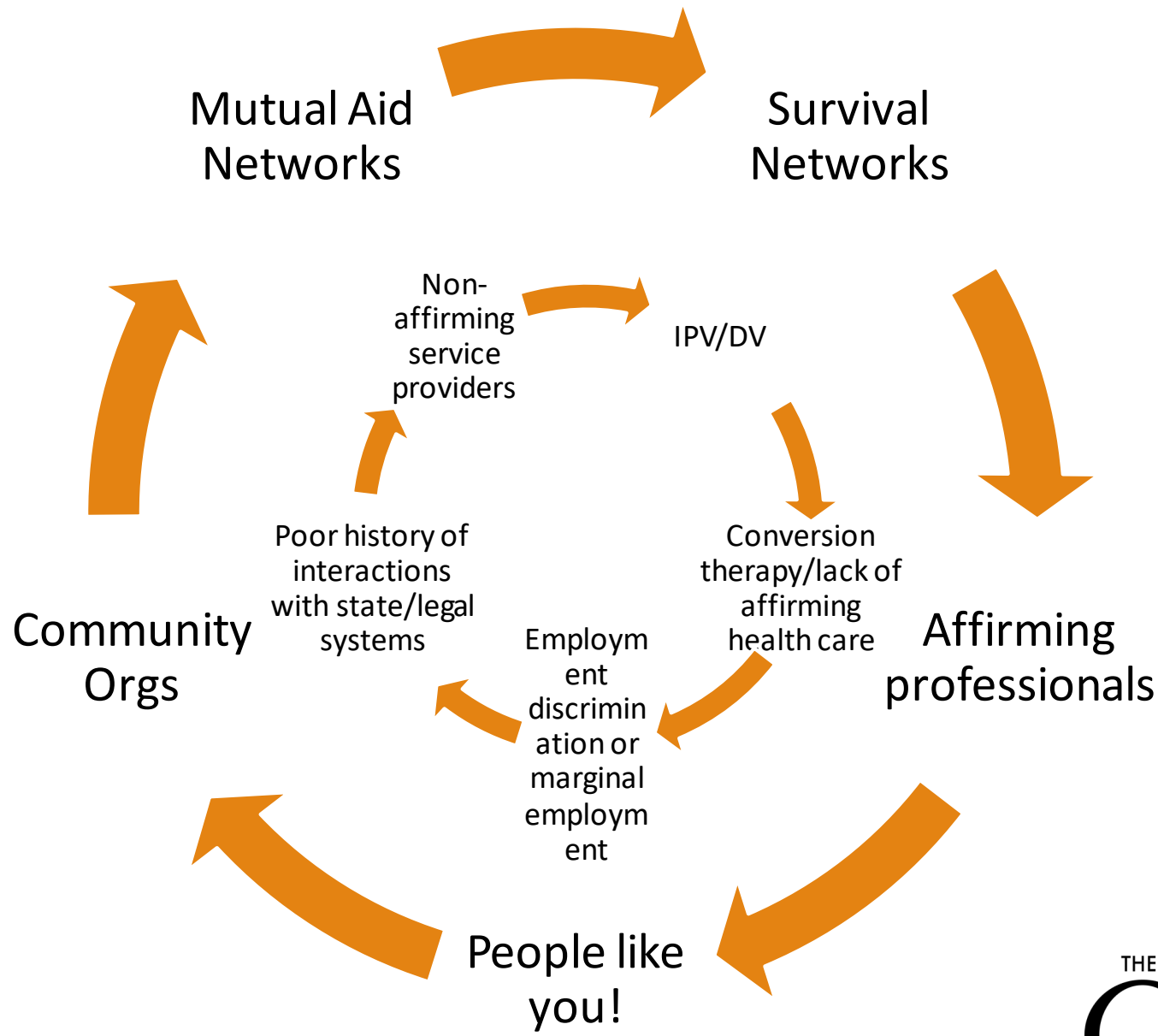
Family court and custody



Domestic violence, sexual assault, and sexual exploitation



**Not enough information!**



# Being an LGBTQ+ Practitioner

---

Denise



Advocacy



Mentorship



Allyship

Dana



Activism



Leadership

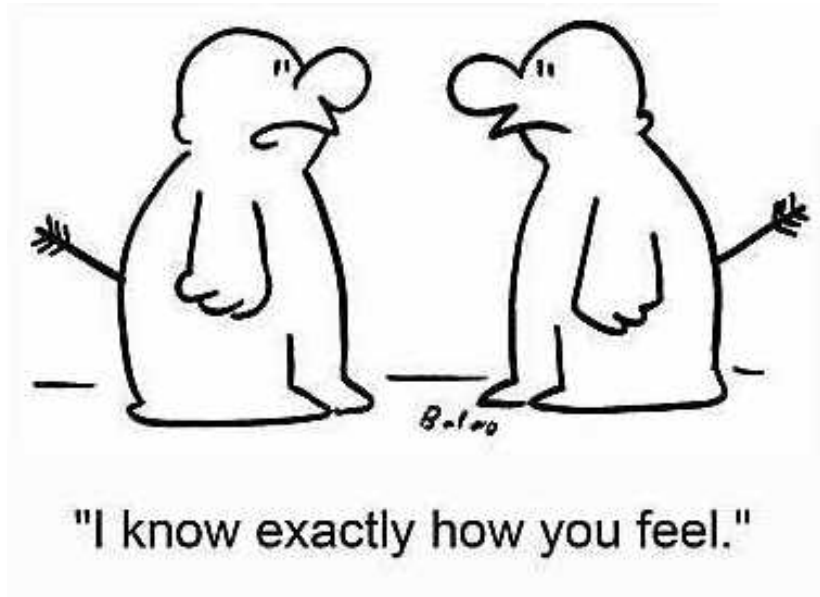


Consistency

# Representing LGBTQ2S+ Individuals

---

# Understanding someone's identity is NOT a prerequisite for empathy...



Empathy is a prerequisite for understanding.

# The Ethics of Inclusion

---

**RPC 8.4(d),(g),(h):** don't discriminate, don't make or allow discriminatory arguments, and if you can't do the work, withdraw so someone else can.

**RPC 1.1:** know our legal issues. Ask for help. Make sure to ask your client about the role of discrimination in their issue. Understand the implications of your legal approach.

**RPC 1.6:** Confidentiality goes deep, because our communities are tiny. Trust is the only reason your client walked through the door, so guard their privacy.

**Preamble: be a conscientious and ardent advocate.** Listen carefully, and be alert to your own biases and others'. Recognize racism, transphobia, and homophobia. Make a plan for how you will intervene and advocate.



# What's relevant? What's not?

---

**ER 401** – does it advance the probability of a determinative fact?

**ER 403** – is the probative value outweighed by tendency toward prejudice or confusing the jury?

**ER 404** – evidence of other acts not admissible to show character

**ER 412** – evidence of sexual behavior or disposition is not admissible

**ER 610** - Evidence of the beliefs or opinions of a witness on matters of religion is not admissible for the purpose of showing that by reason of their nature the witness' credibility is impaired or enhanced.

DON'T rely on religiosity alone to show tolerance or bias

DO ask questions about the nature of religious beliefs if the beliefs are relevant (i.e. discrimination)

# QTBIPOC-positive Advocacy

---

- **BELIEVE US**, and do not assume our trust.
- **Don't assume** name/pronoun in the file are correct – ASK.  
(“What name do you want me to call you? I use she/her pronouns – what are yours?”)
- **Do affirmative outreach** to LGBTQ+ community groups or community leaders. Integrate transphobia and homophobia into your anti-racism work. Assume that engaging in transphobia and homophobia is racist.
- **Check your systems** – when do you ask for demographic information? Are all of your staff and volunteers trained on how to gather necessary information with care and respect?

**Need help? Contact QLaw Foundation!**

# The Path to Equal Justice for All

---

# Ongoing Cases To Know

## *Tingley v. Ferguson*

First amendment objection brought against Washington's conversion therapy ban. WDWA denied Plaintiff's request for injunction and dismissed the case; Plaintiff appealed to Ninth Circuit.

## *Woods v. Seattle's Union Gospel Mission*

WA SC held that religious employers are only exempt from WLAD for ministerial employees. Currently awaiting a decision from SCOTUS on Mission's Petition for Cert.

## *Gender Affirming Treatment Act Implementation*

GATA prohibits insurers from denying coverage for trans health care that is deemed medically necessary.

# The Role of BOG in the Future



# Thank you!

---

## QLAW FOUNDATION

**Denise Diskin**

[www.qlawfoundation.org](http://www qlawfoundation.org)

@QLawFoundation

Denise@qlawfoundation.org

## QLAW ASSOCIATION

**Dana Savage**

[www.qlaw.org](http://www.qlaw.org)

@QLawWA

advocacy@qlaw.org

**QLaw Foundation and Association**  
**Presentation to WSBA Board of Governors**  
**January 14, 2022**

Table of Contents

|   |    |
|---|----|
| Proposed Amendments to RAP 18.7 and Associated Forms  | 1  |
| <i>In the Matter of the Welfare of M.D.</i> ; Div. II Commissioner’s Order  | 22 |
| <i>Tingley v. Ferguson et al.</i> , W.D. Wash. No. 3:21-cv-05359-RJB, <i>on appeal to 9<sup>th</sup> Cir.</i> ; Brief of Amici Curiae Trevor Project, American Foundation for Suicide Prevention, American Association of Suicidology | 43 |
| <i>In re: Moana Teinealetalafatai Omeli</i> ; Brief of Amicus Curiae Attorney General of the State of Washington  | 89 |

**Proposed Amendments to:**

RAP 18.7  
RAP Form 1  
RAP Form 2  
RAP Form 3  
RAP Form 4  
RAP Form 5  
RAP Form 6  
RAP Form 9  
RAP Form 10  
RAP Form 11  
RAP Form 13  
RAP Form 16  
RAP Form 17  
RAP Form 18  
RAP Form 19  
RAP Form 20  
RAP Form 21



**RAP RULE 18.7**  
**SIGNING AND DATING PAPERS**

Each paper filed pursuant to these rules should be dated and signed by an attorney (with the attorney's Washington State Bar Association membership number in the signature block) or party, except papers prepared by a judge, commissioner or clerk of court, bonds, papers comprising a record on review, papers that are verified on oath or by certificate, and exhibits. The signing attorney or party may also indicate their personal pronouns in the signature block.

**RAP FORM 1. Notice of Appeal (Trial Court Decision)**  
(Rule 5.3(a))

SUPERIOR COURT OF WASHINGTON  
FOR ( \_\_\_\_\_ ) COUNTY

|                      |   |                      |
|----------------------|---|----------------------|
| (Name of plaintiff), | ) |                      |
| Plaintiff,           | ) | No. (trial court)    |
| v.                   | ) | NOTICE OF APPEAL TO  |
| (Name of defendant), | ) | (COURT OF APPEALS or |
| Defendant.           | ) | SUPREME COURT)       |

(Name of party seeking review), (plaintiff or defendant), seeks review by the designated appellate court of the (Describe the decision or part of decision which the party wants reviewed: for example, "Judgment", "Paragraph 4 of the Marriage Dissolution Decree".) entered on (date of entry.)

A copy of the decision is attached to this notice.

(Date)

\_\_\_\_\_  
Signature  
Attorney for (Plaintiff or Defendant)

(Name, personal pronouns (optional), address, telephone number, and Washington State Bar Association membership number of attorney for appellant and the name and address of counsel for each other party should be listed here. In a criminal case, the name and address of the defendant should also be listed here. See rule 5.3(c).)

**RAP FORM 2. Notice for Discretionary Review**  
(Rule 5.3(b))

SUPERIOR COURT OF WASHINGTON  
FOR ( \_\_\_\_\_ ) COUNTY

|                      |   |                         |
|----------------------|---|-------------------------|
| (Name of plaintiff), | ) | No. (trial court)       |
| Plaintiff,           | ) |                         |
| v.                   | ) | NOTICE OF DISCRETIONARY |

(Name of defendant), ) REVIEW TO (COURT OF  
Defendant. ) APPEALS or SUPREME COURT)

(Name of party seeking review), (plaintiff or defendant), seeks review by the designated appellate court of the (Describe the decision or part of decision which the party wants reviewed: for example, "Order Denying Discovery", "Paragraph 4 of the Restraining Order".) entered on (date of entry).

A copy of the decision is attached to this notice.

(Date)

\_\_\_\_\_  
Signature

Attorney for (Plaintiff or Defendant)

(Name, personal pronouns (optional), address, telephone number, and Washington State Bar Association membership number of attorney for appellant and the name and address of counsel for each other party should be listed here. In a criminal case, the name and address of the defendant should also be listed here.

See rule 5.3(c.)

**RAP FORM 3. Motion for Discretionary Review**

(Rule 6.2 (review of trial court decision); Rule 13.5 (review of Court of Appeals interlocutory decision); Rule 17.3(b) (content of motion))

No. (appellate court)  
(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)  
OF THE STATE OF WASHINGTON

\_\_\_\_\_  
(Title of trial court proceeding with parties designated as in rule 3.4, for example:  
JOHN DOE, Respondent,  
v.  
MARY DOE, Petitioner,  
and  
HENRY JONES, Defendant.)

\_\_\_\_\_  
MOTION FOR DISCRETIONARY REVIEW  
\_\_\_\_\_

(Name of petitioner's attorney) (personal pronouns (optional))

Attorney for (Petitioner)

(Address, telephone number, and Washington State Bar Association membership number of petitioner's attorney)

**A. IDENTITY OF PETITIONER**

(Name) asks this court to accept review of the decision or parts of the decision designated in Part B of this motion.

**B. DECISION**

(Identify the decision or parts of decision which the party wants reviewed by the type of decision, the court entering or filing the decision, the date entered or filed, and the date and a description of any order granting or denying motions made after the decision such as a motion for reconsideration. The substance of the decision may also be described: for example, "The decision restrained defendant from using any of her assets for any purpose other than living expenses. Defendant is thus restrained from using her assets to pay fees and costs to defend against plaintiff's suit for a claimed conversion of funds from a joint bank account.") A copy of the decision (and the trial court memorandum opinion) is in the Appendix at pages A-\_\_\_\_ through \_\_\_\_.

**C. ISSUES PRESENTED FOR REVIEW**

(Define the issues which the court is asked to decide if review is granted. See Part II of Form 6 for suggestions for framing issues presented for review.)

**D. STATEMENT OF THE CASE**

(Write a statement of the procedure below and the facts. The statement should be brief and contain only material relevant to the motion. If the motion is directed to a Court of Appeals decision, the statement should contain appropriate references to the record on review. See Part III of Form 6. If the motion is directed to a trial court decision, reference should be made to portions of the trial court record. Portions of the trial court record may be placed in the Appendix. Certified copies are not necessary. If portions of the trial court record are placed in the Appendix, the portions should be identified here with reference to the pages in the Appendix where the portions of the record appear.)

**E. ARGUMENT WHY REVIEW SHOULD BE ACCEPTED**

(The argument should be short and concise and supported by authority. The argument should be directed to the considerations for accepting review set out in rule 2.3(b) for review of a trial court decision and rule 13.5(b) for review of a decision of the Court of Appeals.)

**F. CONCLUSION**

(State the relief sought if review is granted. For example: "This court should accept review for the reasons indicated in Part E and modify the restraining order to permit defendant to use her assets to pay fees and costs incurred in defending plaintiff's suit for conversion.")

(Date)

Respectfully submitted,

\_\_\_\_\_  
Signature

(Name of petitioner's attorney)

**RAP FORM 4. Statement of Grounds for Direct Review**  
(Rule 4.2(b))

No. (Supreme Court)  
SUPREME COURT OF THE STATE OF WASHINGTON  
(Title of trial court proceeding ) STATEMENT OF GROUNDS FOR  
with parties designated as in ) DIRECT REVIEW BY THE  
rule 3.4) ) SUPREME COURT

(Name of party) seeks direct review of the (describe the decision or part of the decision that the party wants reviewed) entered by the (name of court) on (date of entry.) The issues presented in the review are: (State issues presented for review. See Part II of Form 6 for suggestions for framing issues presented for review.)

The reasons for granting direct review are: (Briefly indicate and argue grounds for direct review. See rule 4.2.)

(Date)

Respectfully submitted,

---

Signature  
(Name, personal pronouns (optional),  
address, telephone number, and Washington  
State Bar Association membership number  
of attorney)

**RAP FORM 5. Title Page for all Briefs and Petition for Review**  
(Rule 10.3 (briefs); Rule 13.4(d) (petition for review))

No. (appellate court)  
(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)  
OF THE STATE OF WASHINGTON

---

(Title of trial court proceeding with parties designated as in rule 3.4, for example:  
JOHN DOE, Respondent,  
v.  
MARY DOE, (Appellant or Petitioner),  
and  
HENRY JONES, Defendant.)

---

(PETITION FOR REVIEW or title of brief, for example: BRIEF OF  
PETITIONER, REPLY BRIEF OF APPELLANT)

---

(Name of attorney for party filing brief) (personal pronouns (optional))  
Attorney for (Identity of party, as Appellant)

(Address, telephone number, and Washington State Bar Association number of attorney for party filing brief or petition)

**RAP FORM 6. Brief of Appellant**

(Rule 10.3(a))

(See Form 5 for form of cover and title page. For useful discussions of appellate brief writing, see the latest edition of the Washington State Bar Association Appellate Practice Deskbook.)

TABLE OF CONTENTS

I. Introduction [*Optional. See rule 10.3(a)(3).*]

II. ASSIGNMENTS OF ERROR . . . . .

    Assignments of Error

        No. 1 . . . . .

        No. 2 . . . . .

        No. 3 . . . . .

    Issues Pertaining to Assignments of Error

        No. 1 . . . . .

        No. 2 . . . . .

III. Statement of the Case . . . . .

IV. Summary of Argument . . . . .

V. Argument . . . . .

    [If the argument is divided into separate headings, list each separate heading and give the page where each begins.]

VI. Conclusion . . . . .

VII. Appendix . . . . . A-1

    [List each separate item in the Appendix and give page where each item begins.]

TABLE OF AUTHORITIES

Table of Cases

[Here list cases, alphabetically arranged, with citations complying with rule 10.4(g), and page numbers where each case appears in the brief. Washington cases may be first listed alphabetically with other cases following and listed alphabetically.]

Constitutional Provisions

[Here list constitutional provisions in the order in which the provisions appear in the constitution with page numbers where each is referred to in the brief.]

Statutes

[Here list statutes in the order in which they appear in RCW, U.S.C., etc., with page numbers where each is referred to in the brief. Common names of statutes may be used in addition to code numbers.]

Regulations and Rules

[Here list regulations and court rules grouped in appropriate categories and listed in numerical order in each category with page numbers where each is referred to in the brief.]

#### Other Authorities

[Here list other authorities with page numbers where each is referred to in the brief.]  
Note: For form of citations, see GR 14(d).

### I. Introduction

[An introduction is optional and may be included as a separate section of the brief at the filing party's discretion. The introduction need not contain citations to the record or authority.]

### II. Assignments of Error

#### Assignments of Error

[Here separately state and number each assignment of error as required by rule 10.3(a) and (g). For example:

"1. The trial court erred in entering the order of May 12, 1975, denying defendant's motion to vacate the judgment entered on May 1, 1975."

OR

"2. The trial court erred in denying the defendant's motion to suppress evidence by order entered on March 10, 1975."]

#### Issues Pertaining to Assignments of Error

[Concisely define the legal issues in question from which the appellate court is asked to decide and number each issue. List after each issue the Assignments of Error which pertain to the issue. Proper phrasing of the issues is important. Each issue should be phrased in the terms and circumstances of the case, but without unnecessary detail. The court should be able to determine what the case is about and what specific issues the court will be called upon to decide by merely reading the issues presented for review.]

[Examples of issues presented for review are: "Does an attorney, without express authority from his client, have implied authority to stipulate to the entry of judgment against his client as a part of a settlement which limits the satisfaction of the judgment to specific property of the client? (Assignment of Error 1.)"

OR

"Defendant was arrested for a traffic offense and held in jail for 2 days because of outstanding traffic warrants. The police impounded defendant's car and conducted a warrantless 'inventory' search of defendant's car and seized stolen property in the trunk. The impound was not authorized by any ordinance. Did the search and seizure violate defendant's rights under the fourth and fourteenth amendments to the Constitution of the United States and under article 1, section 7 of the Constitution of the State of Washington? (Assignment of Error 2.)"]

### III. STATEMENT OF THE CASE

[Write a statement of the procedure below and the facts relevant to the issues presented for review. The statement should not be argumentative. Every factual statement should be supported by a reference to the record. See rule 10.4(f) for proper abbreviations for the record.]

### IV. SUMMARY OF ARGUMENT

[This is optional.]

#### V. ARGUMENT

[The argument should ordinarily be separately stated under appropriate headings for each issue presented for review. Long arguments should be divided into subheadings. The argument should include citations to legal authority and references to relevant parts of the record. The court ordinarily encourages a concise statement of the standard of review as to each issue.]

#### VI. CONCLUSION

*[Here state the precise relief sought.]*

*[Date]*

Respectfully submitted,

---

Signature

*[Name of Attorney] [personal pronouns (optional)]*

Attorney for *[Appellant, Respondent, or Petitioner]*

Washington State Bar Association  
membership number

### **RAP FORM 9. Petition for Review**

(Rule 13.4(d))

(See Form 5 for form of cover which is the title page.)

#### TABLE OF CONTENTS

(See Form 6, except modify names of parts of brief to correspond to names of parts of Petition for Review.)

#### TABLE OF AUTHORITIES

(See Form 6.)

#### A. IDENTITY OF PETITIONER

(Name) asks this court to accept review of the Court of Appeals decision terminating review designated in Part B of this petition.

#### B. COURT OF APPEALS DECISION

(Identify the decision or parts of the decision of the Court of Appeals which the party wants reviewed, the date filed, and the date of any order granting or denying a motion for reconsideration.) A copy of the decision is in the Appendix at pages A-\_\_\_\_ through \_\_\_\_\_. A copy of the order denying petitioner's motion for reconsideration is in the Appendix at pages A-\_\_\_\_ through \_\_\_\_\_.

#### C. ISSUES PRESENTED FOR REVIEW

(Define the issues which the Supreme Court is asked to decide if review is granted. See the second portion of Part II of Form 6 for suggestions for framing issues presented for review.)

D. STATEMENT OF THE CASE  
(See Part III of Form 6.)

E. ARGUMENT WHY REVIEW SHOULD BE ACCEPTED

(The argument should be short and concise and directed to the considerations for accepting review set out in rule 13.4(b). For argument generally, see Part V of Form 6. The argument may be preceded by a summary.)

F. CONCLUSION

(State the relief sought if review is granted. See Part F of Form 3.)

(Date)

Respectfully submitted,

\_\_\_\_\_  
Signature

(Name of attorney) (personal pronouns  
(optional))

Attorney for (Petitioner or Respondent)

Washington State Bar Association

membership number

**RAP FORM 10. Cost Bill**

(Rule 14.4)

No. (appellate court)

(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)

OF THE STATE OF WASHINGTON

(Title of trial court proceeding )

with parties designated as in ) COST BILL

rule 3.4) )

(Name of party asking for costs), (appellant, petitioner, or respondent), asks that the following costs be awarded:

- |   |         |
|---|---------|
| 1. Statutory attorney's fees  | \$      |
| 2. Preparation of original and one copy of report of proceedings  | \$      |
| 3. Copies of clerk's papers   | \$      |
| 4. Transmittal of record on review  | \$      |
| 5. Expenses incurred in superseding the decision of the trial court (Identify)  | \$      |
| 6. Charges of appellate court clerk for reproduction of briefs, petitions, and motions (Identify and separately state the charge for each.) | \$      |
| 7. Preparing 50 pages of original documents   | \$      |
| 8. Filing fee   | \$_____ |



Total \$

The above items are expenses allowed as costs by rule 14.3, reasonable expenses actually incurred, and reasonably necessary for review. (Name of party) should pay the costs.

(Date)

\_\_\_\_\_  
Signature  
Attorney for (Appellant, Respondent, or  
Petitioner)  
(Name, personal pronouns (optional),  
address, telephone number, and Washington  
State Bar Association membership number  
of attorney)

**RAP FORM 11. Objections to Cost Bill**  
(Rule 14.5)

No. (appellate court)  
(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)  
OF THE STATE OF WASHINGTON  
(Title of trial court proceeding )  
with parties designated as in ) OBJECTIONS TO COST BILL  
rule 3.4 )

(Name of party objecting), (appellant, petitioner or respondent), objects to the award of any costs to (name of party) because:  
(Here state reasons. See rule 14.2.)

Alternate Form

(Name of party objecting), (appellant, petitioner, or respondent), objects to the following expenses listed on the Cost Bill of (name of party):

(List the items on the cost bill which are objectionable, by number of item on the cost bill with a description of the item and the amount claimed. State the objection after each item. For example:

2. Report of Proceedings \$320.00

Objection: The amount claimed is unreasonable. See RAP 14.3.

(a). The report of proceedings is double spaced and is \_\_\_ pages. The usual charge per page is \$\_\_\_. Computed on the usual basis, the total charge should be \$220.00.

5. Bond \$10.00

Objection: The charge is for the premium on a cost bond. A cost bond is not required under the new rules. The charge was not reasonably necessary for review. See RAP 14.3(a.)

(Date)

\_\_\_\_\_  
Signature



DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Defendant) (Respondent) (Petitioner)  
(personal pronouns (optional))

\_\_\_\_\_  
Signature  
Name of Attorney for (Defendant) (Respondent) (Petitioner)  
(personal pronouns (optional))  
WSBA # \_\_\_\_\_

**CERTIFICATE**

I, \_\_\_\_\_, certify as follows:

1. That I have previously been found indigent by this court.

2. That the highest level of education I have completed is:

Grade School       High School       College or greater

3. That I have held the following jobs: \_\_\_\_\_  
\_\_\_\_\_

4. That I:       have not received job training  
                   have received the following job training: \_\_\_\_\_  
\_\_\_\_\_

5. That I:       do not have a mental or physical disability that would affect my ability to work  
                   have the following mental or physical disability that would affect my ability to  
                  work: \_\_\_\_\_  
\_\_\_\_\_

6. That I:       do not have children or family members that normally depend on me for  
                  financial support  
                   have the following children or family member that normally depend on me for  
                  support \_\_\_\_\_  
\_\_\_\_\_

7. That I:       do not anticipate my financial condition improving in the foreseeable future  
                  through inheritance, sale of land, or similar.  
                   anticipate my financial condition improving in the foreseeable future as  
                  follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the State  
of Washington that the foregoing is true and correct.

|       |  |
|-------|--|
| Date  | Signature<br>Name of (Defendant) (Respondent) (Petitioner) |
| Place |  |

**RAP FORM 16. Petition Against State Officer**  
(Rule 16.2(b))

No. (appellate court)  
SUPREME COURT OF THE STATE OF WASHINGTON

|                       |   |                                |
|-----------------------|---|--------------------------------|
| (Name of petitioner), | ) |                                |
| Petitioner,           | ) |                                |
| v.                    | ) | PETITION AGAINST STATE OFFICER |
| (Name of respondent), | ) |                                |
| Respondent.           | ) |                                |

Petitioner alleges:

(Set forth in numbered, descriptively titled paragraphs, as in a complaint in a civil action, a short and plain statement of the claim showing that petitioner is entitled to relief. Conclude with a demand for judgment for the relief sought. See CR 10.)

(Date)

\_\_\_\_\_  
Signature  
Attorney for Petitioner  
(Name, personal pronouns (optional),  
address, telephone number, and Washington  
State Bar Association membership number  
of attorney)

**RAP FORM 17. Personal Restraint Petition for Person Confined  
by State or Local Government**  
[Rule 16.7]

No. [appellate court]  
[Put name of appellate court that you want to hear your case.]  
OF THE STATE OF WASHINGTON

|                        |   |                             |
|------------------------|---|-----------------------------|
| [Put your name here.], | ) |                             |
|                        | ) | PERSONAL RESTRAINT PETITION |
| Petitioner.            | ) |                             |

If there is not enough room on this form, use the back of these pages or use other paper. Fill out all of this form and other papers you are attaching before you sign this form in front of a notary.

A. STATUS OF PETITIONER

I, \_\_\_\_\_,  
(full name, personal pronouns (optional), and address)

apply for relief from confinement. I am \_\_\_ am not \_\_\_ now in custody serving a sentence upon conviction of a crime. (If not serving a sentence upon conviction of a crime) I am now in custody because of the following type of court order: \_\_\_\_\_.  
(identify type of order)

1. The court in which I was sentenced is \_\_\_\_\_.

2. I was convicted of the crime(s) of \_\_\_\_\_.

3. I was sentenced after trial \_\_\_, after plea of guilty \_\_\_ on \_\_\_\_\_.  
(date of sentence)

\_\_\_\_\_.  
(name of trial court judge)

4. My lawyer at trial court was \_\_\_\_\_.  
(name and address if known; if none, write "none")

5. I did \_\_\_ did not \_\_\_ appeal from the decision of the trial court. (If the answer is that I did), I appealed to \_\_\_\_\_.  
(name of court or courts to which appeal was taken)

My lawyer on appeal was \_\_\_\_\_.  
(name and address if known; if none, write "none")

The decision of the appellate court was \_\_\_ was not \_\_\_ published. (If the answer is that it was published, and I have this information), the decision is published in

\_\_\_\_\_.  
(volume number, Washington Appellate Reports or

Washington Reports, and page number)

6. Since my conviction I have \_\_\_ have not \_\_\_ asked a court for some relief from my sentence other than I have already written above. (If the answer is that I have asked), the court I asked was \_\_\_\_\_.

\_\_\_\_\_.  
(name of court or courts in which relief was sought)

Relief was denied on \_\_\_\_\_.  
(date of decision or, if more than one, dates of all decisions)

7. (If I have answered in question 6 that I did ask for relief), the name of my lawyer in the proceeding mentioned in my answer to question 6 was

\_\_\_\_\_.  
(name and address if known; if none, write "none")

8. If the answers to the above questions do not really tell about the proceedings and the courts, judges and attorneys involved in your case, tell about it here:

---

\_\_\_\_\_.

**B. GROUNDS FOR RELIEF**

(If I claim more than one reason for relief from confinement, I attach sheets for each reason separately, in the same way as the first one. The attached sheets should be numbered "First Ground", "Second Ground", "Third Ground", etc.). I claim that I have \_\_\_\_\_ (number) reason(s) for this court to grant me relief from the conviction and sentence described in Part A.

\_\_\_\_\_ Ground  
(First, Second, etc.)

1. I should be given a new trial or released from confinement because (Here state legal reasons why you think there was some error made in your case which gives you the right to a new trial or release from confinement.):

---

\_\_\_\_\_.

2. The following facts are important when considering my case (After each fact statement, put the name of the person or persons who know the fact and will support your statement of the fact. If the fact is already in the record of your case, indicate that, also):

---

3. The following reported court decisions (include citations if possible) in cases similar to mine show the error I believe happened in my case (If none are known, state "None known".):

---

---

\_\_\_\_\_.

4. The following statutes and constitutional provisions should be considered by the court (If none are known, state "None known".):

---

5. This petition is the best way I know to get the relief I want, and no other way will work as well because \_\_\_\_\_.

---

**C. STATEMENT OF FINANCES**

If you cannot afford to pay the filing fee or cannot afford to pay an attorney to help you, fill this out. If you have enough money for these things, do not fill out this part of the form.

1. I do \_\_\_ do not \_\_\_ ask the court to file this without making me pay the filing fee because I am so poor I cannot pay the fee.

2. I have a spendable balance of \$\_\_\_\_\_ in my prison or institution account.

3. I do \_\_\_ do not \_\_\_ ask the court to appoint a lawyer for me because I am so poor I cannot afford to pay a lawyer.

4. I am \_\_\_ am not \_\_\_ employed. My salary or wages amount to \$\_\_\_\_\_ a month. My employer is \_\_\_\_\_.

---

(name and address)

5. During the past 12 months I did \_\_\_ did not \_\_\_ get any money from a business, profession or other form of self-employment. (If I did, it was \_\_\_\_\_ and the total income I got was \$\_\_\_\_\_.)

(kind of self-employment)

6. During the past 12 months, I

did \_\_\_ did not \_\_\_ get any rent payments. If so, the total amount I got was \$\_\_\_\_\_.

\_\_\_ \_\_\_ get any interest. If so, the total amount I got was \$\_\_\_\_\_.

\_\_\_ \_\_\_ get any dividends. If so, the total amount I got was \$\_\_\_\_\_.

\_\_\_ \_\_\_ get any other money. If so, the amount of money I got was \$\_\_\_\_\_.

7. \_\_\_ \_\_\_ have any cash except as said in answer 2. If so, the total amount of cash I have is \$\_\_\_\_\_.

\_\_\_ \_\_\_ have any savings accounts or checking accounts. If so, the amount in all accounts is \$\_\_\_\_\_.

\_\_\_ \_\_\_ own stocks, bonds, or notes. If so, their total value is \$\_\_\_\_\_.

8. List all real estate and other property or things of value which belong to you or in which you have an interest. Tell what each item of property is worth and how much you owe on it. Do not list household furniture and furnishings and clothing which you or your family need.

Items Value

---

---

---

9. I am \_\_\_ am not \_\_\_ married. If I am married, my wife or husband's name and address is \_\_\_\_\_.

10. All of the persons who need me to support them are listed here.

Name and Address Relationship Age

---

---

---

11. All the bills I owe are listed here.

Name of creditor Address Amount

you owe money to

---

---

---

D. REQUEST FOR RELIEF

I want this court to:

\_\_\_ vacate my conviction and give me a new trial

\_\_\_ vacate my conviction and dismiss the criminal charges against me without a new trial

\_\_\_ other (specify) \_\_\_\_\_

---

E. OATH OF PETITIONER

THE STATE OF WASHINGTON )  
 ) ss.  
County of \_\_\_\_\_ )

After being first duly sworn, on oath, I depose and say: That I am the petitioner, that I have read the petition, know its contents, and I believe the petition is true.

\_\_\_\_\_  
[sign here]  
SUBSCRIBED AND SWORN to before me this \_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State  
of Washington, residing at \_\_\_\_\_

If a notary is not available, explain why none is available and indicate who can be contacted to help you find a notary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Then sign below:

I declare that I have examined this petition and to the best of my knowledge and belief it is true and correct.

\_\_\_\_\_ [date].

\_\_\_\_\_  
[sign here]

**RAP FORM 18. Motion**  
(Rule 17.3(a))

No. (appellate court)  
(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)  
OF THE STATE OF WASHINGTON

(Title of trial court proceeding )  
with parties designated as in ) MOTION FOR (identify relief  
rule 3.4) ) sought

1. IDENTITY OF MOVING PARTY

(Name), (designation of moving party, for example: "Appellant" or "Assignee of Respondent's interest in the judgment being reviewed") asks for the relief designated in Part 2.



2. STATEMENT OF RELIEF SOUGHT

(State the relief sought, for example: "Substitution of John Doe as respondent in place of Alvin Jones".)

3. FACTS RELEVANT TO MOTION

(Here state facts relevant to motion with reference to or copies of parts of the record relevant to the motion. For example: "Alvin Jones, plaintiff, obtained a judgment against defendant, Henry Hope (Judgment, CP 17). Alvin Jones assigned the judgment to John Doe after defendant filed his Notice of Appeal. A true copy of the assignment is attached. Defendant did not assert a counterclaim against plaintiff in the trial court".)

4. GROUNDS FOR RELIEF AND ARGUMENT

(Here state the grounds for the relief sought with authority and supporting argument. For example: "RAP 3.2(a) authorizes substitution of parties when the interest of a party in the subject matter of the review has been transferred. Substitution should be granted here as defendant has no claim against plaintiff-respondent and respondent no longer has an interest in the judgment which is the subject matter of this appeal".)

(Date)

Respectfully submitted,

\_\_\_\_\_  
Signature

Attorney for (Appellant, Respondent,  
or Petitioner)

(Name, personal pronouns (optional),  
address, telephone number, and Washington  
State Bar Association membership number  
of attorney)

**RAP FORM 19. Notice of Motion**

(RAP 17.4(a))

(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)

OF THE STATE OF WASHINGTON

(Title of trial court proceeding ) No. (appellate court)

with parties designated as in )

rule 3.4) NOTICE FOR MOTION

To: (Names of persons entitled to notice and their attorneys. See RAP 17.4(a).)

(Name of moving party), (appellant, petitioner, or respondent), will bring on for hearing (name of motion, for example: "Motion To Substitute Appellant") on (date). The motion will be heard by the (Judges, Commissioner, or Clerk) at (hour), or as soon thereafter as the motion can be heard. The address of the place of hearing is (room number and address).

(Date)

---

Signature  
(Name of attorney) (personal pronouns  
optional)  
Washington State Bar Association  
membership number Attorney for  
(Appellant, Respondent, or Petitioner)

**RAP FORM 20. Motion To Modify Ruling**  
(Rule 17.7)

No. (appellate court)  
(SUPREME COURT or COURT OF APPEALS, DIVISION \_\_\_\_\_)  
OF THE STATE OF WASHINGTON  
(Title of trial court proceeding )  
with parties designated as in ) MOTION TO MODIFY RULING  
rule 3.4 )

**1. IDENTITY OF MOVING PARTY**

(Name of moving party), (designation of moving party) asks for the relief designated in Part 2.

**2. STATEMENT OF RELIEF SOUGHT**

Modify ruling of the (Clerk or Commissioner) filed on (date). The ruling (state substance of ruling, for example: "denied the motion to be substituted as respondent in place of Alvin Jones") This court should (State relief requested, for example: "authorize the requested substitution".).

**3. FACTS RELEVANT TO MOTION**

(Here state facts relevant to original motion, with reference to or copies of parts of the record relevant to that motion. The facts set forth in the original motion may be incorporated by reference. For example: "The facts are set out in Part 3 of the original motion to the commissioner.")

**4. GROUNDS FOR RELIEF AND ARGUMENT**

(Here state the grounds for relief sought with authority and supporting argument. The grounds for relief set forth in the original motion may be incorporated by reference.)

(Date)

Respectfully submitted,

---

Signature  
Attorney for (Appellant, Respondent or  
Petitioner)  
(Name, (personal pronouns optional)),  
address, telephone number, and Washington

State Bar Association membership number  
of attorney)

**RAP FORM 21. Civil Appeal Statement**  
(Rule 5.5(c))

COURT OF APPEALS, DIVISION \_\_\_\_\_ OF THE  
STATE OF WASHINGTON

(Title of trial court proceeding )  
with parties designated as in ) CIVIL APPEAL STATEMENT  
rule 3.4) )

**1. NATURE OF THE CASE AND DECISION**

(State the substance of the case below and the basis for the trial court decision. For example: "Defendant was driving his automobile when struck from the rear by a truck driven by Jones. An automobile coming from the opposite direction driven by an uninsured motorist crossed the center line into the lane occupied by defendant and collided with the defendant's car. Defendant settled his claim against Jones and executed a release without the consent of plaintiff insurance company. The policy issued by plaintiff contained a provision which excluded coverage under the uninsured motorist provisions for bodily injury to an insured who has made any settlement with any person without the written consent of the company. The trial court held that this exclusion violated public policy by restricting the uninsured motorist coverage required by RCW 48.22.030 and declared the exclusion void.")

**2. ISSUES PRESENTED FOR REVIEW**

(State the issues the party intends to present for review by the Court of Appeals. For example: "Whether a provision which excludes coverage when the insured does not secure the insurer's consent before settling with any person responsible for any injury violates public policy by restricting the uninsured motorist coverage required by RCW 48.22.030?" List under each issue the legal authority relevant to that issue.)

**3. RELIEF SOUGHT IN COURT OF APPEALS**

(State the relief the party seeks in the Court of Appeals. For example: "Reversal of trial court decision with directions to enter judgment declaring that defendant is not covered by the uninsured motorist provisions of the liability policy issued by plaintiff.")

**4. TRIAL COURT**

(Name of County) County Superior Court

**5. JUDGE**

(Name of Trial Court Judge)

**6. DATE OF DECISION**

(The date the decision was entered in the trial court)

**7. POST-DECISION MOTIONS**

(State each post-decision motion made in the trial court including the nature of the motion, the date the motion was made, the decision on the motion, and the date the decision was entered.)

#### 8. NOTICE OF APPEAL

The notice of appeal was filed on date. A copy of the notice of appeal is attached to this statement.

#### 9. COUNSEL

Counsel for appellant (name of appellant) is (name, address, and telephone number of attorney). Counsel for respondent (name of respondent) is (name, address, and telephone number of attorney).

#### 10. METHOD OF DISPOSITION IN TRIAL COURT

(State the method used to decide the case in the trial court. For example: "summary judgment, order of dismissal, judgment after trial to the court, judgment after jury trial.")

#### 11. RELIEF GRANTED BY TRIAL COURT

(State the relief granted by the trial court. For example: "The trial court entered a judgment declaring that defendant has coverage under the uninsured motorist provisions of the automobile liability policy issued by plaintiff.")

#### 12. RELIEF DENIED BY TRIAL COURT

(State the relief sought by the party making the statement which was denied by the trial court. For example: "Plaintiff sought a judgment declaring that the uninsured motorist provision of the automobile liability policy no longer provided coverage to defendant.")

#### 13. CERTIFICATE OF COUNSEL

I, attorney for appellant (name of appellant), certify that this appeal is taken in good faith and not for purposes of delay.

I further certify that my client (is or is not) prepared to immediately take all steps to complete the appeal. (If the statement indicates the party is not prepared to immediately take all steps to complete the appeal, state here why the party is not prepared to immediately complete the appeal.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

Attorney for Appellant

(Name, personal pronouns (optional),  
address, telephone number, and Washington  
State Bar Association membership number  
of attorney)

August 24, 2021

# IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON

## DIVISION II

IN THE MATTER OF THE  
WELFARE OF:

M.D.,<sup>1</sup>

A minor child.

No. 55647-2-II

RULING GRANTING  
DISCRETIONARY REVIEW,  
REVERSING IN PART, AND  
REMANDING; AND  
GRANTING MOTION TO  
CHANGE CAPTION

Eleven-year-old M.D. moves for discretionary review of the juvenile court's denial of his motion related to pronoun use by the court and parties. RAP 2.3(b). The Department of Children, Youth, and Families (Department) cross-moves for discretionary review. The Department also requests a change of caption to *In re the Welfare of M.D.*, to reflect M.D.'s new name. RAP 3.4.

---

<sup>1</sup> For the reasons set out in this ruling, this court is granting the motion and cross-motion for discretionary review, and the motion to change the caption to *In re the Welfare of M.D.* This ruling, therefore, uses the new caption, the initials "M.D." for the child's name, and the child's requested male pronouns.

This court grants M.D.'s motion and the Department's cross-motion for discretionary review. It also grants the Department's motion to change the caption. RAP 3.4. Under RAP 18.13A(a), this court reverses the juvenile court's decision in part and remands for further dependency proceedings.

#### FACTS

M.D. was assigned the sex of female at birth. In December 2018, the Department became involved with the family for the second time<sup>2</sup> after receiving a report that M.D. had fallen asleep at school and was difficult to wake. The school was unable to reach his mother, D.D. So law enforcement drove M.D. home.

Two months later, in February 2019, D.D. contacted the Department asking for assistance. She requested the Department place M.D. in a long-term psychiatric facility because M.D. was not sleeping and was trying to access pornography at night.

In March, the Department held a Family Team Decision Making (FTDM) meeting where D.D. said she "does not feel safe with [M.D.] in the home and she does not know how to help [M.D.]." Mot. for Disc. Rev., Appendix at 54. D.D. agreed to in-home services, such as Family Preservation Services (FPS). But the FPS referral was closed after two attempts to engage D.D. in services. And on May 15, 2019, D.D. refused to let a social worker into her home.

Two days after the social worker's attempted visit, M.D. was hospitalized after stabbing himself in the neck with an unidentified object. During M.D.'s stay, hospital staff could not reach D.D. for several days. While he was hospitalized, M.D. asked a social

---

<sup>2</sup> An earlier dependency action was dismissed on May 4, 2018.

worker for help. M.D. also said that at times he did not want to live. D.D. reported to a social worker that she did not know what to do and said she could not resolve M.D.'s mental health issues.

In September 2019, D.D. entered into an agreed dependency. The Department placed M.D. in a therapeutic residential group home in Kennewick, Washington. There, M.D. received counseling and behavioral services to address a history of trauma.<sup>3</sup>

In counseling, M.D. said he wanted to identify as male and use male pronouns. M.D.'s attorney then contacted D.D., the Department, the guardian ad litem (GAL), and D.D.'s attorney by e-mail in early January 2021, informing them of M.D.'s request to be referred to as "he/him/his and boy" and his related request for a haircut. Mot. for Disc. Rev., Appendix at 74. But D.D. opposed both the use of male pronouns and the haircut. D.D. blamed an earlier foster home placement for encouraging M.D. to "live a gay lifestyle" and stating that before that placement, M.D. had never mentioned a male gender identity. Mot. for Disc. Rev., Appendix at 80.

In January 2021, M.D. moved to have the juvenile court and parties use his male pronouns.<sup>4</sup> M.D. also requested a short haircut to allow him to better conform to his male identity. M.D. additionally requested the juvenile court to "determine whether any additional services may be necessary" for the parents "based on their inability to

---

<sup>3</sup> The dependency petition alleges that M.D.'s father and the father of a half-sibling sexually abused M.D.

<sup>4</sup> The father supported M.D.'s motion. But his parental rights were terminated sometime after the juvenile court heard the pronoun motion.

recognize the needs of [M.D.'s] gender identification.” Mot. for Disc. Rev., Appendix at 72. The Department supported M.D.'s requests.

M.D.'s motion included studies, research, and a hand-written declaration from M.D. stating usage of male pronouns would help him feel “comfortable in ‘MY’ body.” Mot. for Disc. Rev., Appendix at 105. M.D. wrote, “I want to be preferred as him/he/his. I want to get my hair shaved because I want somebody to look at me and say I am male. . . . I’ve been wanting to make this change for 3 years. ‘I WANT TO BE A BOY.’ ‘AND THATS OK’.” Mot. for Disc. Rev., Appendix at 105-106.

The juvenile court heard argument on M.D.'s motion on February 1, 2021. M.D. made a statement at the hearing, affirming that “I do feel like I should be represented as he/him.” He added that if he had been in court in person, as opposed to on the phone, “I would have broke up in tears.” Mot. for Disc. Rev., Appendix at 8 (Report of Proceedings (RP) Feb. 1, 2021 at 8). He also said that a haircut “would represent me as male or help represent me as male.” Mot. for Disc. Rev., Appendix at 8-9 (RP Feb. 1, 2021 at 8-9). D.D. responded that the gender issue “has never come up before.” Mot. for Disc. Rev., Appendix at 10 (RP Feb. 1, 2021 at 10). D.D. “wanted to hear from a counselor” about the situation and wanted a psychological evaluation for M.D.

Laura Gustavson, the GAL, then spoke to the court. She emphasized that gender identity issues were “deeply important” for a “child’s sense of self-esteem.” Mot. for Disc. Rev., Appendix at 14 (Report of Proceedings (RP) Feb. 1, 2021 at 14). She noted that M.D.'s identity issues were “not a new thing” and that he was exploring them in individual counseling and “finding [his] voice in terms of what [he] wants.” Mot. for Disc. Rev., Appendix at 14 (RP Feb. 1, 2021 at 14). She recommended that the family have



therapeutic support to address this issue. Finally, Gustavson opined that ordering M.D. to undergo a psychological evaluation simply because of his request “seems a little bit heavy handed and concerning.” Mot. for Disc. Rev., Appendix at 16 (RP Feb. 1, 2021 at 16).

The juvenile court permitted M.D. to cut his hair<sup>5</sup> but denied his motion to use male pronouns. The court reasoned that a “ten-year-old does not get to make these kind of choices for themselves.” Mot. for Disc. Rev., Appendix at 29 (RP Feb. 1, 2021 at 29). The court also noted that M.D.’s brain is “still so developing.” Mot. for Disc. Rev., Appendix at 29 (RP Feb. 1, 2021 at 29). So “[t]here is no way the court can let a youth of that age have a significant say in this.” Mot. for Disc. Rev., Appendix at 29 (RP Feb. 1, 2021 at 29). It declined to order a psychological evaluation. It did not address whether additional services were necessary under the circumstances.

M.D. moved for reconsideration, providing more research and guidance. He submitted a second hand-written declaration, which stated “I am very triggerd when someone calls me female. . . . I Want to look male, and say im male!!” Mot. for Disc. Rev., Appendix at 108. The juvenile court denied the motion, reasoning that there was no basis for the court to reconsider its initial decision.

---

<sup>5</sup> At the hearing, the mother’s counsel acknowledged “[t]he haircut is not the major issue.” Mot. for Disc. Rev., Appendix at 10 (RP Feb. 1, 2021 at 10). The court allowed the haircut because of its temporary nature, noting “[t]he great thing about hair, it always grows back.” Mot. for Disc. Rev., Appendix at 28 (RP Feb. 1, 2021 at 28).

M.D. moved for discretionary review of the juvenile court's decisions. Rather than answer the motion, the Department cross-moved for discretionary review.<sup>6</sup> The Department also moved to change the caption of the case to *In re the Welfare of M.D.* to reflect M.D.'s new name. RAP 3.4. The Washington Defender Association, Lavender Rights Project, ACLU-Washington, Legal Counsel for Youth and Children, and QLaw Foundation submitted an amici curiae brief in support of the motion and cross-motion for discretionary review. RAP 10.6.

On August 2, 2021, the trial court issued an order clarifying its ruling on M.D.'s February 1, 2021 motion. The order states that "no party may refer to the child by the pronouns he/him/his or a name other than [P.D.]." Department Resp. to Amici Curiae Br., Appendix C at 13. It also notes the pronoun issue is pending in this court.

## ANALYSIS

### I. Discretionary Review

Washington strongly disfavors interlocutory review, and it is available only "in those rare instances where the alleged error is reasonably certain and its impact on the trial manifest." *Minehart v. Morning Star Boys Ranch, Inc.*, 156 Wn. App. 457, 462, 232 P.3d 591, *review denied*, 169 Wn.2d 1029 (2010); *Right-Price Recreation, LLC v. Connells*

---

<sup>6</sup> M.D. and the Department served D.D.'s juvenile court counsel with the notices of discretionary review in March and April 2021. But D.D. did not appear here. In addition, although D.D. had not appeared, M.D. served D.D. with a copy of his motion for discretionary review on July 29, 2021.

After service of M.D.'s motion on D.D., his appellate counsel filed a declaration on July 29, 2021, stating she would not object if D.D. requested an extension of time to respond to M.D.'s motion. Court Spindle, Declaration of Tiffinie B. Ma, Jul. 29, 2016, at 2. As of this ruling's filing date, however, this court has not received anything from D.D.

*Prairie Cmty. Council*, 146 Wn.2d 370, 380, 46 P.3d 789 (2002), *cert. denied sub. nom, Gain v. Washington*, 540 U.S. 1149 (2004). Under *Minehart*, “Where there is a weaker argument for error [under RAP 2.3(b)(1) or (2)], there must be a stronger showing of harm.” *Minehart*, 156 Wn. App. at 463.

This court may grant discretionary review only when:

- (1) The superior court has committed an obvious error which would render further proceedings useless;
- (2) The superior court has committed probable error and the decision of the superior court substantially alters the status quo or substantially limits the freedom of a party to act;
- (3) The superior court has so far departed from the accepted and usual course of judicial proceedings, or so far sanctioned such a departure by an inferior court or administrative agency, as to call for review by the appellate court; or
- (4) The superior court has certified, or all the parties to the litigation have stipulated, that the order involves a controlling question of law as to which there is substantial ground for a difference of opinion and that immediate review of the order may materially advance the ultimate termination of the litigation.

RAP 2.3(b).

M.D. seeks discretionary review under RAP 2.3(b)(2) and (3). The Department cross-moves for discretionary review under RAP 2.3(b)(2).

A. RAP 2.3(b)(2)

Probable Error

RAP 2.3(b)(2) requires the moving party to show the superior court committed probable error, which had a substantial effect on the status quo or the freedom of the

parties to act. The moving parties argue that the juvenile court committed probable error by misgendering<sup>7</sup> M.D. and denying his motion to use male pronouns.

Generally, this court reviews orders issued in dependency cases for an abuse of discretion.<sup>8</sup> *In re Dependency of D.C-M.*, 162 Wn. App. 149, 158, 253 P.3d 112 (2011). A juvenile court abuses its discretion when its decision is manifestly unreasonable, rests on untenable grounds, or is made for untenable reasons. *D.C-M.*, 162 Wn. App. at 158; *In re Dependency of T.L.G.*, 139 Wn. App. 1, 15, 156 P.3d 222 (2007). A decision is manifestly unreasonable if it goes beyond acceptable choices, given the facts and the applicable legal standard. *T.L.G.*, 139 Wn. App. at 15-16. A decision is based on untenable grounds or is made for untenable reasons if the court applied the wrong legal standard or relied on unsupported facts. *State v. Rohrich*, 149 Wn.2d 647, 654, 71 P.3d 638 (2003).

It is undisputed that parents have a fundamental liberty interest in the care and welfare of their minor children. *In re Dependency of Schermer*, 161 Wn.2d 927, 941, 169 P.3d 452 (2007). But the state also has an interest in protecting the physical, mental, and emotional health of children. *Schermer*, 161 Wn.2d at 941. Thus, in a dependency, it is well established that “[w]hen the rights of basic nurture, physical and mental health, and safety of the child and the legal rights of the parents are in conflict, the rights and safety of the child should prevail.” RCW 13.34.020. And as a dependent child’s legal custodian,

---

<sup>7</sup> “Misgender” means to refer to the gender of a person incorrectly. MERRIAM-WEBSTER DICTIONARY, <https://www.dictionary.com/browse/misgender> (last visited Aug. 24, 2021).

<sup>8</sup> M.D.’s brief does not identify the underlying standard of review that he believes applies to a pronoun decision. The Department uses the abuse of discretion standard.

the Department has the responsibility to provide M.D. with “conditions free of unreasonable risk of danger, harm, or pain.” *Braam ex rel. Braam v. State*, 150 Wn.2d 689, 700, 81 P.3d 851 (2003); see also *T.L.G.*, 139 Wn. App. at 15 (holding that the safety of the child prevails over the rights of the parents when in conflict in a dependency matter); *Matter of the Dependency of W.W.S.*, 14 Wn. App. 2d 342, 359, 469 P.3d 1190 (2020) (when the right of a parent conflicts with that of the child, the child’s right prevails).

M.D. and the Department argue that the juvenile court’s decision was probable error under RCW 13.34.020<sup>9</sup> and the evidence M.D. provided in support of a minor’s decision to socially transition.<sup>10</sup> This court agrees.

---

<sup>9</sup> Along with RCW 13.34.020, M.D. relies on the Washington Law Against Discrimination (WLAD), RCW 49.60. He argues that this statute prohibits discrimination based on gender identity, RCW 49.60.040(26) through (27). He adds that the Office of the Superintendent of Public Instruction and the Department have interpreted the WLAD to require them to respect a minor’s pronoun usage. Mot. for Disc. Rev. at 12 (citing Susanne Beauchaine, et al., *Prohibiting Discrimination in Washington Public Schools: Guidelines for School Districts to Implement Chapters 28A.640 and 28A.642 RCW and Chapter 392-190 WAC*, WASH. SUPERINTENDENT OF PUB. INSTRUCTION, OFF. OF SUPERINTENDENT OF PUB. INSTRUCTION (Feb. 2012), [https://www.k12.wa.us/sites/default/files/public/equity/pubdocs/Prohibiting\\_Discrimination\\_in\\_Washington\\_Public\\_Schools\\_February2012%28RevisedSep.2019Disclaimer%29.pdf](https://www.k12.wa.us/sites/default/files/public/equity/pubdocs/Prohibiting_Discrimination_in_Washington_Public_Schools_February2012%28RevisedSep.2019Disclaimer%29.pdf) (last visited Aug. 24, 2021), and Washington Department of Children, Youth, and Families, *Supporting LGBTQ+ Identified Children and Youth*, Policies & Procedures 6900, Policy (2)(a)(b) (Jul. 1, 2018), <https://www.dcyf.wa.gov/6000-operations/6900-supporting-lgbtq-identified-children-and-youth> (last visited Aug. 24, 2021)). But because M.D. cites no opinions adopting this interpretation of the WLAD and because the law surrounding RCW 13.34.020 is well established, this court need not reach the WLAD issue to determine whether the juvenile court committed probable error.

<sup>10</sup> See Motion for Disc. Rev. Appendix at 112 (discussing what it means to socially transition); see also HUMAN RIGHTS CAMPAIGN, *Glossary of Terms*, <https://www.hrc.org/resources/glossary-of-terms>, para. 30 (stating that “[t]ransitioning . . . typically includes social transition, such as changing name and pronouns.” (boldface omitted)) (last visited Aug. 24, 2021).

M.D. presented the juvenile court with many studies and reports from reputable sources showing the harmful effects of misgendering. The evidence also shows that a minor's gender expression should be supported. The mother did not counter this evidence.

The juvenile court, though, ruled there was "no way the court can let a youth of that age have a significant say in this." Mot. for Disc. Rev., Appendix at 29 (RP Feb. 1, 2021 at 29). This ignored M.D.'s statement he became aware of his gender identity at eight years old, and studies showing that (1) most children have a stable sense of gender identity at a young age and (2) supporting a child's expressed gender is linked to better mental health outcomes. See Mot. for Disc. Rev. at 7-8, 7 n.3 (citing James R. Rae, Sulin Gülgöz, Lily Durwood, Madeleine DeMeules, Riley Lowe, Gabrielle Lindquist, and Cristina R. Olson, *Predicting Early Childhood Gender Transitions*, ASS'N FOR PSYCH. SCI., 669, 671 (Mar. 29, 2019), <https://journals.sagepub.com/doi/pdf/10.1177/0956797619830649> (last visited Aug. 24, 2021); and Ed Yong, *Young Trans Children Know Who They Are*, THE ATLANTIC (Jan. 15, 2019), <https://www.theatlantic.com/science/archive/2019/01/young-trans-children-know-who-they-are/580366/>, para. 3 (last visited Aug. 24, 2021) (stating children who later transitioned had a "strong sense of their identity" from the start)); see also Mot. for Disc. Rev., Appendix at 98-100 (stating that the American Academy of Pediatrics and its norms for gender identity in children note that by four years old children have a stable sense of gender identity); Mot. for Disc. Rev., Appendix at 105-106 (M.D.'s statement that "I've been wanting to make this change for 3 years. 'I WANT TO BE A Boy.' 'AND THATS OK'.").

In addition, statistics from The Trevor Project<sup>11</sup> showed that out of 400,000 LGBTQ teens surveyed in 2020, 42 percent “seriously considered attempting suicide”; and over 60 percent of transgender youth and nonbinary youth reported self-harm. Mot. for Disc. Rev., Appendix at 70, 82; *National Survey on LGBTQ Youth Mental Health 2020*, THE TREVOR PROJECT (2020), at 1, 14, <https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf> (last visited Aug. 24, 2021). But these high numbers can be combated by supporting an individual’s expressed gender, leading to better mental health outcomes. Mot. for Disc., Rev., Appendix at 70, 82; *National Survey on LGBTQ Youth Mental Health 2020*, THE TREVOR PROJECT (2020), <https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf> (last visited Aug. 24, 2021).

Here, M.D. informed the court that misgendering distresses him. Mot. for Disc. Rev., Appendix at 108 (“I am very triggerd when someone calls me female. . . . I Want to look male, and say im male!!”). He also has already exhibited some of the significant mental health concerns mentioned by the statistics. For example, M.D. expressed suicidal thoughts after being hospitalized for stabbing himself in the neck.

In light of this information, the juvenile court’s ruling that M.D. could not make this type of decision because of his young age was unsupported. See Mot. for Disc. Rev.,

---

<sup>11</sup> The Trevor Project describes itself as “the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.” <https://www.thetrevorproject.org/about/> (last visited Aug. 24, 2021).

Appendix 29 (ruling that M.D. “does not get to make these kind of choices” due to his brain “still so developing. . . . [t]here is no way the court can let a youth of that age have a significant say in this.”). In addition to the studies already referenced, M.D. submitted the letter-declaration of Aidan Key, co-chair of the Gender Clinic at Seattle Children’s Hospital. Key directly addressed best practices for a child expressing a new gender identity in preadolescence, which include requested pronoun usage.

Key also listed harmful practices, which include “refusing to use names and pronouns that are in congruence with [the] child’s gender identity.” Mot. for Disc. Rev., Appendix at 112. Key also acknowledged that a minor’s social transition, such as name changes, pronoun changes, and other gender expressions, may end up being temporary, but best practices support allowing a child to make these decisions to “explore their gender identity.” Mot. for Disc. Rev., Appendix at 112. Key further stated that supporting “reversible social transition steps”<sup>12</sup> “will *not* make a child’s gender identification change,” rather the support will “ensure that [the] child is confident in the love and support of their family as they explore their gender identity.” Mot. for Disc. Rev., Appendix at 112 (italics in original).

In light of RCW 13.34.020 and the extensive and uncontroverted documentation submitted by M.D. showing that his decision to socially transition should be supported and that children are at a significant risk of harm when these decisions are not honored,

---

<sup>12</sup> The juvenile court’s decision to allow M.D. to cut his hair tracked Key’s recommendation to allow a child to take steps to socially transition. The court relied on the fact that a haircut is temporary. But it did not explain why this reasoning did not extend to pronoun usage, another potentially temporary social transition step.



this court concludes that both M.D. and the Department satisfy the error prong of RAP 2.3(b)(2).

### Effect Prong

Besides finding probable error, RAP 2.3(b)(2) also requires this court to determine that the juvenile court’s decision “substantially alters the status quo or substantially limits the freedom of a party to act.” M.D. argues that the decision limits his freedom to use his “[correct<sup>13</sup>] pronouns in court and in pleadings.” Mot. for Disc. Rev. at 14. The Department adds that the juvenile court’s decision changes the status quo by altering the Department’s written policy, Policy 6900, that directs it to “mirror[] language the [dependent] child or youth uses to describe themselves.” Department Resp. and Cross-Mot. for Disc. Rev., Appendix B at 3 (Washington Department of Children, Youth, and Families, 6900. *Supporting LGBTQ+ Identified Children and Youth*, Policies & Procedures 6900, Policy (2)(a)(b) at 3, (Jul. 1, 2018); also available at: Washington Department of Children, Youth, and Families, 6900. *Supporting LGBTQ+ Identified Children and Youth*, Policies and Procedures 6900, Policy (2)(a)(b) at 3 (Jul. 1, 2018),

---

<sup>13</sup> M.D.’s motion for discretionary review actually states, “using his *preferred* pronouns in court . . . .” Mot. for Disc. Rev. at 14 (emphasis added). This court, however, recognizes that the term “preferred pronouns” is falling out of favor, so this court replaces “preferred” with “correct” here. See *generally* Ashlee Fowlkes, *Why You Should Not Say ‘Preferred Gender Pronouns,’* FORBES (Feb. 27, 2020, 10:22 PM EST), <https://www.forbes.com/sites/ashleefowlkes/2020/02/27/why-you-should-not-say-preferred-gender-pronouns/>, at para. 2 (“[T]he phrase ‘preferred gender pronouns,’ while well-intended, gives the impression that pronouns other than the ones specified are acceptable.”) (last visited Aug. 24, 2021); see *also generally* *Gender Pronouns*, TRANS STUDENT EDUC. RES., <https://transstudent.org/graphics/pronouns101/> (last visited Aug. 24, 2021) (“We also do not use ‘preferred pronouns’ due to people generally not having a pronoun ‘preference’ but simply having ‘pronouns.’ Using ‘preferred’ can accidentally insinuate that using the correct pronouns for someone is optional.”).

<https://www.dcyf.wa.gov/6000-operations/6900-supporting-lgbtq-identified-children-and-youth> (last visited Aug. 24, 2021)).

M.D.'s harm argument at first appears untenable given *State v. Howland*, 180 Wn. App. 196, 207, 321 P.3d 303 (2014), *discretionary review denied*, 182 Wn.2d 1008 (2015), which requires a superior court's decision to have some effect outside the courtroom. But because the juvenile court's decision, although arguably limited to pronoun use in court proceedings and pleadings, goes directly to M.D.'s identity and autonomy, this court determines that *Howland* does not preclude granting review. See *generally Taking Offense v. State*, No. Co88485, 2021 WL 3013112, at \* 20 (Cal. Ct. App. 5th Jul. 16, 2021) (Robie, J., concurring) ("One's name or the pronoun that represents that name is the most personal expression of one's self."); see also WASH. CONST. ART. I, sections 3 and 7 (autonomous decision making is a fundamental right); *Butler v. Kato*, 137 Wn. App. 515, 527-28, 154 P.3d 259 (2007) (stating that the right to autonomous decision making is given the "utmost constitutional protection. . ."); *State v. Koome*, 84 Wn.2d 901, 904, 530 P.2d 260 (1975) (stating that the "constitutional rights of minors, including the right of privacy, are coextensive with those of adults"). M.D. shows that the juvenile court's decision substantially limits his freedom to act to express his identity and have his identity acknowledged. In addition, the Department's argument that the decision alters its status quo is well taken.

## B. RAP 2.3(b)(3)

M.D. also argues that the juvenile court’s decision warrants review under RAP 2.3(b)(3) because it departs “from the accepted and usual course of judicial proceedings.” This court agrees. The juvenile court had sufficient guidance on pronoun usage best practices—both from M.D. and the Department, as well as from other opinions and juvenile and LGBTQ bench guidebooks—which it did not follow.

First, opinions from our state courts and other courts routinely respect a party’s pronouns. *Matter of Detention of C.S.*, No. 80655-6-I, 2021 WL 2313409, at \*1 n.1 (June 7, 2021) (cited under GR 14.1 (c)) (“The record reflects that C.S. prefers the pronouns ‘they/them/their.’ We defer to C.S.’s preferred pronouns.”); *State v. Perry*, No. 35476-8-III, 2020 WL 550253, at \*12 n.1 (Feb. 4, 2020) (cited under GR 14.1 (c)) (using feminine pronouns to refer to the appellant but only for periods after gender reassignment for clarity (because witnesses referred to Perry as male during the trial) and noting the court’s departure from its usual practice while meaning no disrespect); *see also Farmer v. Haas*, 990 F.2d 319, 320 (7th Cir. 1993) (“Farmer prefers the female pronoun and we shall respect her preference.”).

Second, the National Council of Juvenile and Family Court Judges issued guidance in 2017, directly addressing the issue at hand. It states that juvenile courts are “ethically obligated to promote access to justice for all impartially, competently, and diligently regardless of race, ethnicity religion sexual orientation, gender identity, and gender expression.” *Access to Juvenile Justice Irrespective of Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)*, at intro., NAT’L COUNCIL OF JUV. & FAM.

CT. JUDGES (2017), [https://www.ncjfcj.org/wp-content/uploads/2017/08/SOGIE\\_Benchcard-7-15-17.pdf](https://www.ncjfcj.org/wp-content/uploads/2017/08/SOGIE_Benchcard-7-15-17.pdf) (last visited Aug. 24, 2021).

To do so effectively, the benchbook highlights these practices: (1) supporting an individual’s expression of gender identity by using their name and pronouns of choice, (2) demanding professionalism and prohibit use of derogatory pronouns, including “he-she” and “it” for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Gender Non-Conforming (LGBTQ-GNC) individuals by ensuring all in court use the individual’s chosen pronouns, and (3) where issues relating to youth’s gender identity are raised, carefully considering any existing law, research, best practices, and standards of care before issuing a decision. *Access to Juvenile Justice Irrespective of Sexual Orientation, Gender Identity, and Gender Expression (SOGIE), Unique Considerations at Every Stage of the Case*, Bench card 2, para. 9, NAT’L COUNCIL OF JUV. & FAM. CT. JUDGES (2017), [https://www.ncjfcj.org/wp-content/uploads/2017/08/SOGIE\\_Benchcard-7-15-17.pdf](https://www.ncjfcj.org/wp-content/uploads/2017/08/SOGIE_Benchcard-7-15-17.pdf) (last visited Aug. 24, 2021). Here, as discussed, M.D. presented significant un rebutted evidence on best practices and current standards of care.

Third, for several years our state courts have the benefit of a bench guide issued by QLaw of Washington for the Washington State Supreme Court’s Gender & Justice Commission. *Judges’ Bench Guide on the LGBTQ Community and the Law*, QLAW FOUND. OF WASH. & QLAW ASSOC. (3d ed. 2017), <http://www.courts.wa.gov/committee/pdf/LGBTQ%20Bench%20Guide.pdf> (last visited Aug. 24, 2021). This document is readily available online and has been cited by this court

in at least one ruling.<sup>14</sup> This guide advises correct pronoun usage in court. *Judges' Bench Guide on the LGBTQ Community and the Law*, ch. 2, § 2, QLAW FOUND. OF WASH. & QLAW ASSOC. (3d ed. 2017), <http://www.courts.wa.gov/committee/pdf/LGBTQ%20Bench%20Guide.pdf> (last visited Aug. 24, 2021) (“Inclusive Language and Tone”). It does not exempt juvenile courts.

In sum, discretionary review is warranted under RAP 2.3(b)(2) and (3).

## II. Caption Change

The Department also moves for a caption change<sup>15</sup> under RAP 3.4 to reflect the initials of M.D.'s new name and not his deadname.<sup>16</sup> RAP 3.4 provides in relevant part:

Upon motion of a party or on the court's own motion, and after notice to the parties, the Supreme Court or the Court of Appeals may change the title of a case by order in said case.

See *Matter of Welfare of K.D.*, No. 98965-6, 2021 WL 3085557, at \*1 (Wash. Jul. 22, 2021).

In *Matter of Welfare of K.D.*, our Supreme Court held that RAP 3.4 and this court's general order for changes to juvenile case captions require that identifying information

---

<sup>14</sup> *In re Detention of Adel Pittman*, COA No. 52331-1-II, Ruling Denying Review at 1 n.2 (Sept. 6, 2018) (also citing Heidi K. Brown, INCLUSIVE LEGAL WRITING, *We Can Honor Good Grammar and Societal Change Together*, 104-APR A.B.A. J. 22 (April 2018)). The *Pittman* ruling is cited neither as binding nor persuasive authority. See generally GR 14.1(c). Rather it is cited only to show that this court uses the QLaw bench guide as a reference.

<sup>15</sup> At argument, M.D. joined this motion.

<sup>16</sup> “[D]eadname” refers to the birth name of a LGBTQ+ individual who no longer uses it. MERRIAM-WEBSTER DICTIONARY, <https://www.merriam-webster.com/dictionary/deadname> (last visited Aug. 24, 2021).

about juveniles be removed from the case title in dependency and termination appeals and be replaced with a child's initials. See Gen. Order for the Court of Appeals, Div. Two, 2018-2, *In re Changes to Case Title* (Wash. Ct. App. Aug. 22, 2018), [https://www.courts.wa.gov/appellate\\_trial\\_courts/?fa=atc.genorders\\_orddisp&ordnumber=2018-2&div=II](https://www.courts.wa.gov/appellate_trial_courts/?fa=atc.genorders_orddisp&ordnumber=2018-2&div=II) (last visited Aug. 24, 2021); *K.D.*, 2021 WL 3085557, at \*1. The purpose behind the rule and order is to protect the children involved and their privacy.

Here, the Department moves for a change of the case caption, contending that it would further M.D.'s mental health and allow the Department to comply with its own policies to meet M.D.'s needs while in its care. Changing the caption of the case to replace the deadname initials does not place M.D.'s privacy at risk or go against the purpose of RAP 3.4. In fact, as previously noted by scientific data provided to the juvenile court and M.D.'s own words and wishes, changing his initials in the caption for this case would further M.D.'s wellbeing and mental health outcomes. Thus, under RAP 3.4, this court grants the Department's motion.

### III. RAP 18.13A(a)

The moving parties show that the court should accept discretionary review. RAP 2.3(b)(2) and (3); RAP 6.2(a). This court takes review and, under RAP 18.13A(a) and for the reasons stated in this ruling, it reverses in part the juvenile court's denial of the child's motion to be identified as male by the parties to this case, the juvenile court, and by his parents.<sup>17</sup> Specifically, the Department and the dependent child are allowed to use the

---

<sup>17</sup> This court accepts review and issues a merits decision in the same ruling because child welfare matters are time sensitive and this family remains subject to active dependency proceedings. RAP 18.13A(a); RAP 7.3; see generally *In re K.J.B.*, 187 Wn.2d 592, 613,

initials “M.D.” (and M.D.’s corresponding full name) and to use male pronouns for M.D.; the juvenile court is required to do so; but D.D. may use the name and pronouns that she believes are warranted in light of M.D.’s wishes, the evidence he submitted about best practices, and feedback D.D. may receive from service providers and M.D. in this dependency.

The context in which this dispute arises informs this court’s decision not to order D.D. to use M.D.’s name and pronouns. This family is in an active dependency. The child welfare system exists because when a parent seriously jeopardizes a child’s physical or mental health, “the State has a *parens patriae* right and responsibility to intervene to protect the child.” *In re Dependency of Schermer*, 161 Wn.2d 927, 942, 169 P.3d 452 (2007) (quoting *In re the Welfare of Sumey*, 94 Wn.2d 757, 762, 621 P.2d 108 (1980)); *In re the Welfare of Shantay C.J.*, 121 Wn. App. 926, 935, 91 P.3d 909 (2004). Once legal custody of a child transfers to the Department, it is charged with providing the parent with services necessary to achieve family reunification, the goal of any dependency. See RCW 13.34.180(1)(d).

To that end, the juvenile court has ordered D.D. to engage in individual and family therapy.<sup>18</sup> M.D. is also receiving ongoing supports in his placement, including individual

---

387 P.3d 1072 (2017) (González, J., dissenting) (“In matters of juvenile justice, getting to the right result quickly is a priority.”).

<sup>18</sup> As of February 1, 2021, D.D. had not started family therapy, although the parties had discussed it and M.D. advocated for it. And as of the March 15, 2021 dependency review hearing, family therapy had still not started. M.D. continued to express that he wanted to start family counseling.

counseling. And there is some consensus that M.D.'s request for his mother to use male pronouns should be addressed through these services.

For example, at the initial hearing on pronouns, GAL Gustavson emphasized that the conflict between M.D. and D.D. about M.D.'s wishes should be "facilitated" with a therapist to allow D.D. to have "therapeutic communication with her [child.]" Mot. for Disc. Rev., Appendix at 14-15. D.D. also indicated that she wanted to hear from mental health providers about M.D.'s decision. And at a March 15, 2021 dependency review hearing, the juvenile court ordered family counseling to start "immediately" and identified it as "an integral part of moving towards a return home." Mot. for Disc. Rev., Appendix at 47 (RP Mar. 15, 2021 at 14).

As in any dependency, these services are in place to assist D.D. and M.D. in addressing their relationship to facilitate their planned reunification.<sup>19</sup> Department Resp. to Amici Curiae Br., Appendix at C at 10 (setting a trial return home date of September 26, 2021). D.D. has not completed these necessary services and a court order for D.D. to use male pronouns in court proceedings will do nothing to address the underlying conflict between M.D. and his mother on this issue. Nor will it facilitate reunification. Accordingly, it is hereby

---

<sup>19</sup> Amici contend that the juvenile court denied M.D.'s request for additional reunification services for his parents. Amici Curiae Br. at 2. But at the February 1, 2021 hearing, the juvenile court did not appear to rule on M.D.'s request to consider additional services. And any party remains free to request additional necessary services at future periodic dependency review hearings. See *generally* RAP 2.3(b)(2) (effect prong requires substantial change in the status quo or limitation on freedom of party to act).

This court expresses no opinion as to whether additional services will be required during the dependency. That determination is left to the juvenile court, with input from D.D., M.D., the Department, the GAL, and current service providers.



ORDERED that M.D.'s motion and the Department's cross-motion for discretionary review are granted. It is further

ORDERED that the juvenile court's denial of M.D.'s motion for the court and the parties to use male pronouns is reversed in part, and this matter is remanded for further dependency proceedings. And it is further

ORDERED that the Department's motion to change the caption from *In re the Welfare of P.D.* to *In re the Welfare of M.D.* is granted.



---

Aurora R. Bearse (she/her)  
Court Commissioner

cc: Tiffinie B. Ma  
Elizabeth A Baker  
Andrew D. Pugsley  
Christopher Torrone  
D'Adre Cunningham  
Megan Dawson  
Nancy Talner  
Yvonne Chin  
Antoinette M. Davis  
Erin L. Lovell  
Denise Diskin  
Hon. Christine Schaller

The Honorable Robert J. Bryan

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

BRIAN TINGLEY,

*Plaintiff,*

v.

ROBERT W. FERGUSON, et al.,

*Defendants.*

No. 3:21-cv-05359-RJB

**[PROPOSED] BRIEF OF AMICI  
CURIAE THE TREVOR PROJECT,  
INC., AMERICAN FOUNDATION FOR  
SUICIDE PREVENTION, AND  
AMERICAN ASSOCIATION OF  
SUICIDOLOGY, IN SUPPORT OF  
DEFENDANTS' AND PROPOSED  
DEFENDANT-INTERVENOR'S  
MOTION TO DISMISS AND  
OPPOSITION TO PLAINTIFF'S  
MOTION FOR PRELIMINARY  
INJUNCTION**

Note on Motion Calendar: June 28, 2021

**TABLE OF CONTENTS**

|  | <u>Page</u> |
|--|-------------|
| INTRODUCTION .....   | 1           |
| ARGUMENT .....   | 2           |
| I. WASHINGTON’S STATUTE REDRESSES SIGNIFICANT HARMS TO THE HEALTH AND SAFETY OF MINORS. ....   | 2           |
| A. SOCIAL SCIENCE OVERWHELMINGLY CONFIRMS THE SIGNIFICANT HARM OF CONVERSION THERAPY ON LGBTQ YOUTH. ....  | 3           |
| B. EVERY MAJOR MEDICAL AND MENTAL HEALTH ORGANIZATION HAS REJECTED CONVERSION THERAPY AS SCIENTIFICALLY UNSOUND, HARMFUL TO THE PATIENT, AND INEFFECTIVE AT CHANGING SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSION. .... | 5           |
| C. UNINTERRUPTED ENFORCEMENT OF WASHINGTON’S LAW IS CRUCIAL TO PREVENTING THIS SIGNIFICANT HARM TO LGBTQ YOUTH. ....   | 7           |
| CONCLUSION.....  | 7           |

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**TABLE OF AUTHORITIES**

Page(s)

**Cases**

1

2

3

4 *Castaneda Juarez v. Asher*,

5 2020 WL 3104919 (W.D. Wash. June 11, 2020).....2

6 *Cnty. Ass'n for Restoration of Env't (CARE) v. DeRuyter Bros. Dairy*,

7 54 F. Supp. 2d 974 (E.D. Wash. 1999).....1

8 *Doyle v. Hogan*,

9 411 F. Supp. 3d 337 (D. Md. 2019), *rev'd and vacated on other grounds*, 2021

10 WL 2424800 (4th Cir. Jun. 15, 2021).....7

11 *King v. Governor of the State of New Jersey*,

12 767 F.3d 216 (3d Cir. 2014), *abrogated on other grounds by NIFLA*, 138 S.

13 Ct. 2361.....7

14 *Nat'l Inst. of Family and Life Advocates v. Becerra*,

15 138 S. Ct. 2361 (2018).....1

16 *Pickup v. Brown*,

17 740 F.3d 1208 (9th Cir. 2014) .....1

18 *Planned Parenthood of Southeastern Pa. v. Casey*,

19 505 U.S. 833 (1992).....1

20 *San Francisco Veteran Police Officers Ass'n v. City & Cty. Of San Francisco*,

21 18 F. Supp. 3d 997 (N.D. Cal. 2014) .....7

22 *Sierra Club v. Trump*,

23 963 F.3d 874 (9th Cir.), *cert. granted*, 141 S. Ct. 618 (2020) .....7

24 *United States v. Rutherford*,

25 442 U.S. 544 (1979).....3

26 *Welch v. Brown*,

27 834 F.3d 1041 (9th Cir. 2016) .....1

28 *Winter v. Nat. Res. Def. Council, Inc.*,

555 U.S. 7 (2008).....2

**Statutes**

RCW 18.130.020 .....2

**Other Authorities**

1

2 Am. Acad. Pediatrics, *Homosexuality and Adolescence*, 92 Pediatrics 631, 633

3 (1993).....6

4 Am. Ass’n of Suicidology, *Suicidal Behavior Among Lesbian, Gay, Bisexual, and*

5 *Transgender Youth Fact Sheet* (2019) .....4

6 Am. Found. for Suicide Prevention, *State Laws: Banning Conversion Therapy*

7 *Practices* (2020).....3

8 Am. Psychiatric Ass’n, *Position Statement on Conversion Therapy and LGBTQ*

9 *Patients* (Dec. 2018) .....6

10 Am. Psychol. Ass’n, *APA Resolution on Sexual Orientation Change Efforts* (Feb.

11 2021) .....6

12 Am. Psychol. Ass’n, *APA Resolution on Gender Identity Change Efforts* (Feb.

13 2021) .....6

14 Am. Psychol. Ass’n, *Report of the American Psychological Association Task*

15 *Force on Appropriate Therapeutic Responses to Sexual Orientation* (2009) .....6

16 Amy E. Green et al., *Self-Reported Conversion Efforts and Suicidality Among US*

17 *LGBTQ Youths and Young Adults, 2018*, 110 Am. J. Pub. Health 1221 (2020) .....4

18 Amy Przeworski, et al., *A Systematic Review of the Efficacy, Harmful Effects, and*

19 *Ethical Issues Related to Sexual Orientation Change Efforts*, 28 Clinical

20 Psychol. Sci. & Prac. 81 (2020).....5, 6

21 Caitlin Ryan et al., *Parent-Initiated Sexual Orientation Change Efforts with*

22 *LGBT Adolescents: Implications for Young Adult Mental Health and*

23 *Adjustment*, J. Homosexuality (Nov. 2018) .....4

24 John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood*

25 *Experiences, and Suicide Ideation and Attempt Among Sexual Minority*

26 *Adults, United States, 2016–2018*, 110 Am. J. Pub. Health 1024 (2020).....4

27 Statista Research Dep’t., *U.S. LGBTQ Youth Who Experienced Conversion*

28 *Therapy and Attempted Suicide 2020*, Statista (May 10, 2021) .....5

Substance Abuse and Mental Health Services Administration, *Ending Conversion*

*Therapy: Supporting and Affirming LGBTQ Youth* (2015) .....5

Sunnivie Brydum, *WATCH: U.S. Surgeon General Opposes Conversion Therapy*

(Apr. 10, 2015).....5

The Trevor Project, *Estimate of How Often LGBTQ Youth Attempt Suicide in the*

*U.S.* (Mar. 11, 2021) .....3

1 The Trevor Project, *National Survey on LGBTQ Youth Mental Health* (2021) .....4  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## INTRODUCTION<sup>1</sup>

Substantial evidence shows youth subjected to conversion therapy are at risk of great harm, including a significantly increased risk of suicide, which has resulted in an overwhelming medical consensus that minor patients must not be subjected to conversion therapy under the imprimatur of the mental health profession. For this reason, it is a matter of well-settled law as pronounced by the Ninth Circuit and the United States Supreme Court that state and local governments may regulate unsafe medical treatments and protect minor children from medical treatments that put minors at an increased risk of suicidality and other serious harms.<sup>2</sup> In arguing to the contrary, Plaintiff Brian Tingley ignores decades of binding case law and falsely claims that “[t]here is no statistically valid evidence that counseling of the type that [he] provides is harmful or ineffective,” Dkt. No. 2 at 12. As demonstrated below, the medical consensus that conversion therapy is harmful to minors is based on extensive evidence and rigorous, peer-reviewed studies. The relief Plaintiff seeks would place minors in this state at risk of serious and potentially life-threatening harms. *Amici* urge this Court to dismiss Plaintiff’s challenge and affirm the state’s authority (indeed, responsibility) to protect children from being subjected to this dangerous abuse by state-licensed mental health professionals.

*Amici* are three non-profit organizations who have particular familiarity and knowledge of the significant harms that LGBTQ youth endure as a result of conversion therapy. As representatives advocating on behalf of the interests of impacted minors, *amici* believe their perspective—developed through decades of work studying mental health and suicide and addressing suicidality in LGBTQ youth—will be useful to the Court as it adjudicates Plaintiff’s motion for preliminary injunction and Defendants’ and Proposed Defendant-Intervenor’s motions to dismiss.<sup>3</sup> Indeed, as the largest crisis service provider for LGBTQ youth, The Trevor Project,

---

<sup>1</sup> Appendix A lists the identity and interest of *amici*, who have filed an unopposed motion for leave to submit this brief. No party or its counsel authored this brief in whole or in part, and no person (including a party or its counsel), other than *amici* or their counsel, contributed money intended to fund preparing or submitting this brief.

<sup>2</sup> See, e.g., *Nat’l Inst. of Family and Life Advocates v. Becerra*, 138 S. Ct. 2361 (2018) (“*NIFLA*”); *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833 (1992); *Welch v. Brown*, 834 F.3d 1041 (9th Cir. 2016); *Pickup v. Brown*, 740 F.3d 1208 (9th Cir. 2014).

<sup>3</sup> See *Cnty. Ass’n for Restoration of Env’t (CARE) v. DeRuyter Bros. Dairy*, 54 F. Supp. 2d 974, 975 (E.D. Wash.

1 Inc. (“The Trevor Project”) has unique insight into the harmful role conversion therapy plays in  
 2 the mental health of LGBTQ youth; the American Foundation for Suicide Prevention (“AFSP”) is  
 3 a leading organization funding research on and educating the public about suicide; and the  
 4 American Association of Suicidology (“AAS”) is focused on advancing suicidology as a science  
 5 and developing scholarship and information surrounding suicide and suicidal behaviors to increase  
 6 public awareness. These organizations now respectfully offer the following summary of the  
 7 evidence linking conversion therapy to a significantly heightened risk of suicidality and other  
 8 serious harms, including an important new study published by The Trevor Project in 2020, which  
 9 has further corroborated the overwhelming evidence that these practices are extraordinarily  
 10 dangerous for youth.

## 11 ARGUMENT

### 12 I. WASHINGTON’S STATUTE REDRESSES SIGNIFICANT HARMS TO THE 13 HEALTH AND SAFETY OF MINORS.

14 The statute challenged by Plaintiff, SB 5722, regulates the practice of conversion therapy,  
 15 a practice through which professional therapists seek to impose a predetermined outcome with  
 16 respect to a person’s sexual orientation or gender identity under color of a Washington-issued  
 17 license to practice.<sup>4</sup> Notably, in addition to the Washington law clearly serving the public interest,  
 18 the balance of equities weighs heavily in favor of the statute as it seeks to protect children from  
 19 the grave harms of conversion therapy, which can be a matter of life and death. *See Winter v. Nat.*  
 20 *Res. Def. Council, Inc.*, 555 U.S. 7, 20, 26, 32 (2008) (emphasizing “the importance of assessing  
 21 the balance of equities and the public interest” in determining the propriety of injunctive relief).  
 22 Numerous rigorous, peer-reviewed studies have shown that conversion therapy is closely  
 23 correlated with a dramatically increased risk of suicide in minors, as well as with other serious

---

24  
 25 1999) (“An amicus brief should normally be allowed when a party is not represented competently or is not  
 26 represented at all, . . . or when the amicus has unique information or perspective that can help the court beyond  
 27 the help that the lawyers for the parties are able to provide”); *see, e.g., Castaneda Juarez v. Asher*, No. C20-  
 28 0700JLR-MLP, 2020 WL 3104919, at \*1 (W.D. Wash. June 11, 2020) (granting leave to file amicus where  
 proposed amici had “unique information or perspective that can help the court”).

<sup>4</sup> *See* RCW 18.130.020 (defining conversion therapy as “a regime that seeks to change an individual’s sexual  
 orientation or gender identity . . . includ[ing] efforts to change behaviors or gender expressions, or to eliminate  
 or reduce sexual or romantic attractions or feelings toward individuals of the same sex.”).



1 harms. The baseline scientific principle that a treatment “is unsafe if its potential for inflicting  
 2 death or physical injury is not offset by the possibility of therapeutic benefit,” *United States v.*  
 3 *Rutherford*, 442 U.S. 544, 556 (1979), deems conversion therapy unsafe. This is why the statute  
 4 at issue was passed,<sup>5</sup> and why every leading medical and mental health organization has issued  
 5 policy statements over the past 20 years, cautioning therapists and parents that conversion therapy  
 6 is unsafe and should not be performed on minors.

7  
 8 **A. SOCIAL SCIENCE OVERWHELMINGLY CONFIRMS THE  
 9 SIGNIFICANT HARM OF CONVERSION THERAPY ON LGBTQ  
 10 YOUTH.**

11 The Trevor Project offers free and confidential crisis intervention services for LGBTQ  
 12 youth, which are used by thousands of young people each month, and counselors record  
 13 anonymized data about the cases that come before them. In over 1,100 crisis contacts in 2020—  
 14 an average of more than three per day—LGBTQ youth seeking help through these crisis services  
 15 proactively raised conversion therapy as a topic in their discussions with crisis counselors.<sup>6</sup> These  
 16 contacts came from almost every state, including multiple contacts from youth in Washington.  
 17 When raised, conversion therapy was discussed in various contexts, including dealing with  
 18 experiences of conversion therapy, facing threats of conversion therapy, looking for help getting  
 19 out of conversion therapy, and expressing relief that conversion therapy is illegal where they live.  
 20 This data shows that conversion therapy is a serious issue for LGBTQ youth in crisis, who are  
 21 estimated to attempt suicide at a rate of 1 every 45 seconds in the United States.<sup>7</sup>

22 Recent peer-reviewed retrospective case-control studies confirm the devastating harms that  
 23 conversion therapy inflicts upon LGBTQ youth. Conversion therapy harms LGBTQ youth “by  
 24 invoking feelings of rejection, guilt, confusion, and shame, which in turn can contribute to

25 <sup>5</sup> Washington Governor Jay Inslee signed SB 5722 into law, noting that “conversion therapy is not so much  
 26 therapy; it’s abuse.” Human Rights Campaign, Facebook (Mar. 28, 2018, 1:20),  
 27 <https://www.facebook.com/watch/?v=10156295724678281&t=80>.

28 <sup>6</sup> This information is derived from anonymized data that The Trevor Project has collected from its platforms,  
 compiled, and reviewed. In order to protect the privacy of the youth using its services, The Trevor Project does  
 not make the underlying sources of this data publicly available.

<sup>7</sup> The Trevor Project, *Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S.* (Mar. 11, 2021),  
<https://www.thetrevorproject.org/2021/03/11/estimate-of-how-often-lgbtq-youth-attempt-suicide-in-the-u-s/>.

1 decreased self-esteem, substance abuse, social withdrawal, depression, and anxiety.”<sup>8</sup> The Trevor  
 2 Project documented these harmful results and others in its 2020 peer-reviewed article in the  
 3 *American Journal of Public Health* (AJPH), reporting that LGBTQ youth who underwent  
 4 conversion therapy were “**more than twice as likely to report having attempted suicide**” and  
 5 more than 2.5 times as likely to report multiple suicide attempts in the past year compared to those  
 6 who did not.<sup>9</sup> This year, The Trevor Project released the results of a cross-sectional survey with  
 7 nearly 35,000 LGBTQ individuals between the ages of 13 and 24 across the United States.<sup>10</sup>  
 8 Thirteen percent of these youth reported undergoing conversion therapy, a staggering proportion  
 9 of whom were subjected to it as minors (83%).<sup>11</sup>

10 The results of this study are consistent with a substantial body of other rigorous, peer-  
 11 reviewed research on the detrimental impact of conversion therapy on LGBTQ youth.<sup>12</sup> A 2020  
 12 study found that exposure to conversion therapy **doubled** the odds of lifetime suicidal ideation,  
 13 increased the odds of planning to attempt suicide by 75%, and increased the odds of a suicide  
 14 attempt by 88% as compared with those who had not undergone conversion therapy.<sup>13</sup> A  
 15 November 2018 study found that the rates of attempted suicide by LGBTQ young adults whose  
 16 parents tried to change their sexual orientation during adolescence were **more than double** (48%)  
 17 the rate of LGBTQ young adults who reported no conversion therapy experience (22%).<sup>14</sup> The  
 18 study also found that these rates were nearly **triple** for LGBTQ youth who reported both home-  
 19

20 <sup>8</sup> Am. Found. for Suicide Prevention, *State Laws: Banning Conversion Therapy Practices 2* (2020),  
 21 <https://www.datocms-assets.com/12810/1592504833-conversion-therapy-issue-brief-6-18-20.pdf>.

22 <sup>9</sup> Amy E. Green et al., *Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young*  
 23 *Adults, 2018*, 110 Am. J. Pub. Health 1221, 1224 (2020) (emphases added).

24 <sup>10</sup> The Trevor Project, *National Survey on LGBTQ Youth Mental Health* (2021),  
 25 <https://www.thetrevorproject.org/survey-2021/?section=ConversionTherapy>.

26 <sup>11</sup> *Id.*

27 <sup>12</sup> See, e.g., Am. Ass’n of Suicidology, *Suicidal Behavior Among Lesbian, Gay, Bisexual, and Transgender Youth*  
 28 *Fact Sheet* (2019), <https://suicidology.org/wp-content/uploads/2019/07/Updated-LGBT-Fact-Sheet.pdf>  
 (“[Y]outh who have undergone conversion therapy [are] more than twice as likely to attempt suicide as those  
 who did not.”).

<sup>13</sup> John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide*  
*Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018*, 110 Am. J. Pub. Health 1024,  
 1027 (2020), [https://dworakpeck.usc.edu/sites/default/files/2020-10/Blosnich%20Henderson%20Coulter\\_0.pdf](https://dworakpeck.usc.edu/sites/default/files/2020-10/Blosnich%20Henderson%20Coulter_0.pdf).

<sup>14</sup> Caitlin Ryan et al., *Parent-Initiated Sexual Orientation Change Efforts with LGBT Adolescents: Implications*  
*for Young Adult Mental Health and Adjustment*, J. Homosexuality, 10 (Nov. 2018),  
<https://www.utah.gov/pmn/files/513643.pdf>.

1 based efforts to change their sexual orientation by parents and intervention efforts by therapists  
 2 and religious leaders (63%).<sup>15</sup> More recent data shows the same increased risk: “Around 28 percent  
 3 of U.S. LGBTQ youth who had experienced conversion therapy had attempted suicide within the  
 4 previous 12 months as of 2020, compared to 12 percent of LGBTQ youth who had not experienced  
 5 conversion therapy.”<sup>16</sup>

6 **B. EVERY MAJOR MEDICAL AND MENTAL HEALTH ORGANIZATION  
 7 HAS REJECTED CONVERSION THERAPY AS SCIENTIFICALLY  
 8 UNSOUND, HARMFUL TO THE PATIENT, AND INEFFECTIVE AT  
 9 CHANGING SEXUAL ORIENTATION, GENDER IDENTITY, OR  
 10 GENDER EXPRESSION.**

11 Every major medical and mental health organization has uniformly rejected conversion  
 12 therapy as unsafe for minors. AFSP has stated that “conversion therapy efforts are inappropriate  
 13 and harmful therapeutic interventions” and “urges states to prohibit this discredited practice and  
 14 protect LGBTQ youth.”<sup>17</sup> As the federal Substance Abuse and Mental Health Services  
 15 Administration has cautioned, there is a “professional consensus that conversion therapy efforts  
 16 are inappropriate” and that “none of the existing research supports the premise that mental or  
 17 behavioral health interventions can alter gender identity or sexual orientation.”<sup>18</sup> The U.S. Surgeon  
 18 General has similarly warned that “[c]onversion therapy is not sound medical practice.”<sup>19</sup>

19 The American Psychological Association (“APA”) recently published a review of sexual  
 20 orientation change efforts, including conversion therapy.<sup>20</sup> It found that “[p]articipation in  
 21 [conversion therapy] is associated with numerous negative effects, including depression,  
 22 suicidality, decreased self-esteem, and self-hatred . . . as well as negative views of homosexuality,

23 <sup>15</sup> *Id.*

24 <sup>16</sup> Statista Research Dep’t., *U.S. LGBTQ Youth Who Experienced Conversion Therapy and Attempted Suicide  
 2020*, Statista (May 10, 2021), [https://www.statista.com/statistics/1053024/lgbtq-youth-in-us-attempted-suicide-  
 conversion-therapy-experience/](https://www.statista.com/statistics/1053024/lgbtq-youth-in-us-attempted-suicide-conversion-therapy-experience/).

25 <sup>17</sup> Am. Found. for Suicide Prevention, *Conversion Therapy Bans*, <https://afsp.org/conversion-therapy-bans> (listing  
 other professional medical organizations with similar policies).

26 <sup>18</sup> Substance Abuse and Mental Health Services Administration, *Ending Conversion Therapy: Supporting and  
 Affirming LGBTQ Youth* 3, 11 (2015), <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf>.

27 <sup>19</sup> Sunnivie Brydum, *WATCH: U.S. Surgeon General Opposes Conversion Therapy* (Apr. 10, 2015),  
<https://www.advocate.com/ex-gay-therapy/2015/04/10/watch-us-surgeon-general-opposes-conversion-therapy>.

28 <sup>20</sup> Amy Przeworski, et al., *A Systematic Review of the Efficacy, Harmful Effects, and Ethical Issues Related to  
 Sexual Orientation Change Efforts*, 28 *Clinical Psychol. Sci. & Prac.* 81 (2020).

1 internalized homonegativity, sexual dysfunction, impaired familial and romantic relationships . . .  
2 and decreased overall sexual attraction.”<sup>21</sup>

3 This year, the American Psychological Association published updated policy statements  
4 on sexual orientation and gender identity change efforts, condemning conversion therapy, and  
5 reaffirming that “sexual minority youth and adults who have undergone” efforts to change their  
6 sexual orientation “are significantly more likely to experience suicidality and depression than those  
7 who have not,” and that “minors who have been subjected to [this practice] have reported more  
8 suicide attempts than those who have not.”<sup>22</sup> But the professional consensus rejecting conversion  
9 therapy has been well established for over two decades. In 1993, the American Academy of  
10 Pediatrics took the position that “[t]herapy directed specifically at changing sexual orientation is  
11 contraindicated, since it can provoke guilt and anxiety while having little or no potential for  
12 achieving changes in orientation.”<sup>23</sup> Since 1998, the American Psychiatric Association has  
13 “opposed any psychiatric treatment, such as ‘reparative’ or conversion therapy.”<sup>24</sup> And in 2009,  
14 an APA task force found “no research demonstrating that providing [conversion therapy] to  
15 children or adolescents has an impact on adult sexual orientation” and significant evidence that it  
16 “has the potential to be harmful.”<sup>25</sup> The task force concluded that minor patients should “have a  
17 developmentally appropriate understanding of treatment, are afforded complete information about  
18 their rights, and are provided treatment in the least restrictive environment.”<sup>26</sup>

23 <sup>21</sup> *Id.* at 90 (internal citations omitted).

24 <sup>22</sup> Am. Psychol. Ass’n, *APA Resolution on Sexual Orientation Change Efforts*, at 5, 7 (Feb. 2021),  
25 <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>; Am. Psychol. Ass’n., *APA*  
*Resolution on Gender Identity Change Efforts*, at 3 (Feb. 2021), [https://www.apa.org/about/policy/resolution-](https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf)  
[gender-identity-change-efforts.pdf](https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf).

26 <sup>23</sup> Am. Acad. Pediatrics, *Homosexuality and Adolescence*, 92 *Pediatrics* 631, 633 (1993).

27 <sup>24</sup> Am. Psychiatric Ass’n, *Position Statement on Conversion Therapy and LGBTQ Patients* (Dec. 2018),  
[https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Conversion-Therapy.pdf)  
[Conversion-Therapy.pdf](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Conversion-Therapy.pdf).

28 <sup>25</sup> Am. Psychol. Ass’n, *Report of the American Psychological Association Task Force on Appropriate Therapeutic*  
*Responses to Sexual Orientation*, at 4, 6 (2009), <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

<sup>26</sup> *Id.* at 76.



1 DATED: June 28, 2021

2 Respectfully submitted,

3 By: /s/ Shireen A. Barday

4 /s/ J. Denise Diskin

/s/ Isaac Ruiz

5 GIBSON, DUNN & CRUTCHER LLP

SHIREEN A. BARDAY\*

200 Park Avenue

New York, New York 10166

Telephone: (212) 351-4000

6 sbarday@gibsondunn.com

7 QLaw FOUNDATION OF WASHINGTON

J. DENISE DISKIN

8 WSBA NO. 41425

9 101 Yesler Way #300

10 Seattle, WA 98104

11 Telephone: (206) 483-2725

12 denise@qlawfoundation.org

13 RUIZ & SMART PLLC

ISAAC RUIZ

14 WSBA NO. 35237

1200 Fifth Avenue, Suite 1220

15 Seattle, WA 98101

16 Telephone: (206) 203-9100

17 iruiz@ruizandsmart.com

18 \*Pro Hac Vice Pending

19 *Attorneys for Amici The Trevor Project, Inc.,*  
20 *American Foundation for Suicide Prevention, and*  
21 *American Association of Suicidology*

**APPENDIX A**  
**IDENTITY & INTEREST OF *AMICI CURIAE* THE TREVOR PROJECT, INC.,**  
**AMERICAN FOUNDATION FOR SUICIDE PREVENTION, AND AMERICAN**  
**ASSOCIATION OF SUICIDOLOGY**

The Trevor Project is the world’s largest suicide prevention and crisis intervention organization for lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people.. The Trevor Project offers the only accredited, free, and confidential phone, instant message, and text messaging crisis intervention services for LBGTQ youth, which are used by thousands of youth each month. Through analyzing data derived from these services and national surveys, The Trevor Project produces innovative research that brings new knowledge, with clinical implications, to issues affecting LGBTQ youth.

AFSP is dedicated to saving lives and bringing hope to those affected by suicide. In carrying out its mission, AFSP funds scientific research, educates the public about mental health and suicide prevention, advocates for public policies in mental health and suicide prevention, and supports survivors of suicide loss and those affected by suicide.

AAS is a nationally recognized organization comprised of public health and mental health professionals, researchers, suicide prevention and crisis intervention centers, survivors of suicide loss, attempt survivors, and others, that promotes the prevention of suicide through research, public awareness programs, education, and training. In addition to advancing suicidology as a science—developing and disseminating scholarly research on suicidology and suicide behaviors—AAS promotes public education and training for professionals and volunteers on suicide prevention and intervention. AAS is also an accrediting body for crisis services providers.

*Amici* have a special interest in this litigation as well as familiarity and knowledge of the significant harms that LGBTQ youth endure as a result of conversion therapy. *Amici* are deeply concerned that issuance of a preliminary injunction in this case will place minors at an increased and substantial risk of suicidality, a scientifically-proven risk inherent in conversion therapy. The Trevor Project works firsthand with LGBTQ youth who have endured these harmful practices— and understands the devastating effects that these therapies inflict, including an increased risk of suicide. Due to the increased and substantial risks of suicidality, AFSP and AAS advocate to end

1 the practice of conversion therapy against minors through public policy advocacy. For these  
2 reasons, The Trevor Project, AFSP, and AAS have a substantial interest in supporting the  
3 enforcement of laws prohibiting the practice of conversion therapy against minors.  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**APPENDIX B**  
**HARD-TO-FIND AUTHORITIES**

For the convenience of the Court, *amici curiae* have appended the following hard-to-find sources that are cited in the proposed brief.

Amy E. Green et al., Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018, 110 Am. J. Pub. Health 1221, 1224 (2020)

Amy Przeworski, et al., American Psychological Association, A Systematic Review of the Efficacy, Harmful Effects, and Ethical Issues Related to Sexual Orientation Change Efforts, 28 Clinical Psychology: Science and Practice 1, 81-100 (2021)

# APPENDIX B

# Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018


Amy E. Green, PhD, Myeshia Price-Feeney, PhD, Samuel H. Dorison, MSc, LLM, and Casey J. Pick, JD

**Objectives.** To explore associations between undergoing sexual orientation or gender identity conversion efforts (SOGICE) and suicidality among young LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) individuals.

**Methods.** Data were derived from a 2018 online cross-sectional study of young LGBTQ individuals (13–24 years of age) residing in the United States. Multivariate logistic regression was used to determine the relative odds of suicidality among young LGBTQ individuals who experienced SOGICE (in comparison with those who did not) after adjustment for age, race/ethnicity, geography, parents' use of religion to say negative things about being LGBTQ, sexual orientation, gender identity, discrimination because of sexual orientation or gender identity, and physical threats or harm because of sexual orientation or gender identity.

**Results.** Relative to young people who had not experienced SOGICE, those who reported undergoing SOGICE were more than twice as likely to report having attempted suicide and having multiple suicide attempts.

**Conclusions.** The elevated odds of suicidality observed among young LGBTQ individuals exposed to SOGICE underscore the detrimental effects of this unethical practice in a population that already experiences significantly greater risks for suicidality. (*Am J Public Health.* 2020;110:1221–1227. doi:10.2105/AJPH.2020.305701)

 See also Fish and Russell, p. 1113.

Sexual orientation and gender identity change efforts (SOGICE), also known as “conversion therapy,” are pervasive despite a lack of credible evidence of their effectiveness.<sup>1,2</sup> SOGICE involves attempts by licensed professionals (e.g., psychologists or counselors) or practices by religious leaders to alter sexual attractions and behaviors (to make one straight or heterosexual), gender expression (to align with gender expectations for the sex assigned at birth), or gender identity (to make one cisgender).<sup>3</sup> SOGICE can include the use of aversive stimuli, individual talk therapy, group therapy, and residential programs.<sup>2,4</sup> SOGICE lacks scientific merit and has uniformly been declared dangerous by leading professional associations such as the World Psychiatric Association,<sup>5</sup> the American Medical Association,<sup>4</sup> and the American Psychological Association,<sup>6</sup> among others.<sup>7–9</sup>

A recent examination of SOGICE documented that it fit definitions of adverse childhood experiences and would be

considered abusive if it occurred outside of a treatment context.<sup>10</sup> However, SOGICE is still legal in the majority of US states.<sup>2</sup> A report by the Williams Institute estimated that approximately 700 000 lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) adults in the US have undergone SOGICE at some point in their lives, including about 350 000 who received treatment as adolescents.<sup>2</sup> The report further estimated that 20 000 LGBTQ youths between 13 and 17 years old will receive SOGICE from a licensed health care professional before they reach the age of 18 years, a total that does not include youths who undergo SOGICE led by religious leaders not covered in new regulations. Furthermore, a

recent analysis revealed that 13.5% of transgender people in the United States reported lifetime exposure to conversion efforts.<sup>11</sup>

Concerns about the harms of SOGICE among LGBTQ youths are especially warranted as this population has been found to report suicide attempts at more than 4 times the rate of non-LGBTQ youths.<sup>12,13</sup> Emotional and physical abuse and neglect, which may occur as part of SOGICE, increase suicidality risks.<sup>10,14</sup>

Furthermore, according to the minority stress model, mental health disparities found among LGBTQ individuals (relative to those who are straight, heterosexual, or cisgender) are the result of chronic stressors stemming from the marginalized social status of these individuals rather than a function of their identity itself. Among lesbian, gay, and bisexual youths, sexuality-based discrimination and victimization have consistently been related to greater suicidality.<sup>15–17</sup> Support for the minority stress model has also been found among transgender and nonbinary individuals, with increased suicidality related to internalized transphobia and expectations of rejection.<sup>18</sup> Thus, SOGICE, which can encompass emotional and physical abuse in addition to rejection based on sexual orientation and gender identity (designed to produce internalized LGBTQ stigma), would be expected to be strongly associated with suicidality outcomes.

There is little empirical research on the effects of SOGICE on children and adolescents. A 2018 study involving 245 LGBTQ young adults (21–25 years) provided the first data on the association of sexual orientation change efforts with outcomes.<sup>19</sup> Those who

## ABOUT THE AUTHORS

The authors are with The Trevor Project, West Hollywood, CA.

Correspondence should be sent to Amy E. Green, PhD, The Trevor Project, PO Box 69232, West Hollywood, CA 90069 (e-mail: amy.green@thetrevorproject.org). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

This article was accepted April 10, 2020.

doi: 10.2105/AJPH.2020.305701

reported both parent-initiated attempts to convince them to change and formal sexual orientation conversion efforts by others (e.g., therapists or clergy) were 5 times more likely to report suicide attempts than those who reported no sexual orientation change attempts or conversion efforts. The findings of another study, involving data from more than 27 000 transgender adults participating in the 2015 US Transgender Survey, showed that undergoing gender identity change efforts doubled the adjusted odds of a lifetime suicide attempt, with change efforts before the age of 10 years resulting in more than 4-fold adjusted odds of an attempt.<sup>1</sup>

In our study, we sought to contribute to the empirical knowledge base on SOGICE by examining its association with suicidality among LGBTQ young people (13 to 24 years) living in the United States. Specifically, we hypothesized that SOGICE would be positively and significantly related to suicidality after adjustment for other related characteristics including age, race/ethnicity, geographic region, sexual orientation, gender identity, parents' use of religion to make negative statements about being LGBTQ, discrimination because of sexual orientation or gender identity, and physical harm because of sexual orientation or gender identity.

## METHODS

Young people between the ages of 13 and 24 years were recruited for a cross-sectional online survey conducted by The Trevor Project, a suicide prevention and crisis intervention organization for LGBTQ youths younger than 25 years, between February and September 2018. Recruitment was conducted through targeted advertisements placed on 2 social media platforms: Facebook and Instagram. The advertisements targeted those who interacted with material deemed to be relevant to the LGBTQ community. No recruitment was conducted through any Trevor-branded social media channels or Web sites. Eligible participants resided in the United States, were between 13 and 24 years of age, identified as LGBTQ, and were able to read and understand English.

Respondents completed a secure, anonymous questionnaire that included a

maximum of 110 questions depending on skip logic (i.e., branching of survey questions depending on how a respondent answered a particular question). A statement was included before questions specific to youth mental health and suicidality that directed participants to call The Trevor Project's 24-hour-a-day crisis intervention lifeline if at any time they needed to talk to someone about their mental health or thoughts of suicide. Individuals who completed the survey were eligible to be entered into a drawing for a \$50 Amazon gift card by providing their e-mail address after being routed to a separate survey. All participants provide informed consent to participate in the study.

## Analytic Sample

A total of 34 808 young people consented to complete the online survey. Excluded from the analytic sample were 475 young people who lived outside of the United States and 294 who identified as both straight/heterosexual and cisgender. A filter was applied such that any young people who completed fewer than half of the survey items or reached the end of the survey within 3 minutes ( $n = 8091$ ) were eliminated. An additional 52 young people who provided highly unlikely answers (e.g., selecting all possible religious affiliations and race/ethnicity categories) or included obvious hate speech directed toward LGBTQ populations in the open-response options were also eliminated.

Finally, 105 young people were excluded who responded no to the questions asking whether someone attempted to convince them to change their gender identity and whether someone attempted to convince them to change their sexual orientation but responded yes to having undergone "conversion or reparative therapy." It was assumed that these young people may not have understood the intended meaning of conversion or reparative therapy.

## Measures

Questions aligned with practices identified by the Williams Institute were used to assess gender identity.<sup>20</sup> Young people were asked "What sex were you assigned at birth? (meaning the sex showing on your original birth certificate)," with options of male and female. Next, they were asked "What is your

gender identity? Please select all that apply," with the following options: man, woman, trans male/trans man, trans female/trans woman, gender queer/gender non-conforming, and different identity (please state). For the purposes of the current analyses, gender identity was coded as (1) transgender and nonbinary (for those whose assigned sex at birth did not fully match their current gender identity) or (0) cisgender (for those whose assigned sex at birth was consistent with their current gender identity).

Sexual orientation was assessed via a question from the National Center for Health Statistics<sup>21</sup>: "Do you think of yourself as?" with the options gay/lesbian, straight (that is, not gay or lesbian), bisexual, something else, and don't know. Young people who selected "something else" were asked a follow-up question that allowed them to respond with another sexual orientation (e.g., queer, omnisexual, pansexual, trisexual), that they did not use labels, or that they were unsure of their sexual orientation. Although a diversity of identities emerged, sexual orientation was coded as (1) gay/lesbian, (2) bisexual, and (3) something else (which also included transgender and nonbinary young people who identified as straight and those who were questioning or unsure).

To assess ethnicity, young people were asked "Do you consider yourself to be Hispanic or Latino?" Race was separately assessed by asking young people "What race or races do you consider yourself to be?" Mutually exclusive groups were created, as follows:

1. non-Hispanic White,
2. Hispanic/Latinx,
3. Black/African America,
4. Asian American/Pacific Islander,
5. American Indian/Alaska Native, and
6. 2 or more races/ethnicities.

Respondents were asked to report their age using whole numbers between 13 and 24. Response options were categorized into those who were aged 17 years or younger (1) and those who were aged 18 years or older (0). Given that legislative efforts to end "conversion therapy" focus primarily on minors, responses were dichotomized as those of minors versus those of individuals aged 18 years or older.

Young people were asked to indicate the state in which they lived. State-level data

were aggregated into 1 of 4 US Census regions: Northeast, South, Midwest, or West.

In accordance with practices commonly used in examining socioeconomic status among youth populations,<sup>22,23</sup> an assessment of free or reduced-price lunches was used as a proxy for family income. Respondents were asked either “Are you eligible for free or reduced-price lunch at school?” (if they were enrolled in school) or “Were you eligible for free or reduced-price lunch when you were in school?” (if they were not currently enrolled). A variable was created to reflect young people who were eligible for free or reduced-price lunch (1) and those who were not (0).

Negative family religious beliefs about being LGBTQ were examined as a possible characteristic related to suicidality and experiencing conversion therapy. Young people were asked to respond to a statement that read “I have heard my parents (or guardians) use religion to say negative things about being LGBTQ.” Those who responded with strongly agree or agree (1) were compared with those who responded strongly disagree, disagree, or neither agree nor disagree (0).

Respondents’ lifetime experiences with discrimination based on their sexual orientation were assessed by asking “Do you feel that you have ever been the subject of discrimination because of your sexual orientation?” A parallel question was used to assess discrimination based on gender identity. A variable was created to reflect young people who had experienced discrimination based on their sexual orientation or gender identity (1) and those who had not (0).

Young people were asked “In the past 12 months, have you felt physically threatened or been physically abused because of your sexual orientation or gender identity?” to assess their experiences with being physically threatened or harmed in the preceding 12 months. A variable was created to reflect young people who were physically threatened or harmed as a result of their sexual orientation or gender identity (1) and those who were not (0).

As a means of assessing lifetime experiences of SOGICE, young people were asked “Have you ever undergone reparative therapy or conversion therapy?” Before being asked this question, young people responded to a pair of items asking them more broadly whether anyone had ever attempted to convince them to change their sexual orientation or gender

identity. Only those who responded affirmatively that someone had attempted to convince them to change their orientation or identity were included in our analyses, which eliminated 0.4% of young people whose responses were inconsistent. A variable was created to reflect young people who reported experiencing SOGICE (1) and those who did not (0).

## Outcome Variables

An item derived from the Youth Risk Behavior Surveillance System survey was used to assess whether young people had seriously considered suicide in the preceding 12 months.<sup>12</sup> Respondents were asked “During the past 12 months, did you ever seriously consider attempting suicide?” A variable was created to reflect young people who reported seriously considering suicide (1) and those who did not (0).

An item derived from the Youth Risk Behavior Surveillance System survey was also used to assess past-year attempted suicide.<sup>12</sup> Young people who reported having considered suicide were asked “During the past 12 months, how many times did you actually attempt suicide?” Response options were as follows:

1. 0 times,
2. 1 time,
3. 2 or 3 times,
4. 4 or 5 times, and
5. 6 or more times.

Young people’s responses were dichotomized to compare those with 1 or more suicide attempts in the preceding 12 months (1) and those with no suicide attempts in the preceding 12 months (0). Those who reported that they had not seriously considered suicide (and were thus skipped out of the question) were coded as 0 (no attempt). A separate dichotomous variable was created to indicate the presence of multiple suicide attempts in the past year, with those who reported 2 or more attempts coded as 1 and those who reported 1 or no attempts coded as 0.

## Data Analysis

SPSS version 25 was used in conducting all of our analyses.<sup>24</sup> With the exception of suicidality outcome variables, we addressed

missing data using multiple imputation; the final analytic sample consisted of 22 462 respondents. The significance level of findings from analyses performed with imputed data did not differ from that of findings from analyses performed with missing data. We used the  $\chi^2$  test of independence to examine the proportion of young people reporting SOGICE by each study variable with the exception of race/ethnicity, which we examined via a Fisher’s exact test. After adjustment for related variables, multivariate logistic regression was used to determine the relative odds of suicidality among LGBTQ respondents who underwent SOGICE in comparison with those who did not.

## RESULTS

Higher proportions of Hispanic/Latinx respondents, those from low-income families, and those from the South were found among those who underwent SOGICE (Table 1). More than three quarters of young people who underwent SOGICE reported hearing their parents or caregivers use religion to say negative things about being LGBTQ, as compared with just under half of those who did not undergo SOGICE. In addition, greater proportions of young people who identified as gay or lesbian (relative to bisexual or “something else”) and who identified as transgender or nonbinary (relative to cisgender) were found among those who underwent SOGICE. Lifetime reports of discrimination because of sexual orientation or gender identity, as well as reports of having been physically threatened or harmed because of sexual orientation or gender identity in the preceding year, were also more common among LGBTQ respondents who underwent SOGICE than among those who did not.

An assessment of suicidality (Table 2) showed that more young people who underwent SOGICE than those who did not reported having seriously considered suicide in the preceding year (62.6% vs 37.6%). In addition, the percentage of young people reporting a suicide attempt was more than twice as high among those who underwent SOGICE than among those who did not (43.6% vs 17.3%). Finally, young people who underwent SOGICE were more than 3 times

**TABLE 1—Characteristics of Young LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning) Individuals Who Underwent Sexual Orientation and Gender Identity Change Efforts (SOGICE) and Those Who Did Not: United States, 2018**

| Characteristic   | All Respondents<br>(n = 25 791), % (No.) | Respondents Who Underwent<br>SOGICE (n = 1 088), % (No.) | Respondents Who Did Not Undergo<br>SOGICE (n = 24 703), % (No.) |
|--|--|--|---|
| <b>Age, y</b>  |  |  |   |
| 13–17  | 50.9 (13 130)                            | 62.0 (675)   | 50.4 (12 455)   |
| 18–24  | 49.1 (12 661)                            | 38.0 (413)   | 49.6 (12 248)   |
| <b>Race/ethnicity<sup>a</sup></b>  |  |  |   |
| White  | 72.2 (18 611)                            | 66.7 (726)   | 72.4 (17 865)   |
| Hispanic/Latinx  | 14.3 (3 686)                             | 20.0 (218)   | 14.0 (3 468)  |
| Black/African American   | 2.6 (681)                                | 3.1 (34)   | 2.6 (647)   |
| Asian American/Pacific Islander  | 3.1 (807)                                | 2.1 (23)   | 3.2 (784)   |
| American Indian/Alaska Native  | 0.7 (172)                                | 1.0 (11)   | 0.7 (161)   |
| Multiple   | 7.1 (1 834)                              | 7.0 (76)   | 7.1 (1 758)   |
| <b>Census region</b>   |  |  |   |
| Northeast  | 18.5 (4 781)                             | 12.3 (134)   | 18.8 (4 647)  |
| South  | 30.0 (7 739)                             | 35.4 (385)   | 29.8 (7 354)  |
| Midwest  | 27.9 (7 199)                             | 29.2 (318)   | 27.9 (6 811)  |
| West   | 23.5 (6 072)                             | 23.1 (251)   | 23.6 (5 821)  |
| <b>Family income status</b>  |  |  |   |
| Free/reduced-price lunch   | 36.7 (9 467)                             | 55.9 (608)   | 35.9 (8 859)  |
| Paid lunch   | 63.4 (16 324)                            | 44.1 (480)   | 64.1 (15 844)   |
| <b>Family use of religion to say negative things about being LGBTQ</b>           | 48.5 (12 506)                            | 75.5 (821)   | 47.3 (11 685)   |
| <b>Sexual orientation</b>  |  |  |   |
| Gay/lesbian  | 45.1 (11 635)                            | 48.9 (532)   | 44.9 (11 103)   |
| Bisexual   | 32.8 (8 468)                             | 27.8 (302)   | 33.1 (8 166)  |
| Straight <sup>b</sup> or something else  | 22.1 (5 688)                             | 23.3 (254)   | 22.0 (5 434)  |
| <b>Gender identity</b>   |  |  |   |
| Transgender/nonbinary  | 33.0 (8 521)                             | 41.5 (451)   | 32.7 (8 070)  |
| Cisgender  | 67.0 (17 270)                            | 58.5 (637)   | 67.3 (16 633)   |
| <b>Discrimination because of sexual orientation or gender identity</b>           | 70.9 (18 298)                            | 89.7 (976)   | 70.1 (17 322)   |
| <b>Physical threats or harm because of sexual orientation or gender identity</b> | 20.8 (5 352)                             | 48.0 (522)   | 18.7 (4 830)  |

Note. All analyses were significant at  $P < .001$ .

<sup>a</sup>Racial categories are non-Hispanic.

<sup>b</sup>All respondents who identified as straight were transgender or nonbinary.

as likely as those who did not to report multiple suicide attempts (29.0% vs 8.3%).

In adjusted models (Table 3), the strongest predictors of suicidality included younger age, parents or caregivers using religion to say negative things about being LGBTQ, self-identification as transgender or nonbinary, discrimination because of sexual orientation or gender identity, physical threats or harm because of sexual orientation or gender identity, and SOGICE. LGBTQ respondents who underwent SOGICE were significantly more likely than those who did not to report seriously considering suicide in the preceding 12 months (adjusted odds ratio [OR] = 1.76;

95% confidence interval [CI] = 1.52, 2.04;  $P < .001$ ). In addition, LGBTQ respondents who underwent SOGICE were more than twice as likely to report having attempted suicide (adjusted OR = 2.23; 95% CI = 1.93, 2.59;  $P < .001$ ) and having multiple suicide attempts (adjusted OR = 2.54; 95% CI = 2.16, 2.99;  $P < .001$ ) in the preceding year.

## DISCUSSION

Young LGBTQ respondents who had undergone SOGICE experienced dramatically higher levels of suicidality than their

LGBTQ peers not exposed to such experiences. SOGICE was the strongest predictor of multiple suicide attempts, even after adjustment for other known risk factors. Young LGBTQ individuals reporting suicidality after having undergone SOGICE represent an extremely vulnerable population that would benefit from additional protections and support.

Our data also highlight characteristics among young LGBTQ individuals that relate to greater reports of experiencing SOGICE. Specifically, young people with lower family incomes, from the South, whose parents use religion to say negative things about being

**TABLE 2—Suicidality Among Young LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning) Individuals Who Underwent Sexual Orientation and Gender Identity Change Efforts (SOGICE) and Those Who Did Not: United States, 2018**

| Suicidality                  | All Respondents<br>(n = 22 462), % (No.) | Respondents Who<br>Underwent<br>SOGICE (n = 951), % (No.) | Respondents Who Did<br>Not Undergo<br>SOGICE (n = 21 511), % (No.) |
|------------------------------|--|---|--|
| Seriously considered suicide | 38.6 (8 681)                             | 62.6 (594)  | 37.6 (8 087)   |
| At least 1 suicide attempt   | 18.4 (4 137)                             | 43.6 (415)  | 17.3 (3 722)   |
| Multiple suicide attempts    | 9.5 (2 131)                              | 29.0 (277)  | 8.3 (1 854)  |

Note. All analyses were significant at  $P < .001$ .

LGBTQ, who are Hispanic/Latinx, and who are transgender or nonbinary were overrepresented in reports of SOGICE. Our family income findings align with previous results indicating that higher family incomes are associated with fewer parent-initiated change attempts and conversion efforts.<sup>19</sup> In addition, overrepresentation of Hispanic/Latinx young people has been observed in adult studies of gender identity change efforts.<sup>1</sup> Furthermore, our elevated reports of SOGICE among transgender or nonbinary young people extend previous findings showing that young adults who report greater gender nonconformity during adolescence are more likely to experience SOGICE.<sup>19</sup>

Previous research has also revealed that greater levels of family religiosity are associated with SOGICE, supporting our finding that three quarters of young people who underwent SOGICE reported having parents or caregivers who used religion to say negative things about being LGBTQ.<sup>19</sup> Such data highlight that young people who report undergoing SOGICE are not a homogeneous population and that efforts to address this issue must be inclusive in terms of the diversity of identities affected. Future research can advance this work by developing a deeper understanding of why these young people are more likely to experience SOGICE, including how familial and cultural beliefs around sexual and gender identity affect the risk of undergoing SOGICE.

### Limitations

Although noteworthy, our findings involve limitations that should be considered. For example, our data were cross sectional; thus, temporality cannot be determined. However, previous longitudinal research has

supported the prediction of suicidality based on prior experiences of minority stress.<sup>15</sup> The percentage of lesbian, gay, and bisexual young people who reported having attempted suicide in the preceding 12 months in the Youth Risk Behavior Surveillance System survey (24%)<sup>12</sup> and the percentage of age-matched LGBTQ respondents in our study (23%) are comparable; however, in both studies a lack of responses on sensitive topics such as suicide attempts may have underestimated the extent of the problem. In regard to age, our study focused only on young people above the age of 13 years. Although some scholars debate whether gender identity change efforts can be effective among prepubescent children, few would argue that such efforts are appropriate for youths after puberty begins,<sup>25</sup> with existing research underscoring the importance of gender-affirming care.<sup>26</sup>

Our study is also limited by the language of the item used to measure SOGICE. Many young people may have undergone experiences that would be considered SOGICE but would not endorse the words “conversion or reparative therapy.” Our additional questions examining attempts to convince young people to change their sexual orientation and gender identity were endorsed by two thirds of respondents<sup>27</sup>; however, these questions were too broad to be operationalized as formal SOGICE. Using questions that more comprehensively explain and address SOGICE will likely expand the rate at which young people report such experiences.

There is also a need to separately examine the associations of sexual orientation change efforts and gender identity change efforts with suicidality among young LGBTQ individuals. Although our question did not allow us to examine these differences, segmentation of

our adjusted logistic regression models by gender identity did not reveal any significant differences. To more clearly describe youth experiences, future studies should attempt to refine how SOGICE is measured, including how experiences differ between sexual orientation change attempts and gender identity change attempts, how age at exposure relates to outcomes, and how experiences differ according to the type of individual (e.g., licensed therapist or religious leader) conducting the efforts.

Finally, our data did not allow us to attend to the impact of parental acceptance on the relationship between conversion therapy and suicidality. In the current data set, young people were asked whether they had disclosed their sexual orientation and gender identity to a parent, and if so they were asked about whether they were accepted. Thus, acceptance data were available for less than two thirds of the sample. In this limited sample, although parental acceptance was significantly associated with reduced suicidality, our SOGICE variable was still significantly positively related to each of the suicidality outcomes (Appendix A, available as a supplement to the online version of this article at <http://www.ajph.org>).

### Public Health Implications

Our findings add empirical data to support the professional consensus that SOGICE is inappropriate and harmful. Our data can be used to inform policies related to the protection of young LGBTQ individuals, as implementation of policies that support these young people has been related to reductions in suicide attempts.<sup>28,29</sup> Currently, only a minority of US states have policies addressing SOGICE efforts targeting minors. Our findings echo those of other recent studies establishing a significant positive association between exposure to change attempts and suicidality among young people.<sup>1,19</sup> Cumulatively, the lack of evidence of SOGICE effectiveness combined with evidence of associated suicidality supports efforts to end SOGICE through policy implementation.

Our data are also valuable in providing education to parents and family members regarding how to support youths in ways that do not compound experiences of minority stress marked by victimization, rejection,

**TABLE 3—Adjusted Odds of Experiencing Suicidality Among Young LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning) Individuals Who Underwent Sexual Orientation and Gender Identity Change Efforts (SOGICE) and Those Who Did Not: United States, 2018**

| Variable  | Seriously Considered Suicide (n = 22 462), AOR (95% CI) | Attempted Suicide (n = 22 462), AOR (95% CI) | Multiple Suicide Attempts (n = 22 462), AOR (95% CI) |
|---|---|--|--|
| Age, y (Ref = 13–17)  | 0.58 (0.55, 0.61)                                       | 0.44 (0.41, 0.48)                            | 0.40 (0.36, 0.44)                                    |
| Race/ethnicity <sup>a</sup>   |   |  |  |
| White (Ref)   | 1   | 1  | 1  |
| Hispanic/Latinx   | 0.90 (0.82, 0.98)                                       | 1.10 (0.99, 1.22)                            | 1.15 (1.00, 1.31)                                    |
| Black/African American  | 0.82 (0.69, 0.99)                                       | 1.09 (0.87, 1.36)                            | 0.96 (0.71, 1.29)                                    |
| Asian American/Pacific Islander   | 0.88 (0.74, 1.04)                                       | 0.95 (0.78, 1.20)                            | 1.07 (0.79, 1.44)                                    |
| American Indian/Alaska Native   | 1.24 (0.87, 1.76)                                       | 1.87 (1.28, 2.74)                            | 1.87 (1.20, 2.91)                                    |
| Multiple  | 1.14 (1.02, 1.28)                                       | 1.27 (1.11, 1.45)                            | 1.31 (1.11, 1.54)                                    |
| Census region   |   |  |  |
| Northeast (Ref)   | 1   | 1  | 1  |
| South   | 1.01 (0.92, 1.10)                                       | 1.02 (0.91, 1.14)                            | 1.03 (0.88, 1.19)                                    |
| Midwest   | 1.15 (1.05, 1.26)                                       | 1.22 (1.09, 1.36)                            | 1.19 (1.03, 1.39)                                    |
| West  | 1.12 (1.03, 1.23)                                       | 1.16 (1.03, 1.30)                            | 1.06 (0.91, 1.24)                                    |
| Family use of religion to say negative things about being LGBTQ           | 1.61 (1.51, 1.70)                                       | 1.62 (1.50, 1.75)                            | 1.66 (1.50, 1.84)                                    |
| Low family income   | 1.33 (1.25, 1.42)                                       | 1.57 (1.46, 1.70)                            | 1.62 (1.47, 1.80)                                    |
| Sexual orientation  |   |  |  |
| Gay or lesbian (Ref)  | 1   | 1  | 1  |
| Bisexual  | 1.53 (1.43, 1.64)                                       | 1.37 (1.26, 1.49)                            | 1.32 (1.18, 1.48)                                    |
| Straight or something else  | 1.38 (1.27, 1.50)                                       | 1.16 (1.05, 1.28)                            | 1.21 (1.06, 1.38)                                    |
| Transgender/nonbinary   | 1.94 (1.82, 2.08)                                       | 1.87 (1.72, 2.02)                            | 1.78 (1.60, 1.97)                                    |
| Discrimination because of sexual orientation or gender identity           | 1.45 (1.36, 1.56)                                       | 1.62 (1.47, 1.79)                            | 1.55 (1.35, 1.78)                                    |
| Physical threats or harm because of sexual orientation or gender identity | 2.13 (1.98, 2.29)                                       | 2.28 (2.10, 2.47)                            | 2.19 (1.97, 2.42)                                    |
| SOGICE  | 1.76 (1.52, 2.04)                                       | 2.23 (1.93, 2.59)                            | 2.54 (2.16, 2.99)                                    |

Note. AOR = adjusted odds ratio; CI = confidence interval.  
<sup>a</sup>Racial categories are non-Hispanic.

and internalized stigma.<sup>30</sup> For example, the Family Acceptance Project provides psychoeducation to ethnically and religiously diverse families to help them understand how their reactions to their LGBTQ child, including rejecting and accepting behaviors, can influence their child’s well-being.<sup>31</sup> In addition, given the potential adverse experiences associated with SOGICE, including physical and psychological harm, our results highlight the need for practitioners to screen LGBTQ youths for exposure to SOGICE. Those providing care to LGBTQ youths who have undergone SOGICE should be aware of the higher rates of suicidality in

this population and should work to ensure that youths are safe and supported. To best address the risk of SOGICE among LGBTQ youths, interventions must take place at the policy, family, and provider levels. **AJPH**

**CONTRIBUTORS**

A. E. Green conceptualized the study, conducted primary analyses, and created the initial draft. M. Price-Feeney conducted additional analyses and contributed to writing and revision of the article. S. H. Dorison oversaw data collection and study design and contributed to the drafting of the article. C. J. Pick served as a content expert, drafted text related to legal implications, and contributed to writing and revision of the final article. All of the authors reviewed the final version of the article.

**ACKNOWLEDGMENTS**

A preliminary version of this study was presented at the 2019 National LGBTQ Health Conference in Atlanta, GA.

**CONFLICTS OF INTEREST**

The authors have no conflicts of interest to disclose.

**HUMAN PARTICIPANT PROTECTION**

This study was reviewed and approved by Solutions IRB, an independent institutional review board. A waiver of signed consent was obtained. All participants completed an online consent form that required them to select “yes” to a question inquiring about whether they understood the contents of the consent form and “yes” to a question asking them whether they would like to consent to complete the survey.

**REFERENCES**

1. Turban JL, Beckwith N, Reisner SL, Keuroghlian AS. Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*. 2020;77(1):68–76.
2. Mallory C, Brown TNT, Conron KJ. *Conversion Therapy and LGBT Youth*. Los Angeles, CA: Williams Institute; 2018.
3. Morrow SL, Beckstead AL. Conversion therapies for same-sex attracted clients in religious conflict: context, predisposing factors, experiences, and implications for therapy. *Couns Psychol*. 2004;32(5):641–650.
4. American Medical Association. LGBTQ change efforts. Available at: <https://www.ama-assn.org/system/files/2019-03/transgender-conversion-issue-brief.pdf>. Accessed May 3, 2020.
5. World Psychiatric Association. WPA position statement on gender identity and same-sex orientation, attraction, and behaviors. Available at: [https://web.archive.org/web/20160417131725/http://www.wpanet.org/detail.php?section\\_id=7&content\\_id=1807](https://web.archive.org/web/20160417131725/http://www.wpanet.org/detail.php?section_id=7&content_id=1807). Accessed May 3, 2020.
6. American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, DC: American Psychological Association; 2009.
7. American Academy of Child & Adolescent Psychiatry. Policy statement on conversion therapy. Available at: [https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx). Accessed May 3, 2020.
8. American Psychiatric Association. APA reiterates strong opposition to conversion therapy. Available at: <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>. Accessed May 3, 2020.
9. American Academy of Pediatrics Committee on Adolescence. Homosexuality and adolescence. *Pediatrics*. 1993;92(4):631–634.
10. Mercer J. Evidence of potentially harmful psychological treatments for children and adolescents. *Child Adolesc Social Work J*. 2017;34(2):107–125.
11. Turban JL, King D, Reisner SL, Keuroghlian AS. Psychological attempts to change a person’s gender identity from transgender to cisgender: estimated prevalence across US states, 2015. *Am J Public Health*. 2019; 109(10):1452–1454.



12. Kann L, McManus T, William H, et al. Youth risk behavior surveillance—United States, 2017. *MMWR Surveill Summ.* 2018;67(SS-8):1–114.
13. Johns MM, Lowry R, Andrzejewski J, et al. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts, 2017. *MMWR Morb Mortal Wkly Rep.* 2019;68(3):67–71.
14. Thompson M, Kingree J, Lamis D. Associations of adverse childhood experiences and suicidal behaviors in adulthood in a US nationally representative sample. *Child Care Health Dev.* 2019;45(1):121–128.
15. Burton CM, Marshal MP, Chisolm DJ, Sucato GS, Friedman MS. Sexual minority-related victimization as a mediator of mental health disparities in sexual minority youth: a longitudinal analysis. *J Youth Adolesc.* 2013;42(3):394–402.
16. Baams L, Wilson BDM, Russell ST. LGBTQ youth in unstable housing and foster care. *Pediatrics.* 2019;143(3):e20174211.
17. Bouris A, Everett BG, Heath RD, Elsaesser CE, Neilands TB. Effects of victimization and violence on suicidal ideation and behaviors among sexual minority and heterosexual adolescents. *LGBT Health.* 2016;3(2):153–161.
18. Testa RJ, Michaels MS, Bliss W, Rogers ML, Balsam KF, Joiner T. Suicidal ideation in transgender people: gender minority stress and interpersonal theory factors. *J Abnorm Psychol.* 2017;126(1):125–136.
19. Ryan C, Toomey RB, Diaz RM, Russell ST. Parent-initiated sexual orientation change efforts with LGBT adolescents: implications for young adult mental health and adjustment. *J Homosex.* 2020;67(2):159–173.
20. GenIUSS Group. *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys.* Los Angeles, CA: Williams Institute; 2014.
21. Miller K, Ryan JM. Design, development, and testing of the NHIS sexual identity question. Available at: <https://www.impactprogram.org/wp-content/uploads/2011/11/Miller-2011-HHS-report-on-measuring-sexual-orientation.pdf>. Accessed May 3, 2020.
22. Nicholson LM, Slater SJ, Chriqui JF, Chaloupka F. Validating adolescent socioeconomic status: comparing school free or reduced price lunch with community measures. *Spat Demogr.* 2014;2(1):55–65.
23. Ensminger ME, Forrest CB, Riley AW, et al. The validity of measures of socioeconomic status of adolescents. *J Adolesc Res.* 2000;15(3):392–419.
24. *IBM SPSS Statistics for Macintosh, Version 25.0.* Armonk, NY: IBM Corp; 2017.
25. Drescher J, Byne W. Introduction to the special issue on “The treatment of gender dysphoric/gender variant children and adolescents.” *J Homosex.* 2012;59(3):295–300.
26. Kimberly LL, Folkers KM, Friesen P, et al. Ethical issues in gender-affirming care for youth. *Pediatrics.* 2018;142(6):e20181537.
27. *National Survey on LGBTQ Mental Health.* New York, NY: The Trevor Project; 2019.
28. Hatzenbuehler ML, Keyes KM. Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *J Adolesc Health.* 2013;53(1):S21–S26.
29. Raifman J, Moscoe E, Austin SB, McConnell M. Difference-in-differences analysis of the association between state same-sex marriage policies and adolescent suicide attempts. *JAMA Pediatr.* 2017;171(4):350–356.
30. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 2003;129(5):674–697.
31. Ryan C. Engaging families to support lesbian, gay, bisexual, and transgender youth: the Family Acceptance Project. *Prev Res.* 2010;17(4):11–13.

Copyright of American Journal of Public Health is the property of American Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.





## LITERATURE REVIEW

# A Systematic Review of the Efficacy, Harmful Effects, and Ethical Issues Related to Sexual Orientation Change Efforts

Amy Przeworski, Emily Peterson, and Alexandra Piedra

Department of Psychological Sciences, Case Western Reserve University, Cleveland, OH, USA

Sexual orientation change efforts (SOCE) are practices intended to eliminate same-sex attraction. We systematically review the literature on the efficacy of SOCE and discuss ways in which SOCE violate ethical guidelines for working with LGBQ clients. Existing literature indicates that SOCE are not efficacious in altering sexual orientation. Studies concluding otherwise often contain methodological limitations, such as biased recruitment or a retrospective design, that weaken the validity or prevent the generalizability of results. Many studies report negative outcomes associated with SOCE, such as depression, relationship dysfunction, and increased homonegativity. SOCE-oriented therapies also violate the American Psychological Association's (APA) ethical guidelines for working with LGBQ populations. In contrast, affirming therapies are efficacious, consistent with APA guidelines, and are associated with positive outcomes for LGBQ clients.

### Public Health Significance Statement

Therapies promoting attempts to alter sexual orientation are unlikely to be successful and, in many cases, may cause significant harm to participants. Such therapies also violate the American Psychological Association's (APA) ethical guidelines for working with LGBQ clients. Individuals who experience conflict between their sexual orientation and other identities should instead seek affirming therapy to learn how to integrate these identities.

*Keywords:* affirming therapy, conversion therapy, LGBTQ therapy, reorientation therapy, reparative therapy, sexual orientation change efforts

## Introduction

Sexual orientation change efforts (SOCE), including the practices of “conversion,” “reparative,” or “reorientation” therapies, are methods of therapy that attempt to eliminate same-sex attraction (American Psychological Association [APA], 2009; Drescher, 1998; Haldeman, 2001; Nicolosi, 1991). Many traditionally religious LGBQ individuals, motivated by societal pressures to conform to a heterosexual lifestyle, may seek such methods of altering their sexual orientation (Maccio, 2010). Others report seeking SOCE due to pressure from families or religious organizations, under threat of rejection if they do not pursue change (Shidlo &

Schroeder, 2002). However, countless studies, including a thorough review conducted by the American Psychological Association (APA), have concluded that the practice of SOCE is ineffective and often harmful (APA, 2009; Haldeman, 2002; Serovich et al., 2008; Shidlo & Schroeder, 2002). Further, many SOCE are inconsistent with the APA's current ethical standards for psychological treatment of LGBQ individuals.

Due to the potential for negative outcomes and the core ethical guideline of “do no harm” that underlies most professional service organizations, many groups have adopted policies in opposition to SOCE. Some such organizations include the American Academy of Pediatrics (1993), APA (1998, 2009), American Psychiatric Association (2000), National Association of Social Workers (2000), American Medical Association (Davis et al., 1996), American Counseling Association (2013), American Psychoanalytic Association (2012), and the National Association of School Psychologists (Just the Facts Coalition, 2008). Additionally, in the United States (U.S.) conversion therapy has been banned for minors in twenty states (Conversion “Therapy Laws, 2020). Despite widespread denouncement of the practice and a firm oppositional stance by major psychological organizations, SOCE continue to have proponents.

This article was published Online First October 1, 2020.

Amy Przeworski <https://orcid.org/0000-0002-0149-7077>

Emily Peterson <https://orcid.org/0000-0002-6414-3110>

Alexandra Piedra <https://orcid.org/0000-0003-4831-6824>

Correspondence concerning this article should be addressed to Emily Peterson, Psychology Department, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106, USA. Email: [ekp28@case.edu](mailto:ekp28@case.edu)

Various theoretical approaches to SOCE have been practiced, including psychoanalytic (e.g., MacIntosh, 1994; Socarides, 1997), psychodynamic (e.g., Nicolosi, 1991), cognitive-behavioral (Morrow & Beckstead, 2004), Christian or pastoral (e.g., Consiglio, 1991), and integrationist approaches (Byrd, 1993). Regardless of the theoretical orientation, SOCE are based on the inaccurate belief that sexual attraction and homosexuality are not inborn, but rather that they develop in response to pathological, relational, or environmental experiences, and therefore can, or should be, altered (Drescher, 1998, 2002, 2003, 2015). Even the moniker “reparative therapy” suggests that its practitioners believe that same-sex attraction is something that ought to be repaired (Morrow & Beckstead, 2004).

Psychoanalytic or psychodynamic approaches to SOCE are often based on the idea that poor parental relationships can prevent a person from progressing through typical psychosexual development (Rado, 1940), resulting in same-sex attraction. The goal of such approaches is often to uncover unconscious conflict and aid in progressing through this development. Therapy often consists of hypnosis and psychoanalytic techniques (Morgan & Nerison, 1993; Morrow & Beckstead, 2004). However, the idea that same-sex attraction results from familial dysfunction or childhood trauma has been discredited, as there is a lack of evidence supporting this theory (APA, 2009; Bell, Weinberg, & Hammersmith, 1981; Freund & Blanchard, 1983; Green, 1987; Peters & Cantrell, 1991).

Cognitive-behavioral SOCE, meanwhile, are based on the perspective that sexual orientation may be altered by overcoming cognitive barriers to heterosexuality (Morrow & Beckstead, 2004). Behavioral methods include masturbatory reconditioning and aversion therapy, in which a negative response to same-sex attraction is conditioned by pairing an electric shock with pictures of same-sex individuals (Bancroft, 1969; Birk, Huddleston, Miller, & Cohler, 1971; Callahan & Leitenberg, 1973; Fookes, 1960; Freeman & Meyer, 1975; Hallam & Rachman, 1972; MacCulloch & Feldman, 1967; MacCulloch, Feldman, & Pinshoff, 1965; McConaghy, 1969; Solyom & Miller, 1965; Tanner, 1974, 1975). However, these practices have since been deemed unethical and inhumane (Bancroft, 2003; Davison, 1976, 1978). Social skills training and cognitive restructuring have also been used to address anxiety about heterosexual relationships (Haldeman, 2002; James, 1978).

Other forms of SOCE include abstinence training and teaching traditional gender roles (Morgan & Nerison, 1993; Morrow & Beckstead, 2004). Biological methods, including electroconvulsive therapy, surgery (lobotomy, castration, removal of ovaries; Cramer, Golom, LoPresto, & Kirkley, 2008), or hormone therapy, have historically been used, although such practices are considered highly unethical and are currently seldom used (Morrow & Beckstead, 2004; Silverstein, 1991). Finally, religious methods of SOCE are among the most prevalent methods conducted today (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015). Such methods involve prayer, scripture study, relying on God to change one's sexual orientation, and threats of damnation for homosexuality (Morrow & Beckstead, 2004).

SOCE have been hotly debated, with proponents suggesting that therapy is effective and that it is important to provide therapeutic options for “dissatisfied” LGBQ individuals (e.g., Byrd, 1993; Consiglio, 1991; Nicolosi, 1991). Critics, such as Haldeman (1999), cited that the large majority (70%) of participants in

studies asserting the efficacy of SOCE do not report changes in their sexual orientation or behaviors (Shidlo & Schroeder, 1999). Further, these studies are often fraught with methodological limitations, including biased recruitment, retrospective study designs, lack of generalizability, reliance on samples of bisexual individuals rather than those who are predominantly homosexual, and the use of sexual or social behavior (e.g., engaging in sex with or marrying an individual of a different gender) as the outcome instead of sexual orientation (Haldeman, 1991).

Support for SOCE would require such efforts to be considered “well-established” or “probably efficacious” using the APA Division 12 Task Force criteria for evaluating empirically supported treatments (Chambless & Hollon, 1998; Chambless & Ollendick, 2001). In addition to examining whether SOCE are efficacious at changing one's sexual orientation, it is also important to examine whether participation in SOCE is associated with harm. The mere existence of SOCE reinforces existing societal prejudices with the implication that sexual orientation ought to be altered (Davison, 1976). Further, SOCE are associated with harm to participants, including, but not limited to, depression, suicidality, and self-hatred (Beckstead & Morrow, 2004; Dehlin et al., 2015; Flentje, Heck, & Cochran, 2014; Jacobsen & Wright, 2014; Shidlo & Schroeder, 2002), as well as internalized homonegativity and sexual dysfunction (Shidlo & Schroeder, 2002). As such, even if one were to claim the efficacy of SOCE, the ethical costs and potential for harm outweigh any perceived benefits (Davison, 1976, 1978).

The purpose of the present systematic review is to examine (a) whether SOCE meet criteria for well-established or probably efficacious treatments and (b) whether data suggest that there are negative outcomes associated with SOCE. The ethical implications of the practice of SOCE will also be examined.

## Methods

The present systematic review examined whether evidence indicates that SOCE are efficacious in changing clients' sexual orientation, as well as the reported positive and negative outcomes associated with the practices. This was achieved by investigating the results of empirical articles studying the efficacy of SOCE and exploring the methodological limitations in SOCE research. Following the review, the harms associated with SOCE and the ways in which such efforts violate APA's (2012) ethical guidelines for working with LGBQ individuals were examined. It is important to note that the present paper focuses on LGBQ populations, as there are currently no data examining the impact of therapies seeking to alter the gender identity of transgender and gender-nonconforming individuals.

The following search terms were entered into PsycINFO: “conversion therapy” or “reparative therapy” or “reorientation therapy” or “sexual orientation change efforts,” as these are the most common phrases associated with SOCE. This search identified 239 results. However, this search did not yield articles published prior to 1981, as the key terms utilized were not prevalent during that period. Therefore, additional articles ( $n = 55$ ) were identified through the examination of a thorough review of the early literature on SOCE (APA, 2009). As this 2009 review was comprehensive, the present review will only briefly examine these studies.

Once duplicate articles ( $n = 4$ ) were removed, this yielded a total of 290.

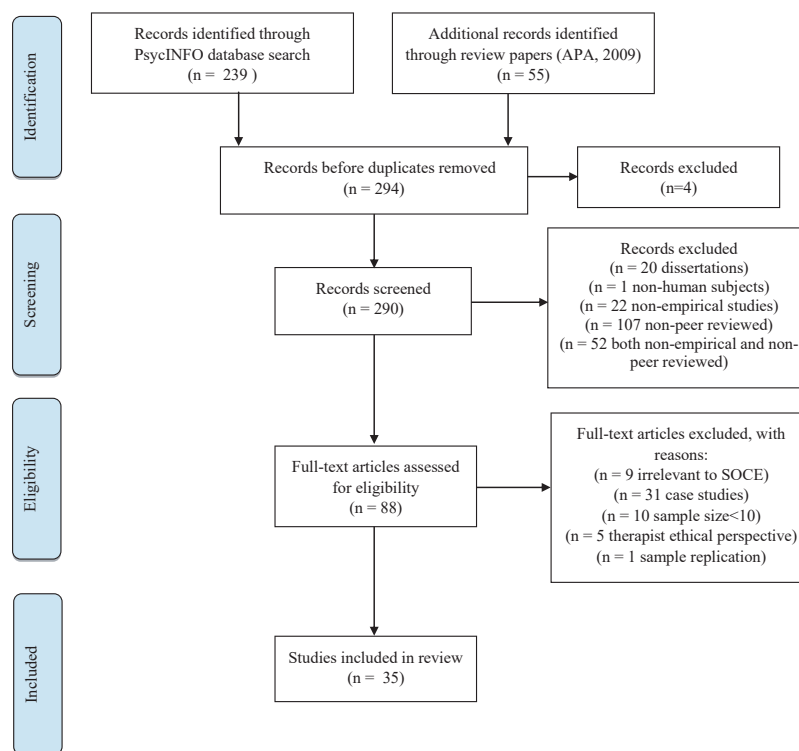
These records were screened to exclude results under the following parameters: dissertations, nonempirical studies, and results that were not published in peer-reviewed journals. Additional filters were applied to ensure that articles were written in English and conducted with human subjects. This led to the exclusion of 202 articles. The resultant 88 articles were then advanced to full-text review and assessed for eligibility. Case studies and studies with fewer than 10 participants were excluded, as were articles that were determined to lack relevance to SOCE. One study (Feldman & MacCulloch, 1965) was excluded because it presented preliminary analyses on a subset of data that were later published in full in a separate article (MacCulloch & Feldman, 1967). Five additional results were excluded from the review of efficacy, as they detailed therapists' beliefs about SOCE rather than subjects' experiences, and they will be discussed in the ethics section of the paper (Bartlett, Smith, & King, 2009; McGeorge, Carlson, & Toomey, 2015; McGeorge, Carlson, & Maier, 2017; McGeorge, Carlson, & Toomey, 2014; Nicolosi, Byrd, & Potts, 2000a). See Figure 1 for a flow diagram utilizing the Preferred Reporting Items for Systematic Reviews and Meta-Analyses method (PRISMA; Moher, Liberati, Tetzlaff, & Altman, 2009) to illustrate the process used for article identification and the number of articles excluded at each step. The final number of articles included in the present review is 35. Table 1 includes abbreviated details of the demographics, sample size, results, and limitations of each study.

### Outcome Research on the Efficacy of SOCE

Various forms of SOCE have been evaluated in research. Numerous early studies employed aversion therapy techniques, such as the administration of electric shocks or nausea-inducing drugs, paired with images of men, to create a conditioned aversive response to arousal. For several of these (McConaghy, 1969; McConaghy, Proctor, & Barr, 1972; Tanner, 1975), same-sex attraction was measured primarily through physiological response when presented with stimulating images. For example, through the use of penile plethysmography, McConaghy (1969) and McConaghy et al. (1972) and Tanner (1975) found that a majority of participants experienced a decrease in arousal in a laboratory setting; however, it is likely that this decrease was related to a general reduction in sexual arousal to any stimulus (McConaghy, 1999), as penile response to images of women also declined for some participants (McConaghy, 1969; McConaghy et al., 1972). Only one study examining aversion therapy compared a treatment group to a nontreatment control group (Tanner, 1974). In this study, Tanner (1974) found a decline in laboratory-measured arousal response to male stimuli at 8 weeks following an electric shock treatment. However, this decline did not occur for all participants, and no significant difference in the postintervention frequency of same-sex sexual activity was found between the experimental and control groups.

In their review of the literature published prior to 1976, Adams and Sturgis (1977) reported that 34% of participants in controlled treatment studies experienced a decrease in same-sex arousal and

**Figure 1**  
*Coding Diagram Illustrating the Process of Determining Article Inclusion*



**Table 1***Efficacy and Outcomes of Sexual Orientation Change Efforts (N = 35)*

| Author(s), Year             | N     | Demographics   | Methods/conditions   | Results  | Limitations  |
|-----------------------------|-------|--|--|--|--|
| Beckstead and Morrow (2004) | 50    | 5 women, 45 men. 100% White  | Interviews (does not specify whether or not structured, most likely unstructured) about participants' motives for seeking SOCE                   | 4 environments tended to lead respondents to want to be heterosexual rather than LGBQ: religious, family, peer, and "straight" societies   | All LDS church members, White, and overwhelmingly male. Qualitative study design. All participants underwent SOCE  |
| Birk (1974)                 | 66    | 100% male, ethnic demographics not reported  | Testing treatment of homosexuality in therapy lead by a male–female therapist team   | 85% "partial heterosexual shifts," 52% "complete heterosexual shifts" (defined by change in Kinsey number)   | Defines "homosexuality" as a behavior, not an identity. 100% male sample. No control group. Does not describe treatment in detail  |
| Birk et al. (1971)          | 18    | 100% male, ethnic demographics not reported  | Tested an "avoidance conditioning" SOCE technique, compared against a placebo control group  | "homosexual response" (measured by frequency of sexual behavior and rating scales) eliminated in 5/8 of experimental group participants and none of control group participants   | Small sample, all male, "strong desire for treatment" was included as an eligibility criterion   |
| Bradshaw et al. (2015)      | 898   | 197 women, 700 men; ethnic makeup not reported   | Surveyed members of LDS church about their same-sex attraction   | 42% reported SOCE not effective, 37% reported was harmful, affirming therapy reported to have positive results   | Few bisexual individuals, men overrepresented, large variation in experiences with therapy.  |
| Byrd et al. (2008)          | 882   | 86% Caucasian, 2% Black individuals, 3.6% Asian, 3.5% Hispanic, 1.8% Native American. 78% men, 22% women                 | Open-ended, unstructured survey regarding experience with and perception of SOCE   | 82.31% had undergone SOCE. Pre-SOCE: 89.7% saw selves as homosexual; post-SOCE: 35.1% saw selves this way. Majority thought SOCE beneficial  | Nongeneralizable: very religious, recruited through pro-SOCE means. No standardized measures. Retrospective. Did not ask about harm/negative outcomes  |
| Dehlin et al. (2015)        | 1,612 | 76% male, 24% female; 100% White, 100% members of LDS church at some point   | Surveyed members of LDS church about their same-sex attraction   | High religious orthodoxy and low familial support associated with SOCE; those with goal to change orientation reported least success; participants rated therapist-run SOCE as most effective and least damaging SOCE method                 | Convenience sample, not generalizable: participants, all members of LDS church, and White. Self-report and retrospective reports limit validity  |
| Fjelstrom (2013)            | 15    | Not reported   | Structured interviews asking about experience of self-identified gay men and lesbians who went through SOCE and later saw self as gay or lesbian | Participants' sexual orientations never changed; SOCE resulted in suppression and inauthenticity   | PI had undergone SOCE and divulged to participants—may have biased their responses, retrospective accounts, small sample   |
| Flentje et al. (2014)       | 38    | 31 male, 7 female; 86.8% Caucasian, 2.6% Black individuals, 2.6% Latino/a, 2.6% Asian/Pacific Islander, 5.3% multiracial | Survey (unstandardized) of individuals who identify as gay/lesbian who had undergone SOCE  | Most frequent short-term benefits of SOCE included sense of support/connectedness (18.6%), feeling of acceptance/not alone (13.3%). 12.4% said it did not help, 31% said it did not help in long term, 11.5% said it solidified gay identity | Only included individuals who went through SOCE and currently identify as LGB. Nonrandom sampling: Recruitment occurred through an "ex-ex-gay" web site. Correlational design. Based on retrospective and self-reports |

*(table continues)*

## LITERATURE REVIEW

Table 1 (continued)

| Author(s), Year               | N   | Demographics   | Methods/conditions   | Results   | Limitations  |
|-------------------------------|-----|--|--|---|--|
| Flentje et al. (2013)         | 38  | 86.8% Caucasian  | Survey (not standardized) of individuals who had undergone SOCE and identified as LGBQ afterward   | Responses indicate that SOCE are often religion-based and often include homonegative messaging  | All participants claimed LGBQ identity post-SOCE. Based on retrospective and self-reports  |
| Fookes (1960)                 | 27  | 100% male, ethnic demographics not described   | Testing shock therapy on homosexuals, "exhibitionists," and "fetishist-transvestites"  | 60% of cases were deemed "successful"   | No control group, small sample, did not describe outcome measures and did not describe statistical analyses  |
| Jacobsen and Wright (2014)    | 23  | 100% LDS church members at some point, 100% women, 1 participant "identified as an ethnic minority"                        | Semistructured interviews about same-sex attraction and LDS church; interviews were coded and reviewed for themes                                    | A few participants (total number not disclosed) attempted reparative therapy. Reported SOCE ineffective, depression and weight gain as a result   | Based on retrospective accounts, small sample, not ethnically diverse sample, did not describe statistical analysis related to SOCE, just qualitative interview excerpts               |
| James (1978)                  | 40  | 100% male, ethnic not described  | A desensitization therapy group versus aversion therapy group  | Desensitization more effective than aversion therapy  | No true control group, small sample  |
| Johnston and Jenkins (2006)   | 14  | 13 Caucasian, 1 Hispanic; 10 men, 4 women  | Analysis of 14 narratives included in the document <i>Finally Free: How Love and Self-Acceptance Saved Us from "Ex-Gay" Ministries</i> (Besen, 2000) | 7 common themes: turn to SOCE out of desperation, vulnerability, self-loathing, conflict between religion and orientation, inability to change orientation, SOCE involves gender conformity, and able to gain self-accept | Based on secondary data and nonrandom sampling   |
| Jones et al. (2003)           | 600 | 66% women, 90% White   | Surveys (not standardized)   | In LGBQ people who accepted their sexual orientation, conversion therapy practices found to be the least predictive of positive results in therapy, as compared to other forms of psychotherapy                           | Self-report, retrospective data, nonrandom sampling, largely White sample  |
| Karten and Wade (2010)        | 117 | 100% men; 101 White/Caucasian, 5 Latino, 3 Middle-Eastern, 1 Black individuals, 1 Asian, 1 Native American, 6 not reported | Self-report surveys on sexual orientation change in participants of SOCE   | Respondents reported most helpful therapy: retreats, seeing psychologists, mentorship, exploring causes of homosexuality, and deviant relationships   | Self-report. Majority highly religious and White sample, all men, all respondents dissatisfied with same-sex attraction and participated in SOCE, lack of control group; correlational |
| Maccio (2010)                 | 263 | 52.9% female; 85.9% White  | Surveys (nonstandardized) compared how different correlates with participation in SOCE   | Negative reactions from family members (actual or expected) and high relig. associated with high religious orthodoxy increases likelihood of participation in SOCE  | Nonstandardized surveys, mostly White, nonrandom sample, did not record how respondents recruited, self-report and retrospective   |
| Maccio (2011)                 | 37  | 75% White, 62.2% male  | Survey of sexual orientation and sexual identity before and after participating in SOCE  | No statistically significant difference was found in sexual orientation and sexual identity before and after participating in SOCE  | Nonrandom sampling: self-selection in study. Retrospective and self-reports. No objective measure of sexual orientation  |
| MacCulloch and Feldman (1967) | 43  | Not reported   |  | 25 "improved to a sufficient degree for   | No control group, small sample, participants<br>(table continues)  |



Table 1 (continued)

| Author(s), Year              | N  | Demographics                                   | Methods/conditions   | Results  | Limitations  |
|------------------------------|--|--|--|--|--|
|                              |  |  | Testing aversion therapy using a shock stimulus on homosexuals   | treatment to be described as successful," 11 "were unimproved," 7 did not complete treatment   | self-selected treatment, specific measures of success were not outlined  |
| McConaghy and Barr (1973)    | 46   | 100% men, ethnic demographics not reported     | Classical conditioning, avoidance conditioning, or backward conditioning (22 sessions + 6 booster sessions)  | Difference in arousal to images of men and women when groups collapsed   | Small sample, no discuss of negative outcomes, no subjective, or self-reported sexual orientation  |
| McConaghy (1969)             | 40   | 100% male, ethnic demographics not reported    | Two aversion therapy groups (immediate or delayed aversion-relief therapy) versus 2 control groups (immediate or delayed apomorphine therapy)  | Experimental group showed a significant difference in the direction of heterosexuality measured by arousal   | All actively sought SOCE. Small sample. No discussion of negative outcomes. No measure of subjective or self-reported sexual orientation   |
| McConaghy (1976)             | Study 1: 40, Study 2: 40, Study 3: 46, Study 4: 31 | 100% male, ethnic demographics not reported    | Study 1: apomorphine or aversion relief. Study 2: apomorphine or avoidance conditioning. Study 3: classical, avoidance, or backward conditioning. Study 4: classical aversive or positive conditioning | Aversive treatments caused decrease in arousal. In one of four studies, aversive treatments caused significant larger difference than positive conditioning treatments   | Republishes findings from McConaghy, 1969 paper. Small samples. No discussion of negative outcomes of therapy. No measure of subjective or self-reported sexual orientation          |
| McConaghy et al. (1981)      | 20   | 100% male, ethnic demographics not reported    | Participants received either aversive shock therapy or covert sensitization therapy  | Neither condition resulted in changes in "homosexual urges"  | Small sample. All actively sought SOCE. No discussion of negative outcomes of therapy  |
| McConaghy et al. (1972)      | 40   | 100% male, ethnic demographics not reported    | Participants received either apomorphine aversion or avoidance conditioning  | Participants showed decreased arousal in response to men and women after treatment   | Small sample. All sought SOCE. No measure of negative outcomes, subjective or self-reported sexual orientation   |
| Nicolosi et al. (2000a)      | 882  | 78% male, 22% female; 86% Caucasian, 14% other | Survey (not standardized) about beliefs regarding SOCE and beliefs about possibility of orientation change   | 726 have participated in SOCE. 35.1% identified as homosexual after SOCE. Significant portion of respondents reported reductions in "homosexual thoughts & fantasies" post-SOCE  | Based on self-report and retrospective accounts. Nonrandom sampling: Participants were recruited from ex-gay ministries and NARTH. Largely White and male sample                     |
| Pattison and Pattison (1980) | 11   | 100% male, 100% White                          | Retrospective study of individuals who had undergone "folk therapy" and reported having been able to successfully change their orientation   | 8 no longer identified as homosexual or engaged in homosexual acts, 3 were "functionally heterosexual" but still experienced homosexual urges. All had change in Kinsey score  | Only recruited participants who claimed to have changed orientation through SOCE, 100% White, male sample. Small sample. Retrospective. Therapy and study methods were not described |
| Ponticelli (1999)            | 15   | 100% women, ethnic demographics not reported   | Observation of individuals undergoing SOCE, interviews, participant testimonies, and material reviewed for themes. Analyzed conditions deemed necessary for sexual identity reconstruction             | Concluded that homosexuality results from deviant issues (e.g., a poor parent/child relationship); to alter sexual identity, must foster religious identity, "confess" "sins as lesbian", use full self-disclosure in sessions, follow a religious mentors | Correlational, qualitative, not generalizable. Individuals were already participating in SOCE and all women, small sample. No outcome measure.                                       |

(table continues)

Table 1 (continued)

| Author(s), Year             | N   | Demographics  | Methods/conditions  | Results  | Limitations   |
|-----------------------------|-----|---|---|--|---|
| Schaeffer et al. (2000)     | 248 | 184 males, 64 females; 228 Caucasian, 6 Asian, 5 Black individuals, 3 Hispanic, 4 other, 2 not reported   | Survey (not standardized) of individuals who underwent SOCE to determine its efficacy   | Reported being more heterosexual currently than at age 18. Heterosexual association with greater mental health. Did not find support for efficacy of SOCE. Religious association with sexual orientation   | Self-report based and retrospective. Nonrandom sampling: participants recruited from a religious ex-gay conference. Did not use standardized surveys  |
| Schaeffer et al. (1999)     | 140 | 102 males, 38 females; 94.2% Caucasian, 1.4% Black individuals, 2.9% Asian American, 1.4% Hispanics   | Follow-up study of individuals who had participated in a previous study testing SOCE methods using an original survey   | Males: 60.8% success rate (success: 1-yr abstinence from homosexual contact). Females: 71.1% success rate. Positive mental health and strong religious association. with success. 88.2% of those not "successful" reported still wanting to change   | Overwhelmingly White and majority male sample, all participants had been actively seeking SOCE. Survey not standardized. Survey asked about homosexual behaviors but did not measure personal sexual orientation as an identity                                       |
| Schroeder and Shidlo (2001) | 150 | 9% female; 85% Caucasian, 5% Latino/a, 2% Asian American, <1% Black individuals   | A series of qualitative accounts of individuals who participated in conversion therapy  | Current practices may be inconsistent with APA Ethics, including lack of inadequate informed consent, confidentiality, and coercion  | Self-report and retrospective accounts. All participants elected to participate in SOCE. Does not report on prevention of ethics violations   |
| Shidlo and Schroeder (2002) | 202 | 86% Caucasian, 5% Hispanic/Latino, 2% Asian American, 2% Jewish, <1% Black individuals; 10% female, 90% male; 66% considered selves religious, 24% nonreligious | Semistructured interviews about motivation, perceptions of harmfulness/helpfulness, treatment goals, information provided by clinician on mental health issues in LGBQ individuals and planned intervention, informed consent, intervention type, perceived help and harm, and assessment of sexual orientation | 87% reported feeling as though they had "failed" SOCE. 4% reported change in orientation. 9% reported being content with celibacy. Many respondents reported negative effects of SOCE, including depression, suicidality, harm to self-esteem, impairments in relationship, and spiritual harm | Qualitative. All participants had SOCE. Quantities of respondents who endorsed different themes not reported. Exclusive of bisexuals and transgender individuals. Do not include objective data of "successes" and "failures" of SOCE. Retrospective and self-reports |
| Spitzer (2003)              | 200 | 143 male, 57 female. 95% Caucasian  | Structured interviews   | 79% conflict between religious beliefs and orientation as reason for wanting change. 37% of males, 35% of females reported thoughts of suicide related to sexual orientation. 87% reported SOCE helped to feel more masculine (males)/more feminine (females)                                  | Included those who reported change in orientation. Majority White sample. No control group. Self-report of sexual orientation change and retrospective. Does not examine risks besides and depression. Interviewers not blind to study's purpose                      |
| Tanner (1974)               | 16  | 100% men, ethnic demographics not reported  | One group received aversive shock therapy, the comparison group was placed on a wait list   | Shock therapy group decreases arousal to men and increases frequency of sex with women, socialization with women, and sexual thoughts about females  | Ethnic demographics not reported, no true control group, small sample   |
| Tanner (1975)               | 10  | 100% men, ethnicity not reported  |   |  |   |

(table continues)

Table 1 (continued)

| Author(s), Year                | N   | Demographics   | Methods/conditions  | Results  | Limitations   |
|--------------------------------|-----|--|---|--|---|
| Throckmorton and Welton (2005) | 28  | 96% Caucasian  | 2 aversive shock groups, 1 group booster session, control: no therapy<br>Survey (standardized) of individuals who had undergone SOCE on their therapists' methods | Booster sessions did not increase effectiveness of SOCE<br>Respondents preferred clinicians who were familiar with LGBQ issues, affirmed ex-gay identities, did not fixate on orientation, and explored sources of same-sex attraction | Ethnicity not reported, no true control group, small sample<br>Not generalizable: All participants sought SOCE, overwhelmingly White, highly religious sample. Nonrandom sampling: Participants were recruited through online "ex-gay" groups |
| Tozer and Hayes (2004)         | 206 | 76 women, 130 men; 192 European American, 3 Latino/a, 1 Black individuals, 1 Asian, 1 Native American, 3 "other" | Surveys (standardized) of the influence of religiosity, identity development, and internalized homophobia on likelihood to seek out SOCE.                         | Religious "quest" and "intrinsic" religious orientation association with seeking out SOCE. Internalized homophobia-mediated relationship   | All participants had internet access, largely White, well-educated, Judeo-Christian sample  |

18% reported a decrease in same-sex sexual behavior at follow-up, as drawn from the studies that reported these metrics (APA, 2009). Meanwhile, only 26% and 8% reported increases in heterosexual arousal and sexual behavior, respectively.

Several studies of aversion therapy (Fookes, 1960; MacCulloch & Feldman, 1967) used a single group and drew conclusions based on comparisons of pre- and postintervention measures. Fookes (1960) combined electric shocks with restricted caloric intake in order to create a more aversive environment during the experimental phase. He then utilized aversion relief to pair images of women with a sense of reduced anxiety. Fookes reported that 60% of participants were able to change their orientation, but he did not define this change.

In another study of aversion therapy, MacCulloch and Feldman (1967) utilized an anticipatory avoidance learning technique, in which participants were instructed to view images of men and press a button when they were no longer attracted to the image. If participants took longer than eight seconds, they received an electric shock. In one-third of cases, participants received a shock regardless of whether they pressed the button within eight seconds. This technique was interspersed with images of women, during which the participant would not receive a shock. The authors reported that 58% of participants experienced a shift in Kinsey score (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) in the heterosexual direction.

In contrast, James (1978) examined the efficacy of systematic desensitization in reducing social anxiety related to heterosexual experiences. Participants were asked to visualize scenarios that depicted such experiences through the use of hypnosis. Each vignette was paired with relaxing imagery in order to reduce participants' anxiety and increase arousal before progressing to increasingly anxiety-evoking scenarios. The author compared this technique to anticipatory avoidance, similar to that utilized by MacCulloch and Feldman (1967), as described above. James (1978) found that systematic desensitization was more effective than avoidance learning at reducing homosexual fantasies, interest, and behavior, while increasing heterosexual fantasies, attraction,

and behaviors in men who had anxiety about heterosexual experiences.

Several studies of aversion therapy used nonequivalent groups to compare methods of eliminating same-sex attraction (Birk, 1974; Birk et al., 1971; McConaghy, Armstrong, & Blaszczyński, 1981). McConaghy et al. (1981) assigned 20 individuals to aversive shock treatments or covert sensitization (Cautela, 1967) and found no difference in same-sex attraction between treatments. Overall, 50% of participants reported decreased sexual feeling one year after treatment; however, the authors conceded that this decrease in arousal did not indicate a change in sexual orientation. Birk et al. (1971) reported that, while aversive conditioning led to decreased homosexual behavior as compared to associative conditioning, only one-eighth of aversion therapy participants had decreased long-term same-sex arousal after 1 year. Overall, the results of these three studies do not indicate that these interventions lead to change in sexual orientation in most participants.

One study examined the efficacy of group psychotherapy designed to encourage behavior consistent with traditionally masculine norms in homosexual male clients. The goals of this procedure included increasing assertiveness and identification with the male therapist, as well as producing "heterosexual shifts" (Birk, 1974). "Shifts" were defined as a change in position on the Kinsey scale in the heterosexual direction (Kinsey et al., 1948, 1953). Of the 40% of participants who did not drop out of the study within 18 months, the majority experienced some purported shift toward heterosexuality. However, Birk did not define what constitutes a "partial" or "complete" heterosexual shift.

Many later studies used retrospective designs while asking participants to describe their experiences with any form of SOCE (Beckstead & Morrow, 2004; Byrd, Nicolosi, & Potts, 2008; Nicolosi, Byrd, & Potts, 2000b; Pattison & Pattison, 1980; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002; Spitzer, 2003; Throckmorton & Welton, 2005). Of these, many have drawn the conclusion that SOCE may be perceived as successful to those who wish to alter their sexual orientation (Beckstead & Morrow, 2004; Byrd et al., 2008; Nicolosi et al., 2000b; Schaeffer et al., 2000; Spitzer,

2003). Prior reviews have determined that studies in support of SOCE had a 30% “success” rate as the highest rate of change after SOCE (Haldeman, 1999).

In a study of individuals who sought any form of SOCE, 60.8% of male and 71.1% of female respondents reported that their efforts were “successful” (Schaeffer, Nottebaum, Smith, Dech, & Krawczyk, 1999). Success in this case was defined behaviorally as abstinence from homosexual contact for 1 year. However, it is important to note that abstinence does not capture the nuance of same-sex attraction or LGBQ identity, and it does not equate to a change in sexual orientation. Similarly, while Schaeffer et al. (2000)’s survey of participants from the same subject pool indicated that participants reported experiencing “significantly more heterosexuality” than they retrospectively recall experiencing when they were 18, the authors determined that there was insufficient evidence to conclude that therapeutic SOCE are effective in altering sexual orientation.

Pattison and Pattison (1980) used a retrospective convenience sample of individuals who participated in a Pentecostal Church Fellowship, described as “religious folk therapy.” Of the 30 participants who took part in the fellowship, 11 reported some degree of change, 8 of whom reported that they no longer self-identified as homosexual and no longer engaged in “homosexual acts.” Three men were described as “functionally heterosexual” but still experienced homosexual urges.

Nicolosi et al. (2000b) surveyed 882 participants who were “dissatisfied” with their same-sex attraction and sought various forms of SOCE in the past, including self-guided, online, and in-person conversion therapy with licensed therapists or pastoral counselors. Prior to SOCE, 2.2% of these participants described themselves as exclusively or almost entirely heterosexual, and 34.3% saw themselves this way at the time of this study. Of the 313 individuals who initially described themselves as exclusively homosexual, 17.1% reported a shift to exclusively heterosexual after SOCE and another 28.3% reported changes in their sexual orientation to more heterosexual than homosexual, or almost entirely heterosexual.

In a similar study, Spitzer (2003) recruited 200 participants who reported a change in their sexual orientation that had lasted at least 5 years following SOCE. These methods included ex-gay ministries, therapy, and religious support groups. Many participants reported healthy heterosexual relationships, with little or no thoughts of same-sex attraction. The majority of participants reported some change in their sexual orientation, although Spitzer acknowledged that reports of complete change were uncommon. In a 2012 reassessment of his study, Spitzer conceded that the study’s methodology was not sufficient to conclude that SOCE resulted in sexual orientation change and offered an apology to the LGBQ community (Spitzer, 2012). He noted that, based on his methods, there was no way to conclude that sexual orientation change had, in fact, occurred, as his self-report measure of change was subjective and open to biases. Additionally, the sample was inherently biased, as Spitzer (2003) only recruited those who reported a change.

In Shidlo and Schroeder’s (2002) research, 87% of the 202 former SOCE participants saw themselves as conversion therapy failures, across a wide variety of reported types of SOCE, including individual therapy, cognitive-behavioral or behavioral therapy, psychoanalysis, aversive conditioning, religious therapy, group

therapy, hypnosis, couples therapy, and inpatient therapy. Meanwhile, 13% viewed the therapy as successful, with 4% reporting some level of change, and the remaining 9% using cognitive techniques to simply manage their same-sex attraction or accept celibacy. The average number of therapy sessions per participant was 118. In another study, of the 37 participants who had previously participated in any form of SOCE, none reported a significant difference in their sexual orientation or identity from the time prior to the SOCE intervention to present (Maccio, 2011).

In a 2015 survey of 1612 same-sex-attracted current and former members of the Church of Jesus Christ of Latter-day Saints (LDS), 73% of male and 43% of female participants reported that they attempted some form of SOCE (Dehlin et al., 2015). Of these individuals, only 3.1% of participants indicated some change in same-sex attraction. Of this 3.1%, approximately half described a decrease in frequency of attraction rather than complete elimination, while many reported only a decrease in sexual behavior. No participant reported a complete erasure of same-sex attraction. The most commonly sought change methods were private and religious, facilitated by clergy members as opposed to trained therapists (Dehlin et al., 2015). These methods, including practices such as prayer, temple attendance, and improving one’s relationship with the church, were reported to be the least effective and the most damaging, in that many participants associated them with decreased self-esteem and increased shame, depression, and anxiety.

For individuals who ultimately came to embrace their LGBQ identity, SOCE were found to have the lowest ratings of benefit, as compared to other methods of psychotherapy (Jones, Botsko, & Gorman, 2003). In Dehlin et al. (2015), participants rated therapist-run SOCE as more effective and less psychologically damaging than other forms, including clergy-run SOCE. However, it was noted that “effective” did not necessarily indicate that sexual orientation change occurred, but instead often referred to other positive outcomes, such as acceptance of LGBQ orientation and improvements in mental health or family relationships. In fact, fewer than 4% of the sample reported any change in same-sex attraction, while 42% reported that their therapy was not at all effective in its intended goal to reduce attraction (Bradshaw, Dehlin, Crowell, Galliher, & Bradshaw, 2015). Further, 37% found change-oriented therapies to be moderately to severely harmful. Meanwhile, therapies that affirmed an individual’s LGBQ identity were often described as helpful in decreasing depression, increasing self-esteem, and improving relationships.

### Methodological Limitations in SOCE Research

The majority of SOCE research contains methodological limitations that prevent causal attribution of perceived sexual orientation change. For instance, almost all of the aforementioned studies seeking to establish a relationship between SOCE and a change in sexual orientation lack a nonexperimental control group, instead comparing within subjects (McConaghy, 1969, 1976; McConaghy & Barr, 1973; McConaghy et al., 1972; Tanner, 1975). While the exception, Tanner (1974), found a decrease in arousal response to male images and an increase in frequency of sexual relations with women in experimental group subjects, there was no significant difference between the control and experimental groups in terms of frequency of same-sex sexual behavior. Thus, the only

conclusion that could be drawn from the early experimental research is that some men were able to decrease their sexual arousal through aversive conditioning.

The majority of studies on SOCE have specifically sought participants whose views were consistent with those of the authors, exclusively recruiting those who believed that their SOCE experiences were successes or failures. Few studies recruited both (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Further, the majority of research relied on a retrospective design in which individuals who have undergone SOCE were asked to recall their prior experiences (Byrd et al., 2008; Dehlin et al., 2015; Fjellstrom, 2013; Flentje, Heck, & Cochran, 2013; Flentje et al., 2014; Jacobsen & Wright, 2014; Jones et al., 2003; Maccio, 2010, 2011; Nicolosi et al., 2000b; Pattison & Pattison, 1980; Schaeffer et al., 2000; Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002; Spitzer, 2003). As time elapses, people have a tendency to incorrectly recall the frequency or intensity of past experiences and beliefs, due to response–shift biases (Schwartz & Rapkin, 2004). It is difficult to determine whether participants' recalled reports of their previous attraction or sexual behaviors were accurate; therefore, it is difficult to know whether a significant change occurred. This limits the conclusions that can be drawn from studies such as Spitzer (2003), in which participants were recruited 5 years after participating in SOCE, or Nicolosi et al. (2000b), in which participants indicated a mean of 6.7 years since their reported sexual orientation change, with 23% indicating that it had been 10 or more years.

An additional flaw in the retrospective design comes from the tendency of individuals to want to present themselves favorably when researchers expect change in sexual orientation after undergoing SOCE (APA, 2009; Fisher & Katz, 2000; Hill & Betz, 2005; Paulhus, 2002; Ross, 1989; Sprangers, 1989). This flaw would be especially prevalent in studies that recruit highly religious or “dissatisfied homosexual” individuals referred through conversion therapists, “ex-gay ministries,” and pro-SOCE organizations, such as Exodus International or the National Association for Research and Therapy of Homosexuality (NARTH; Byrd et al., 2008; Nicolosi et al., 2000b; Ponticelli, 1999; Schaeffer et al., 2000; Spitzer, 2003).

Schaeffer et al. (2000) found that participants whose desire to alter their sexual orientation were highly motivated by religious beliefs were more likely to perceive that SOCE were successful. Similarly, those who were less religious were more likely to identify as LGBTQ post-SOCE. For this reason, many studies that tout the efficacy of SOCE are not entirely generalizable, in that they exclusively recruit highly religious samples. For instance, in Spitzer (2003), 93% of participants described themselves as “extremely religious” and 79% reported that their motivation to change their sexual orientation stemmed from a conflict between their sexual orientation and religious beliefs. In Nicolosi et al. (2000b), this number was 96%. Additionally, participants who have been recruited from religious organizations may have an incentive to report, or at least convince themselves to believe, that their sexual orientation has changed. If individuals are coerced to participate in SOCE by their family or religious organization (Shidlo & Schroeder, 2002), this incentive is stronger.

An additional flaw in much of the research on SOCE is the lack of ethnic and gender diversity and therefore lack of generalizability to populations outside of the study samples. While Nicolosi et

al. (2000b) claim that conversion therapy is efficacious, they acknowledge that the results are not generalizable past the present sample. Throughout the history of SOCE research, the participants in the majority of studies were either exclusively or predominantly White men. While more recent studies, particularly those reporting on negative outcomes, have included more female and racially and ethnically diverse participants (Dehlin et al., 2015; Flentje et al., 2013, 2014; Jacobsen & Wright, 2014; Nicolosi et al., 2000b; Ponticelli, 1999; Schaeffer et al., 2000; Spitzer, 2003), the existing research is still overwhelmingly oriented toward White men.

### Negative Outcomes and Harms

Participation in SOCE is associated with numerous negative effects, including depression, suicidality, decreased self-esteem, and self-hatred (Beckstead & Morrow, 2004; Dehlin et al., 2015; Flentje et al., 2014; Jacobsen & Wright, 2014; Shidlo & Schroeder, 2002), as well as negative views of homosexuality, internalized homonegativity, sexual dysfunction, impaired familial and romantic relationships (Shidlo & Schroeder, 2002), and decreased overall sexual attraction (Jacobsen & Wright, 2014). In other studies, SOCE participants reported being encouraged to enter heterosexual relationships, marry, and have children, and many felt that they had failed if they were unable to follow through with these expectations (Drescher et al., 2016). This has also led to family dysfunction and increased stress for spouses, partners, and children (Beckstead & Morrow, 2004; Drescher et al., 2016). Some religiously motivated participants have reported a loss of faith, a distrust in God, or a feeling that God wanted them to suffer (Dehlin et al., 2015; Shidlo & Schroeder, 2002). Participants have also reported decreased capacity for intimacy and increased internalized homonegativity (Beckstead & Morrow, 2004). Finally, participants in aversion therapies, including those subjected to electric shock or nausea-inducing drugs, have reported decreased sexual attraction regardless of their partner's gender (McConaghy, 1969, 1999; McConaghy et al., 1972). This indicates that some participants experienced a level of conditioning such that they associated sexual arousal of all types with aversive stimuli.

Other reported negative and harmful aspects of SOCE include misinformation regarding the likelihood of sexual orientation change, treatments based on unsupported methods, discouragement of pursuing alternative treatments, and criticism for lack of progress (Schroeder & Shidlo, 2001). Others reported receiving false and stigmatizing information regarding LGBTQ individuals (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). In some cases, harmful stereotypes were perpetuated. For instance, some SOCE methods included the ideas that homosexuality is a mental illness, that LGBTQ people are inherently promiscuous and will contract HIV, or that gay men cannot be masculine (Flentje et al., 2013). Others grouped LGBTQ individuals alongside child molesters, people with paraphilias, or other groups deemed sexually deviant (Flentje et al., 2013; Fookes, 1960). Further, many therapies used a misinformed psychoanalytic approach to attempt to identify the cause of a client's homosexuality, such as poor father–son relationships or childhood trauma (Byrd et al., 2008; Karten & Wade, 2010), despite the lack of evidence supporting these theories (APA, 2009; Bell et al., 1981; Freund & Blanchard, 1983; Green, 1987; Peters & Cantrell, 1991).

Studies have found that many individuals who turn to SOCE to change their sexual orientation experience high levels of internalized homonegativity (Tozer & Hayes, 2004), fear of negative familial reaction to their same-sex attraction (Maccio, 2010), a feeling of desperation, and a sense of vulnerability due to conflicts between religious identity and sexual orientation (Johnston & Jenkins, 2006). It was also found that these therapies often increased clients' sense of self-loathing, level of perceived pressure to conform to gender norms, and conflict between religious and sexual identities (Johnston & Jenkins, 2006). Similarly, participants have reported suppression of same-sex attraction, disconnection from their LGBTQ identity, and a sense of inauthenticity, rather than a true orientation shift to heterosexuality (Fjelstrom, 2013). Some SOCE participants cite self-acceptance and the realization that sexual orientation change is not possible as reasons for ultimately embracing their LGBTQ identity (Flentje et al., 2014). For many, it was only once they were able to accept themselves and their identities that they were able to heal from their negative SOCE experiences (Johnston & Jenkins, 2006).

### Alternative Therapeutic Methods

Some participants did report positive outcomes associated with SOCE. For instance, some who reported that conversion therapy had been successful described development of coping strategies, a sense of belonging within an "ex-gay" community, spiritual connection, and a sense of hope in the idea that their LGBTQ identity can be changed (Beckstead & Morrow, 2004; Byrd et al., 2008; Nicolosi et al., 2000b; Shidlo & Schroeder, 2002). Methods reported as most helpful included cognitive and behavioral techniques, such as reframing same-sex attraction as a psychological symptom resulting from emotional distress, and imagining aversive thoughts during arousal, such as contracting HIV (Shidlo & Schroeder, 2002). Other techniques that some reported as helpful included psychotherapy and self-guided methods, such as reading relevant literature and attending lectures (Nicolosi et al., 2000b; Ponticelli, 1999), and interventions including men's weekend retreats, mentoring relationships, and developing nonsexual same-sex relationships (Karten & Wade, 2010).

Despite these findings, it is likely that many of the above-mentioned positive outcomes may be achieved through other methods, such as affirming therapies, that are not associated with the negative outcomes of SOCE. For example, some SOCE participants reported an increase in hopefulness (Shidlo & Schroeder, 2002). However, Skerven, Whicker, and LeMaire (2019) outline the ways in which dialectical behavior therapy (DBT) can be used with LGBTQ clients and note that increasing hopefulness is a primary target of DBT. Shidlo and Schroeder (2002) also reported that some participants were able to find effective coping strategies through SOCE. However, DBT's core tenant of radical acceptance teaches clients to balance accepting difficulties that cannot be easily changed, such as societal and structural homophobia, while working toward changing things within their power, such as how they interact with and react to homophobic individuals in their daily life.

Respondents in the study by Shidlo and Schroeder (2002) also reported feeling relief due to the self-disclosure aspect of some SOCE interventions. Some reported that this was the first time that they had a forum to discuss their conflicted feelings about their

sexual orientation. Similarly, "dissatisfied homosexual" respondents who had pursued SOCE reported improved self-acceptance and self-understanding as a result of SOCE (Nicolosi et al., 2000b). However, as these participants were recruited through conversion therapists and ex-gay ministry groups, it is likely that sampling bias may have led to recruitment of those who were more likely to report benefits of SOCE.

Benefits such as self-disclosure, self-acceptance, and self-understanding may also be gained through other forms of therapy that are not associated with negative outcomes, such as LGBTQ-affirming therapies (Milton, Coyle, & Legg, 2002). In affirming therapy, the client is given the space to talk about their difficulties with a nonbiased therapist. Additionally, the therapist emphasizes a discriminatory culture, rather than homosexuality itself, as problematic, which creates a more open space for self-disclosure. While many respondents felt that they gained a sense of community connectedness through SOCE-oriented support groups (Byrd et al., 2008; Flentje et al., 2014; Ponticelli, 1999), the benefit derived from connection with those who have had similar experiences can also be attained in an affirming environment.

Many individuals who seek to alter their sexual orientation do so because they feel that it does not align with their religious doctrines. Respondents in both the Nicolosi et al.'s (2000b) and Shidlo and Schroeder's (2002) studies emphasized an increased closeness with God and improved spirituality as a result of SOCE. However, there are other means of increasing one's sense of spirituality, if desired, without the risk of SOCE-related harms and without denying or attempting to change one's sexual orientation. Such means may include forming a relationship with a congregation that is LGBTQ-affirming or by integrating religion into therapeutic practices (Beckstead, 2001; Haldeman, 2004; McGeorge et al., 2014; Throckmorton, 2007).

### Ethical Guidelines

Distinctions have been made regarding whether SOCE should be administered on both empirical and ethical grounds (Davison, 1976, 1978). Empirically, it can be argued that SOCE are ineffective in altering sexual orientation for the majority of participants, and the studies that have reported successes are hindered by methodological limitations. Ethically, it has been argued that therapists should work according to general ethical values rather than personal morals and that such an approach would better serve clients' interpersonal and psychological struggles. As such, arguments regarding whether it is empirically possible to alter sexual orientation are secondary to whether a therapist ethically should (Davison, 1976, 1978).

Several studies have reported that SOCE consumers experience treatment that violates therapists' ethical values (Flentje et al., 2013; Schroeder & Shidlo, 2001), including inadequate informed consent, breaches of confidentiality, and coercion (Schroeder & Shidlo, 2001). Flentje et al. (2013) found that 26.3% of participants reported experiencing interventions, such as aversive therapies or covert sensitization, in which they were to associate pain or unpleasant images with homosexual fantasies. These techniques were considered to be ethically questionable as they not only cause pain, but also have been associated with decreased sexual arousal to any stimulus (McConaghy, 1969, 1999; McConaghy et al., 1972).

The issue of voluntary participation has been present throughout SOCE practice and research. In several early studies on the efficacy of SOCE, some or all subjects were court-ordered to participate in conversion therapy treatments, due to either the criminalization of homosexual conduct or a paraphilia conviction unrelated to same-sex attraction (Callahan & Leitenberg, 1973; James, 1978; MacCulloch & Feldman, 1967; McConaghy, 1969, 1976; McConaghy et al., 1972). In addition, some participants report being forced into SOCE. For instance, in Shidlo and Schroeder's (2002) study of the experiences of former recipients of conversion therapy, approximately 25% of participants felt that they were coerced into pursuing SOCE by their families or religious organizations. Other participants reported that they were mandated to participate in SOCE by religious universities under threat of losing financial aid (Shidlo & Schroeder, 2002). Further, it may be argued that societal prejudice and familial isolation, paired with the resultant feelings of shame and guilt that many LGBQ individuals experience, detract from the voluntariness of their decision to participate in SOCE (Davison, 1976).

Studies of therapists have found that only a small percentage report that they would conduct SOCE-oriented therapies (Bartlett et al., 2009) and that a majority believe that conversion therapy is unethical (McGeorge et al., 2015, 2017). A belief that conversion therapy is not unethical was associated with decreased clinical competence when working with LGBQ clients and increased negative beliefs about LGBQ individuals (McGeorge et al., 2015). Similarly, a 2000 pro-SOCE survey of therapists who practice reorientation therapy found that 90% of the 206 individuals surveyed maintain the belief that homosexuality is a developmental disorder (Nicolosi et al., 2000a), despite the significant scientific evidence to the contrary (American Psychiatric Association, 1973; American Psychological Association, 2000; Gonsiorek, 1991).

The APA's "Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients" (2012) presents a series of considerations that are important in working with LGBQ clients. In addition to a lack of empirical evidence supporting the efficacy of SOCE and data suggesting that SOCE are associated with negative outcomes, SOCE also violate the APA's ethical standards for psychologists, counselors, and other service providers, as described below.

### **The Importance of Recognizing the Impact of Stigma on LGBQ Individuals**

LGBQ individuals experience high rates of stigma, heterosexism, violence, and discrimination (Herek, 1991, 2009; Mays & Cochran, 2001; Meyer, 2003). One-eighth of lesbian and bisexual individuals and four-tenths of gay men in the United States report that they have been victimized due to their sexual orientation (Herek, 2009). Discrimination may contribute to difficulties in accepting one's sexual orientation and a struggle to develop a positive identity.

Discrimination can also contribute to the development of psychological symptoms. The minority stress model (Meyer, 1995, 2007; Meyer & Dean, 1998) suggests that individuals who are minorities experience discrimination, victimization, and microaggressions. These experiences create chronic levels of stress that lead to internalization of negative societal views, expectations for future discrimination, and vigilance about when discrimination

will occur, which in turn contribute to higher rates of psychological symptoms in LGBQ individuals.

The time during which LGBQ young people begin to identify their own same-gender attraction is often associated with confusion, anger, and guilt (McCarn & Fassinger, 1996), likely due to the recognition and internalization of negative societal views. Participation in SOCE also perpetuates these views, as it implies that LGBQ orientations should be changed. Participation in SOCE may be driven by experiences of discrimination, which often lead LGBQ individuals to experience greater difficulty embracing their sexual orientation. Thus, it is not surprising that the propensity to seek SOCE is associated with lack of LGBQ identity development (Tozer & Hayes, 2004) and that individuals who seek SOCE may be highly vulnerable and distressed.

### **LGBQ Sexual Orientation is not a Form of Psychopathology**

SOCE are built on the premise that same-sex attraction is pathological and distressing and that if an individual experiences conflict regarding their sexual orientation, it should be changed. Value is placed on heterosexual relationships, even if the individual continues to have same-sex attraction (Nicolosi et al., 2000b). Consistent with this, one study found that two-thirds of participants in SOCE reported that their therapists claimed that they could not lead positive or fulfilling lives as gay individuals (Shidlo & Schroeder, 2002). This pathologization of same-sex attraction and behaviors is in violation of the APA's ethical guidelines.

Although homosexuality was considered a diagnosis in the Diagnostic and Statistical Manual (DSM) until 1973 (American Psychiatric Association, 1952; APA, 1968, 1973; Bayer, 1981; Drescher & Merlino, 2007), this view is antiquated and has been refuted in recent literature. As early as 1957, Hooker conducted assessments on heterosexual and homosexual men and did not find differences in their psychological functioning. Empirical research has since amassed demonstrating that same-sex attraction is not associated with poorer psychological functioning (Gonsiorek, 1991; Pillard, 1988; Rothblum, 1994), including a lack of difference between heterosexual and gay/lesbian individuals in psychological symptoms and self-esteem (Coyle, 1993; Herek, 1990; Savin-Williams, 1990). While differences in various aspects of psychological functioning have been found between gay and straight individuals, including increased rates of anxiety and mood disorders (Gilman et al., 2001; Mays, Cochran, & Roeder, 2003), substance use (DiPlacido, 1998; Gilman et al., 2001), and suicidality (DiPlacido, 1998; Gilman et al., 2001; Rotheram-Borus, Hunter, & Rosario, 1994), these differences are thought to be related to experiences of discrimination and minority stress (Kessler, Michelson, & Williams, 1999; Markowitz, 1998).

### **Therapists Should Identify Their Own Biases and Attitudes and Refer if Necessary**

Therapists who see same-sex attraction as a form of psychopathology are likely to communicate this bias to their client, unintentionally or otherwise, even if the client does not identify their LGBQ identity as an issue (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Liddle, 1996; Nystrom, 1997). In fact, Shidlo and Schroeder (1999) reported that a large number of

clients lied to their therapist regarding their same-sex attraction or sexual behaviors in order to appease their therapist. This is clear evidence of the influence that therapists' actual or perceived beliefs can have on clients. In addition, heteronormativity pervades psychological therapy and theories (Anderson, 1996; Brown, 1989; Gingold, Hancock, & Cerbone, 2006) as well as standardized questionnaires, interviews, and medical forms. An inability to acknowledge bias against LGBTQ individuals can lead therapists to ignore discrimination related to sexual orientation and deny this source of stress (Garnets et al., 1991; Winegarten, Casie, Markowski, Kozlowski, & Yoder, 1994).

### Recognize Bisexual Individuals' Unique Experiences

Some bisexual individuals have reported that they do not feel that they are visible or legitimate members of the LGBTQ community, as they may be assumed to be heterosexual if they are in mixed-gender relationships (Ochs, 1996). Bisexual individuals also may experience discrimination and identity erasure from within the LGBTQ community (Herek, 1999; Herek, 2002; Mohr & Rochlen, 1999). Conversely, bisexual individuals may be assumed to be gay if they are dating a same-gender partner and may face homophobic discrimination from heterosexual individuals (Bradford, 2004; Keppel & Firestein, 2007; Rust, 2007). As such, some bisexual individuals report that they feel uncomfortable being open about their sexual orientation due to discrimination from multiple groups (Balsam & Mohr, 2007). A lack of self-disclosure may reduce discrimination (Mays & Cochran, 2001), but it also may lead to greater internalized negativity about one's bisexual identity (Brewster, Moradi, DeBlaere, & Velez, 2013).

SOCE do not distinguish between bisexual and lesbian/gay individuals, nor do they recognize bisexual individuals' unique experiences. In fact, many pro-SOCE empirical studies rely on mixed samples of lesbian, gay, and bisexual clients (Byrd et al., 2008; Nicolosi et al., 2000b). Proponents report that the fact that clients are engaging in mixed-gender relationships indicates that clients' sexual orientations were changed; when in fact, many clients reported either that they were bisexual or that they already had a level of mixed-gender attraction. This indicates that it was likely not the clients' sexual orientation that changed, but rather the proportion of clients who were engaging in mixed-gender relationships.

### Recognize that Some Families do not Embrace LGBTQ Individuals

Social support from family and friends is associated with higher self-esteem, better psychological adjustment, and reduced psychological symptoms in LGBTQ individuals (Grossman, D'Augelli, & Hershberger, 2000; Hershberger & D'Augelli, 1995; Munoz-Plaza, Quinn, & Rounds, 2002; Waller, 2001; Williams, Connolly, Pepler, & Craig, 2005; Zea, Reisen, & Popen, 1999). Despite the important role that familial support can serve for LGBTQ individuals, many families are not supportive (Doty, Willoughby, Lindahl, & Malik, 2010; Higa et al., 2014; Pearson & Wilkinson, 2013). Familial rejection is associated with psychological symptoms (Bouris et al., 2010; Haas et al., 2010; Higa et al., 2014), including dramatically increased rates of suicide attempts, depression, and substance use (Ryan, Huebner, Diaz, & Sanchez, 2009).

SOCE reinforce the rejection that LGBTQ individuals experience from family and community members and promote internalization of negative attitudes. In some SOCE practices, individuals are removed from group therapy if they engage in same-sex sexual behaviors, therein reducing sources of social support and contributing to isolation.

### Note Whether LGBTQ Identity is Consistent With Other Identities Including Ethnic/Racial and Religion/Spirituality

Forty percent of LGBTQ adults are racial or ethnic minorities (Gates, 2017), and this percentage has steadily been increasing since 2012 (Newport, 2018). Individuals of intersecting minority identities may experience conflict between various aspects of their identity (Cochran & Mays, 1994; Díaz, Ayala, Bein, Henne, & Marin, 2001; Wilson & Yoshikawa, 2004). Having multiple minority identities may reduce opportunities for support, as some individuals have reported feeling isolated from the LGBTQ community due to their racial, ethnic, or religious identity (Greene, 2007; Ward, 2008). Further, some individuals experience isolation from their racial, ethnic, or religious community due to their LGBTQ identity (Ward, 2008). These experiences of discrimination and community exclusion can lead to identity confusion and internalization of homonegativity (Martinez & Sullivan, 1998).

Inconsistencies between identities may also cause internal conflict and distress, which can lead an individual to seek SOCE. However, as we describe below in the section on affirming therapy, it is quite possible to integrate religion into affirming therapy and to provide a supportive environment in which to discuss conflict between a client's racial, ethnic, or religious identity, and their sexual orientation.

### Psychologists Should be Accurate in Disseminating Research on Sexual Orientation

As always, one of the most important ethical guidelines for therapists is to be honest and accurate regarding what they know about sexual orientation. Due to limited training on working with LGBTQ clients, many therapists or student therapists are unaware of the efficacy of affirming therapy for LGBTQ individuals or the dearth of methodologically sound studies supporting SOCE. Future training should focus on increasing therapists' knowledge about the research literature and specialty training should be implemented in training programs.

### Affirming Therapy

Affirming therapy is an alternative option that is consistent with APA guidelines for working with LGBTQ individuals (Cramer et al., 2008). Affirming therapists use a supportive approach to convey acceptance and to view the client as a valuable individual (Milton et al., 2002). When conducting affirming therapy, the client's sexuality is not identified as problematic. In contrast, affirming therapies recognize that sexual attraction and behaviors fall along a continuum.

When clients seek therapeutic services related to distress about their sexual orientation or conflict between intersecting identities, such as religious, ethnic, or racial identities and sexual orientation,



therapists should provide a safe space to examine whether this distress may be related to internalized homonegativity (Przeworski & Piedra, 2020; Tozer & Hayes, 2004). Affirming therapy recognizes the impact that discrimination and internalized homonegativity may have on the mental health of LGBTQ individuals (Chernin & Johnson, 2003; Milton et al., 2002). As such, affirming therapy teaches methods of coping with discrimination or isolation, including becoming engaged with and seeking support from the LGBTQ community and allies. In doing so, LGBTQ individuals who experience identity conflicts may find new sources of support and connect with others who share their intersecting identities. In order for therapists to be able to increase a client's community engagement, therapists need to be aware of the available resources, community connections, and LGBTQ culture (APA, 2012; Przeworski & Piedra, 2020).

Affirming therapists can also work to help religious LGBTQ clients to identify ways in which their religious beliefs and sexual orientation are consistent. In a survey of 341 family therapy students, McGeorge et al. (2014) found that students were more likely to perceive affirming therapy as more congruous with religious beliefs than SOCE. Further, training in integration of religion and spirituality into therapeutic practice was positively associated with support of affirming therapies and a positive view of LGBTQ individuals. When individuals experience conflicts between their sexual orientation and religious identity, affirming therapists can help clients to find ways to integrate both identities, such as finding a congregation that is welcoming to LGBTQ individuals (Beckstead, 2001; Haldeman, 2004; Throckmorton, 2007).

Affirming therapists recognize all sources of social support, including family, chosen family, friends, community members, and service providers, and strive to increase connection with community resources. They also recognize that family members may lack understanding or acceptance of LGBTQ orientations and the impact that this may have on a client's self-acceptance. In some situations, family members may be motivated to learn more about the LGBTQ community or to become more accepting. However, Miville and Ferguson (2004) emphasize that affirming therapists should not always encourage clients to come out or assume that coming out is always adaptive. Instead, affirming therapists should examine the potential consequences of coming out to help the client to make an educated decision regarding whether to do so. This may include coming out to some family members but not others or coming out to friends and community members but not to family. If a client would like to come out to family members who may not be affirming, therapists should work with the client to prepare for the potential emotional and relational issues that may follow. When appropriate, affirming therapy also aims to teach family members and friends to be supportive and aids LGBTQ individuals in communicating their needs to loved ones.

Haldeman (1999) suggested that affirming therapists should tell clients who have attempted SOCE in the past that they do not need to lie or pretend to have beliefs that they do not have in order to please the therapist. If they are experiencing ambivalence or conflict regarding their sexual orientation, therapy is a safe place to examine these feelings, and the therapist should accept this uncertainty or conflict as part of forming one's sexual identity.

Additionally, affirming therapists should ensure that therapy goals are created collaboratively (Beckstead & Israel, 2007). The affirming therapist should validate the client's experience and

provide a safe and accepting environment for clients to explore their identity and combat maladaptive cognitions (APA, 2012; Haldeman, 1991). As Davison (1976) and Halleck (1971) argued, a therapist should not strive to achieve ethical neutrality in acquiescing to a client's perceived desire to alter their sexual orientation. Rather, therapists should affirm the client's LGBTQ identity in order to help the client to reconceptualize their internalized negative self-views.

## Discussion

Based on the aforementioned standards, as set forth by the APA Division 12 Task Force (Chambless & Hollon, 1998; Chambless & Ollendick, 2001), SOCE do not meet the criteria to be deemed efficacious or well-established. The few studies that assert the efficacy of SOCE demonstrate limited success. Further, they are fraught with methodological flaws that call their validity into question and prevent the generalizability of the results. Meanwhile, there are many contrasting studies that detail the numerous harms and negative outcomes associated with SOCE. SOCE therapies, inclusive of conversion, reparative, and reorientation therapies, have been deemed both ineffective and harmful by the APA (APA, 2009; Haldeman, 2002; Serovich et al., 2008; Shidlo, & Schroeder, 2002). Despite this, they continue to be implemented (Mallory, Brown, & Conron, 2018). These therapies tend to function under the flawed notion that sexual orientation is a learned behavior that can be changed, rather than an innate trait (Drescher, 1998, 2002, 2003, 2015).

Papers citing research on SOCE were published as early as 1948 (Kinsey et al., 1948). From this point through the 1980s, researchers had a tendency to focus on methods through which to alter sexual orientation, with several studies reporting some form of support for the practice. Coinciding with the de-pathologization of homosexuality in the DSM (American Psychiatric Association, 1973) and the push by major psychological organizations to destigmatize LGBTQ identities and denounce SOCE, perceptual tides have begun to shift. A more common theme in recent literature has been the inefficacy of SOCE and the harmful effects and unethical practices associated with these efforts.

It is likely that results interpreted by proponents of SOCE as indicative of the efficacy of SOCE research are due to methodological flaws of the studies as well as invalid interpretations of findings. Many studies relied on retrospective reports, which can be biased and may not be reliable (Beckstead & Morrow, 2004; Byrd et al., 2008; Nicolosi et al., 2000b; Pattison & Pattison, 1980; Schaeffer et al., 2000; Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002; Spitzer, 2003; Throckmorton & Welton, 2005). Numerous studies used problematic methods of measuring change in sexual orientation as their outcome measures, such as involvement in a heterosexual relationship, sexual arousal in response to same-sex pictures, and reports of sexual behaviors (Birk, 1974; Birk et al., 1971; Callahan & Leitenberg, 1973; McConaghy, 1969, 1976; McConaghy & Barr, 1973; McConaghy et al., 1972; Pattison & Pattison, 1980; Schaeffer et al., 1999; Tanner, 1974). Many studies' designs did not include a comparison group, and because of this, any results found cannot be attributed to the therapy implemented (McConaghy, 1969, 1976; McConaghy & Barr, 1973; McConaghy et al., 1972; Tanner, 1975). Studies also used nonrandom samples of individuals, such as those from highly

religious populations, who are more likely to perceive and report orientation change post-therapy (Nicolosi et al., 2000b; Shidlo & Schroeder, 2002; Spitzer, 2003). Additionally, studies were conducted in primarily Caucasian samples, limiting the generalizability (Nicolosi et al., 2000b).

In some studies, participants reported positive experiences. These positive experiences included hopefulness, improved coping strategies, relief due to self-disclosure, improved self-acceptance, and improved self-understanding (Beckstead & Morrow, 2004; Nicolosi et al., 2000b; Shidlo & Schroeder, 2002). DBT- and LGBQ-affirming therapies are alternatives which also address these areas but do so in a way that is less likely to cause negative effects when compared to SOCE (Milton et al., 2002; Skerven et al., 2019).

Not only is there insufficient evidence to deem SOCE effective, but it has also been associated with negative outcomes (Schroeder & Shidlo, 2001), including depression, suicidality, self-harm, internalized homonegativity, sexual dysfunction, and impaired relationships (Beckstead & Morrow, 2004; Dehlin et al., 2015; Flentje et al., 2014; Shidlo & Schroeder, 2002). SOCE target those who are already at risk to experience stigma, heterosexism, violence, and discrimination (Herek, 1991, 2009; Mays & Cochran, 2001; Meyer, 2003) and may compound these experiences, lead to greater identity difficulties, and perpetuate broader societal notions of homonegativity.

Future research exploring the harms and negative outcomes associated with SOCE should address the lack of racial, ethnic, and gender diversity in the samples. The majority of studies were conducted in predominantly or exclusively Caucasian and cisgender male samples. Additionally, many studies were conducted in highly religious samples, limiting the generalizability of findings. It is important to understand the ways in which intersecting racial, religious, and gender identities may interact with the negative effects of SOCE. While a significant body of research identifies the negative outcomes of SOCE, there is virtually no research regarding potential harmful effects of attempts to alter gender identity. Finally, further research should be conducted on affirming therapies in order to determine how to best integrate identities and tailor treatments to the unique needs of LGBTQ individuals.

## References

- Adams, H. E., & Sturgis, E. T. (1977). Status of behavioral reorientation techniques in the modification of homosexuality: A review. *Psychological Bulletin*, 84(6), 1171–1188. <https://doi.org/10.1037/0033-2909.84.6.1171>
- American Academy of Pediatrics. (1993). Homosexuality and adolescence. *Pediatrics*, 92(4), 631–634.
- American Counseling Association. (2013). Ethical issues related to conversion or reparative therapy. Retrieved from <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>
- American Psychiatric Association. (1952). *Mental disorders: Diagnostic and statistical manual* (1st ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (1973). *Homosexuality and civil rights: Position statement*. Retrieved from [http://www.psych.org/edu/other\\_res/lib\\_archives/archives/197310.pdf](http://www.psych.org/edu/other_res/lib_archives/archives/197310.pdf)
- American Psychiatric Association. (2000). Position statement on therapies focused on attempts to change sexual orientation (reparative or conversion therapies). Retrieved from [http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000\\_ReparativeTherapy.pdf](http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000_ReparativeTherapy.pdf)
- American Psychoanalytic Association. (2012). Position statement on attempts to change sexual orientation, gender identity, or gender expression. Retrieved from <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender-expression>
- American Psychological Association. (1998). Resolution on appropriate therapeutic responses to sexual orientation. *American Psychologist*, 43, 934–935.
- American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, 55(12), 1440–1451. <https://doi.org/10.1037//0003-066X.55.12.1440>
- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *The American Psychologist*, 67(1), 10. <https://doi.org/10.1037/a0024659>
- American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on appropriate therapeutic responses to sexual orientation*. Retrieved from <http://www.apa.org/pi/lgbcc/publications/therapeutic-resp.html>
- Anderson, S. (1996). Addressing heterosexist bias in the treatment of lesbian couples with chemical dependency. In J. Laird, & R. J. Green (Eds.), *Lesbians and gays in couples and families: A handbook for therapists* (pp. 316–340). San Francisco, CA: Jossey-Bass.
- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 54(3), 306. <https://doi.org/10.1037/0022-0167.54.3.306>
- Bancroft, J. (1969). Aversion therapy of homosexuality: A pilot study of 10 cases. *British Journal of Psychiatry*, 115(529), 1417–1431. <https://doi.org/10.1192/bjp.115.529.1417>
- Bancroft, J. (2003). Can sexual orientation change? A long- running saga. *Archives of Sexual Behavior*, 32, 419–468.
- Bartlett, A., Smith, G., & King, M. (2009). The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation. *BMC Psychiatry*, 9(1), 11. <https://doi.org/10.1186/1471-244X-9-11>
- Bayer, R. (1981). *Homosexuality and American psychiatry: The politics of diagnosis*. Princeton, NJ: Basic Books.
- Beckstead, A. L. (2001). Cures versus choices: Agendas in sexual reorientation therapy. In A. Shidlo, N. Schroeder, & J. Drescher (Eds.), *Sexual conversion therapy: Ethical, clinical, and research perspectives* (pp. 87–115). Binghamton, NY: Haworth Press.
- Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients' experiences of conversion therapy. *The Counseling Psychologist*, 32(5), 651–690. <https://doi.org/10.1177/0011000004267555>
- Beckstead, L., & Israel, T. (2007). Affirmative counseling and psychotherapy focused on issues related to sexual orientation conflicts. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 221–244). Washington, DC: American Psychological Association.
- Bell, A. P., Weinberg, M., & Hammersmith, S. K. (1981). *Sexual preference: Its development in men and women*. Bloomington, IN: Indiana University Press.
- Besen, W. (2000). *Finally free: Personal stories: How love and self-acceptance saved us from 'Ex-Gay' Ministries*. Washington, DC: Human Rights Campaign Foundation.

- Birk, L. (1974). Group psychotherapy for men who are homosexual. *Journal of Sex & Marital Therapy*, 1, 29–52. <https://doi.org/10.1080/00926237408405270>
- Birk, L., Huddleston, W., Miller, E., & Cohler, B. (1971). Avoidance conditioning for homosexuality. *Archives of General Psychiatry*, 25, 314–323. <https://doi.org/10.1001/archpsyc.1971.01750160026005>
- Bouris, A., Guilamo-Ramos, V., Pickard, A., Shiu, C., Loosier, P. S., Dittus, P., . . . Waldmiller, J. M. (2010). A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. *The Journal of Primary Prevention*, 31(5–6), 273–309. <https://doi.org/10.1007/s10935-010-0229-1>
- Bradford, M. (2004). The bisexual experience: Living in a dichotomous culture. *Journal of Bisexuality*, 4(1–2), 7–23. [https://doi.org/10.1300/J159v04n01\\_02](https://doi.org/10.1300/J159v04n01_02)
- Bradshaw, K., Dehlin, J. P., Crowell, K. A., Galliher, R. V., & Bradshaw, W. S. (2015). Sexual orientation change efforts through psychotherapy for LGBQ individuals affiliated with The Church of Jesus Christ of Latter-day Saints. *Journal of Sex & Marital Therapy*, 41(4), 391–412. <https://doi.org/10.1080/0092623X.2014.915907>
- Brewster, M. E., Moradi, B., DeBlaere, C., & Velez, B. L. (2013). Navigating the borderlands: The roles of minority stressors, bicultural self-efficacy, and cognitive flexibility in the mental health of bisexual individuals. *Journal of Counseling Psychology*, 60(4), 543. <https://doi.org/10.1037/a0033224>
- Brown, L. S. (1989). Lesbians, gay men and their families: Common clinical issues. *Journal of Gay & Lesbian Psychotherapy*, 1(1), 65–77. <https://doi.org/10.1080/19359705.1989.9962124>
- Byrd, A. D. (1993). Interview: An LDS reparative therapy approach for male homosexuality. *Issues in Religion and Psychotherapy*, 19(1), 6.
- Byrd, A. D., Nicolosi, J., & Potts, R. W. (2008). Clients' perceptions of how reorientation therapy and self-help can promote changes in sexual orientation. *Psychological Reports*, 102(1), 3–28. <https://doi.org/10.2466/pr0.102.1.3-28>
- Callahan, E. J., & Leitenberg, H. (1973). Aversion therapy for sexual deviation: Contingent shock and covert sensitization. *Journal of Abnormal Psychology*, 81, 60–73. <https://doi.org/10.1037/h0034025>
- Cautela, J. R. (1967). Covert sensitization. *Psychological Reports*, 20(2), 459–468. <https://doi.org/10.2466/pr0.1967.20.2.459>
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66(1), 7. <https://doi.org/10.1037/0022-006X.66.1.7>
- Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, 52, 685–716. <https://doi.org/10.1146/annurev.psych.52.1.685>
- Chernin, J. N., & Johnson, M. R. (2003). *Affirmative psychotherapy and counseling for lesbians and gay men*. Thousand Oaks, CA: SAGE Publications, Inc.
- Cochran, S. D., & Mays, V. M. (1994). Depressive distress among homosexually active men and women. *The American Journal of Psychiatry*, 151(4), 524. <https://doi.org/10.1176/ajp.151.4.524>
- Consiglio, W. (1991). *Homosexual no more: Practical strategies for Christians overcoming homosexuality*. Wheaton, IL: Victor Books.
- Conversion “Therapy” Laws. (2020). *Movement advancement project*. Retrieved from [https://www.lgbtmap.org/equality-maps/conversion\\_therapy](https://www.lgbtmap.org/equality-maps/conversion_therapy)
- Coyle, A. (1993). A study of psychological well-being among gay men using the GHQ-30. *British Journal of Clinical Psychology*, 32(2), 218–220. <https://doi.org/10.1111/j.2044-8260.1993.tb01047.x>
- Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior*, 18(1), 93–114. <https://doi.org/10.1080/10508420701713014>
- Davis, R. M., Genel, M., Howe, J. P., Karlan, M. S., Kennedy, W. R., Numann, P. J., . . . O'Neill, J. F. (1996). Health care needs of gay men and lesbians in the United States. *JAMA*, 275(17), 1354–1359. <https://doi.org/10.1001/jama.1996.03530410068036>
- Davison, G. C. (1976). Homosexuality: The ethical challenge. *Journal of Consulting and Clinical Psychology*, 44, 157–162. <https://doi.org/10.1037/0022-006X.44.2.157>
- Davison, G. C. (1978). Not can but ought: The treatment of homosexuality. *Journal of Consulting and Clinical Psychology*, 46, 170–172. <https://doi.org/10.1037/0022-006X.46.1.170>
- Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, 62(2), 95. <https://doi.org/10.1037/cou0000011>
- Díaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health*, 91(6), 927–932. <https://doi.org/10.2105/AJPH.91.6.927>
- DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138–159). Thousand Oaks, CA: Sage.
- Doty, N. D., Willoughby, B. L., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, 39(10), 1134–1147. <https://doi.org/10.1007/s10964-010-9566-x>
- Drescher, J. (1998). I'm your handyman. *Journal of Homosexuality*, 36(1), 19–42. [https://doi.org/10.1300/J082v36n01\\_02](https://doi.org/10.1300/J082v36n01_02)
- Drescher, J. (2002). I'm your handyman: A history of reparative therapies. *Journal of Gay & Lesbian Psychotherapy*, 5(3–4), 5–24. [https://doi.org/10.1300/J236v05n03\\_02](https://doi.org/10.1300/J236v05n03_02)
- Drescher, J. (2003). The Spitzer study and the culture wars. *Archives of Sexual Behavior*, 32, 431–432.
- Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences*, 5(4), 565–575. <https://doi.org/10.3390/bs5040565>
- Drescher, J., & Merlino, J. P. (Eds.). (2007). *American psychiatry and homosexuality: An oral history*. Binghamton, NY: Harrington Park Press.
- Drescher, J., Schwartz, A., Casoy, F., McIntosh, C. A., Hurley, B., Ashley, K., . . . Tompkins, D. (2016). The growing regulation of conversion therapy. *Journal of Medical Regulation*, 102(2), 7–12. <https://doi.org/10.30770/2572-1852-102.2.7>
- Feldman, M. P., & MacCulloch, M. J. (1965). The application of anticipatory avoidance learning to the treatment of homosexuality: I. Theory, technique and preliminary results. *Behavior Research and Therapy*, 2(2–4), 165–183. [https://doi.org/10.1016/0005-7967\(64\)90013-0](https://doi.org/10.1016/0005-7967(64)90013-0)
- Fisher, R. J., & Katz, J. E. (2000). Social-desirability bias and the validity of self-reported values. *Psychology and Marketing*, 17(2), 105–120. [https://doi.org/10.1002/\(SICI\)1520-6793\(200002\)17:2<105:AID-MAR3>3.0.CO;2-9](https://doi.org/10.1002/(SICI)1520-6793(200002)17:2<105:AID-MAR3>3.0.CO;2-9)
- Fjelstrom, J. (2013). Sexual orientation change efforts and the search for authenticity. *Journal of Homosexuality*, 60(6), 801–827. <https://doi.org/10.1080/00918369.2013.774830>
- Flentje, A., Heck, N. C., & Cochran, B. N. (2013). Sexual reorientation therapy interventions: Perspectives of ex-ex-gay individuals. *Journal of Gay & Lesbian Mental Health*, 17(3), 256–277. <https://doi.org/10.1080/19359705.2013.773268>
- Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. *Journal of Homosexuality*, 61(9), 1242–1268. <https://doi.org/10.1080/00918369.2014.926763>

- Fookes, B. H. (1960). Some experiences in the use of aversion therapy in male homosexuality, exhibitionism, and fetishism-transvestism. *British Journal of Psychiatry*, *115*, 339–341. <https://doi.org/10.1192/bjp.115.520.339>
- Freeman, W., & Meyer, R. G. (1975). A behavioral alteration of sexual preferences in the human male. *Behavior Therapy*, *6*, 206–212. [https://doi.org/10.1016/S0005-7894\(75\)80142-0](https://doi.org/10.1016/S0005-7894(75)80142-0)
- Freund, K., & Blanchard, R. (1983). Is the distant relationship of fathers and homosexual sons related to the sons' erotic preference for male partners, or to the sons' atypical gender identity, or to both? *Journal of Homosexuality*, *9*, 7–25. [https://doi.org/10.1300/J082v09n01\\_02](https://doi.org/10.1300/J082v09n01_02)
- Garnets, L. D., Hancock, K., Cochran, S., Goodchilds, J., & Peplau, L. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, *46*, 964–972. <https://doi.org/10.1037/0003-066X.46.9.964>
- Gates, G. J. (2017). In United States, more adults identifying as LGBT. Gallup. Retrieved from <http://www.gallup.com/poll/201731/lgbt-identification-rises.aspx>
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health*, *91*(6), 933–939. <https://doi.org/10.2105/AJPH.91.6.933>
- Gingold, H. G., Hancock, K. A., & Cerbone, A. R. (2006). A word about words: Stigma, sexual orientation/identity, and the “heterosexist default”. *NYSAPA Notebook*, *18*, 20–24.
- Gonsiorek, J. C. (1991). The empirical basis for the demise of the illness model of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115–136). Newbury Park, CA: Sage.
- Green, R. (1987). The “sissy boy syndrome” and the development of homosexuality. New Haven, CT: Yale University Press.
- Greene, B. (2007). Delivering ethical psychological services to lesbian, gay, and bisexual clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 181–199). Washington, DC: American Psychological Association.
- Grossman, A. H., D'Augelli, A. R., & Hershberger, S. L. (2000). Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *55*(3), P171–P179.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... Clayton, P. J. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, *58*(1), 10–51. <https://doi.org/10.1080/00918369.2011.534038>
- Haldeman, D. C. (1991). Sexual orientation conversion therapy for gay men and lesbians: A scientific examination. In J. C. Gonsiorek, & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 149–160). Newbury Park, CA: Sage.
- Haldeman, D. C. (1999). The best of both worlds: Essentialism, social constructionism, and clinical practice. In *Conversations about psychology and sexual orientation* (pp. 57–70). New York, NY: New York University Press.
- Haldeman, D. C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy*, *5*(3–4), 117–130. [https://doi.org/10.1300/J236v05n03\\_08](https://doi.org/10.1300/J236v05n03_08)
- Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology*, *33*, 200–204.
- Haldeman, D. C. (2004). When sexual and religious orientation collide. *The Counseling Psychologist*, *32*(5), 691–715. <https://doi.org/10.1177/0011000004267560>
- Hallam, R. S., & Rachman, S. (1972). Some effects of aversion therapy on patients with sexual disorders. *Behaviour Research & Therapy*, *10*, 171–180. [https://doi.org/10.1016/S0005-7967\(72\)80011-1](https://doi.org/10.1016/S0005-7967(72)80011-1)
- Halleck, S. L. (1971). *The politics of therapy*. Science House.
- Herek, G. M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *Journal of Sex Research*, *39*(4), 264–274.
- Herek, G. M. (1990). Gay people and government security clearance: A social perspective. *American Psychologist*, *45*(9), 1035–1042. <https://doi.org/10.1037/0003-066X.45.9.1035>
- Herek, G. M. (1991). Stigma, prejudice, and violence against lesbians and gay men. In J. Gonsiorek, & J. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 60–80). Newbury Park, CA: Sage.
- Herek, G. M. (1999). AIDS and stigma. *American Behavioral Scientist*, *42*, 1106–1116. <https://doi.org/10.1177/0002764299042007004>
- Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Nebraska Symposium on Motivation: Vol. 54. Contemporary perspectives on lesbian, gay, and bisexual identities* (pp. 65–111). Lincoln, NE: Springer Science +Business Media.
- Hershberger, S., & D'Augelli, A. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology*, *31*, 65–74. <https://doi.org/10.1037/0012-1649.31.1.65>
- Higa, D., Hoppe, M. J., Lindhorst, T., Mincer, S., Beadnell, B., Morrison, D. M., ... Mountz, S. (2014). Negative and positive factors associated with the well-being of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth. *Youth & Society*, *46*(5), 663–687. <https://doi.org/10.1177/0044118X12449630>
- Hill, L. G., & Betz, D. L. (2005). Revisiting the retrospective pretest. *American Journal of Evaluation*, *26*, 501–517. <https://doi.org/10.1177/1098214005281356>
- Hooker, E. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques*, *21*(1), 18–31. <https://doi.org/10.1080/08853126.1957.10380742>
- Jacobsen, J., & Wright, R. (2014). Mental health implications in Mormon women's experiences with same-sex attraction. *The Counseling Psychologist*, *42*(5), 664–696. <https://doi.org/10.1177/0011000014533204>
- James, S. (1978). Treatment of homosexuality: II. Superiority of desensitization/arousal as compared with anticipatory avoidance conditioning: Results of a controlled trial. *Behavior Therapy*, *9*, 28–36. [https://doi.org/10.1016/S0005-7894\(78\)80051-3](https://doi.org/10.1016/S0005-7894(78)80051-3)
- Johnston, L. B., & Jenkins, D. (2006). Lesbians and gay men embrace their sexual orientation after conversion therapy and ex-gay ministries: A qualitative study. *Social Work in Mental Health*, *4*(3), 61–82. [https://doi.org/10.1300/J200v04n03\\_04](https://doi.org/10.1300/J200v04n03_04)
- Jones, M. A., Botsko, M., & Gorman, B. S. (2003). Predictors of psychotherapeutic benefit of lesbian, gay, and bisexual clients: The effects of sexual orientation matching and other factors. *Psychotherapy: Theory, Research, Practice, Training*, *40*(4), 289–301. <https://doi.org/10.1037/0033-3204.40.4.289>
- Just the Facts Coalition. (2008). Just the facts about sexual orientation and youth: A primer for principals, educators and school personnel. American Psychological Association. Retrieved from <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>
- Karten, E. Y., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *The Journal of Men's Studies*, *18*(1), 84–102. <https://doi.org/10.3149/jms.1801.84>
- Keppel, B., & Firestein, B. (2007). Bisexual inclusion in addressing issues of GLBT aging: Therapy with older bisexual women and men. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 164–185). New York, NY: Columbia University Press.
- Kessler, R. C., Michelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived

- discrimination in the United States. *Journal of Health and Social Behavior*, 40(3), 208–230. <https://doi.org/10.2307/2676349>
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Bloomington, IN: Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. (1953). *Sexual behavior in the human female*. Bloomington, NY: Saunders.
- Liddle, B. J. (1996). Therapist sexual orientation, gender, and counseling practices as they relate to ratings on helpfulness by gay and lesbian clients. *Journal of Counseling Psychology*, 43, 394–401. <https://doi.org/10.1037/0022-0167.43.4.394>
- Maccio, E. M. (2010). Influence of family, religion, and social conformity on client participation in sexual reorientation therapy. *Journal of Homosexuality*, 57(3), 441–458. <https://doi.org/10.1080/00918360903543196>
- Maccio, E. M. (2011). Self-reported sexual orientation and identity before and after sexual reorientation therapy. *Journal of Gay & Lesbian Mental Health*, 15(3), 242–259. <https://doi.org/10.1080/19359705.2010.544186>
- MacCulloch, M. J., & Feldman, M. P. (1967). Aversion therapy in management of 43 homosexuals. *British Medical Journal*, 2, 594–597. <https://doi.org/10.1136/bmj.2.5552.594>
- MacCulloch, M. J., Feldman, M. P., & Pinshoff, J. M. (1965). The application of anticipatory avoidance learning to the treatment of homosexuality II. *Behaviour Research & Therapy*, 3, 21–43. [https://doi.org/10.1016/0005-7967\(65\)90039-2](https://doi.org/10.1016/0005-7967(65)90039-2)
- MacIntosh, H. (1994). Attitudes and experiences of psychoanalysts. *Journal of the American Psychoanalytic Association*, 42, 1183–1207.
- Mallory, C., Brown, T. N., & Conron, K. J. (2018). *Conversion therapy and LGBT youth*. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>
- Markowitz, F. E. (1998). The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. *Journal of Health and Social Behavior*, 39(4), 335–347. <https://doi.org/10.2307/2676342>
- Martinez D. G., & Sullivan S. C. (1998). Gay Men and Lesbians: Examining the Complexity of Gay Identity Development. *Journal of Human Behavior in the Social Environment*, 1(2-3), 243–264. <https://doi.org/10.1080/10911359.1998.10530795>
- Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91(11), 1869–1876. <https://doi.org/10.2105/ajph.91.11.1869>
- Mays, V. M., Cochran, S. D., & Roeder, M. R. (2003). Depressive distress and prevalence of common problems among homosexually active African American women in the United States. *Journal of Psychology & Human Sexuality*, 15(2–3), 27–46. [https://doi.org/10.1300/J056v15n02\\_03](https://doi.org/10.1300/J056v15n02_03)
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist*, 24(3), 508–534. <https://doi.org/10.1177/0011000096243011>
- McConaghy, N. (1969). Subjective and penile plethysmograph responses following aversion-relief and Apomorphine aversion therapy for homosexual impulses. *British Journal of Psychiatry*, 115, 723–730. <https://doi.org/10.1192/bjp.115.523.723>
- McConaghy, N. (1976). Is a homosexual orientation irreversible? *British Journal of Psychiatry*, 129, 556–563. <https://doi.org/10.1192/bjp.129.6.556>
- McConaghy, N. (1999). Time to abandon the gay/heterosexual dichotomy? *Archives of Sexual Behavior*, 34, 1–2. <https://doi.org/10.1007/s10508-005-0995-7>
- McConaghy, N., Armstrong, M. S., & Blaszczyński, A. (1981). Controlled comparison of aversive therapy and covert sensitization in compulsive homosexuality. *Behaviour Research & Therapy*, 19, 425–434. [https://doi.org/10.1016/0005-7967\(81\)90132-7](https://doi.org/10.1016/0005-7967(81)90132-7)
- McConaghy, N., & Barr, R. F. (1973). Classical, avoidance, and backward conditioning treatment of homosexuality. *British Journal of Psychiatry*, 122, 151–162.
- McConaghy, N., Proctor, D., & Barr, R. (1972). Subjective and penile plethysmography responses to aversion therapy for homosexuality: A partial replication. *Archives of Sexual Behavior*, 2, 65–79. <https://doi.org/10.1007/BF01542019>
- McGeorge, C. R., Carlson, T. S., & Maier, C. A. (2017). Are we there yet? Faculty members' beliefs and teaching practices related to the ethical treatment of lesbian, gay, and bisexual clients. *Journal of Marital and Family Therapy*, 43(2), 322–337. <https://doi.org/10.1111/jmft.12197>
- McGeorge, C. R., Carlson, T. S., & Toomey, R. B. (2014). The intersection of spirituality, religion, sexual orientation, and gender identity in family therapy training: An exploration of students' beliefs and practices. *Contemporary Family Therapy*, 36(4), 497–506. <https://doi.org/10.1007/s10591-014-9312-8>
- McGeorge, C. R., Carlson, T. S., & Toomey, R. B. (2015). An exploration of family therapists' beliefs about the ethics of conversion therapy: The influence of negative beliefs and clinical competence with lesbian, gay, and bisexual clients. *Journal of Marital and Family Therapy*, 41(1), 42–56. <https://doi.org/10.1111/jmft.12040>
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 7, 9–25. <https://doi.org/10.2307/2137286>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, I. H. (2007). Prejudice and discrimination as social stressors. In I. H. Meyer, & M. E. Northridge (Eds.), *The health of sexual minorities* (pp. 242–267). New York, NY: Springer.
- Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. M. Herek (Eds.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160–186). Thousand Oaks, CA: Sage.
- Milton, M., Coyle, A., & Legg, C. (2002). Lesbian and gay affirmative psychotherapy: Defining the domain. *Lesbian and Gay Psychology*, 175–197.
- Miville, M. L., & Ferguson, A. D. (2004). Impossible “choices”: Identity and values at a crossroads. *The Counseling Psychologist*, 32(5), 760–770. <https://doi.org/10.1177/0011000004267568>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Med*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed1000097>
- Mohr, J. J., & Rochlen, A. B. (1999). Measuring attitudes regarding bisexuality in lesbian, gay male, and heterosexual populations. *Journal of Counseling Psychology*, 46, 353–369. <https://doi.org/10.1037/0022-0167.46.3.353>
- Morgan, K. S., & Nerison, R. M. (1993). Homosexuality and psychopolitics: An historical overview. *Psychotherapy: Theory, Research, Practice, Training*, 30(1), 133. <https://doi.org/10.1037/0033-3204.30.1.133>
- Morrow, S. L., & Beckstead, A. L. (2004). Conversion therapies for same-sex attracted clients in religious conflict. *The Counseling Psychologist*, 32(5), 641–650. <https://doi.org/10.1177/0011000004268877>
- Munoz-Plaza, C., Quinn, S. C., & Rounds, K. A. (2002). Lesbian, gay, bisexual and transgender students: Perceived social support in the high school environment. *The High School Journal*, 85(4), 52–63. <https://doi.org/10.1353/hjsj.2002.0011>
- National Association of Social Workers. (2000). “Reparative” and “conversion” therapies for lesbians and gay men. Retrieved from <http://www.naswdc.org/diversity/lgb/reparative.asp>
- Newport, F. (2018). In U.S., estimate of LGBT population rises to 4.5%. Gallup. Retrieved from <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>

- Nicolosi, J. (1991). *Reparative therapy of male homosexuality*. Lanham, MD: Jason Aronson.
- Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000a). Beliefs and practices of therapists who practice sexual reorientation psychotherapy. *Psychological Reports, 86*(2), 689–702. <https://doi.org/10.2466/pr0.2000.86.2.689>
- Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000b). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*(3 pt 2), 1071–1088. <https://doi.org/10.2466/pr0.2000.86.3c.1071>
- Nystrom, N. (1997). Mental health experiences of gay men and lesbians. Paper presented at the meeting of the American Association for the Advancement of Science, Houston, TX.
- Ochs, R. (1996). Biphobia: It goes more than two ways. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 240–259). Thousand Oaks, CA: Sage.
- Pattison, E. M., & Pattison, M. L. (1980). “Ex-gays”: Religiously mediated change in homosexuals. *American Journal of Psychiatry, 137*, 1553–1562.
- Paulhus, D. L. (2002). Socially desirable responding: The evolution of a construct. In H. I. Braun, D. N. Jackson, & D. E. Wiley (Eds.), *The role of constructs in psychological and educational measurement* (pp. 46–69). Mahwah, NJ: Lawrence Erlbaum Associates.
- Pearson, J., & Wilkinson, L. (2013). Family relationships and adolescent well-being: Are families equally protective for same-sex attracted youth? *Journal of Youth and Adolescence, 42*(3), 376–393. <https://doi.org/10.1007/s10964-012-9865-5>
- Peters, D. K., & Cantrell, P. J. (1991). Factors distinguishing samples of lesbian and heterosexual women. *Journal of Homosexuality, 21*(4), 1–15. [https://doi.org/10.1300/J082v21n04\\_01](https://doi.org/10.1300/J082v21n04_01)
- Pillard, R. (1988). Sexual orientation and mental disorder. *Psychiatric Annals, 18*, 51–56. <https://doi.org/10.3928/0048-5713-19880101-15>
- Ponticelli, C. M. (1999). Crafting stories of sexual identity reconstruction. *Social Psychology Quarterly, 62*(2), 157–172. <https://doi.org/10.2307/2695855>
- Przeworski, A., & Piedra, A. (2020). The role of the family for sexual minority Latinx individuals: A systematic review and recommendations for clinical practice. *Journal of GLBT Family Studies, 16*(2), 211–240. <https://doi.org/10.1080/1550428X.2020.1724109>
- Rado, S. (1940). A critical examination of the concept of bisexuality. *Psychosomatic Medicine, 2*, 459–467.
- Ross, M. (1989). Relation of implicit theories to the construction of personal histories. *Psychological Review, 96*(2), 341–357.
- Rothblum, E. D. (1994). “I only read about myself on bathroom walls”: The need for research on the mental health of lesbians and gay men. *Journal of Consulting and Clinical Psychology, 62*, 213–220. <https://doi.org/10.1037/0022-006X.62.2.213>
- Rotheram-Borus, M. J., Hunter, J., & Rosario, M. (1994). Suicidal behavior and gay-related stress among gay and bisexual male adolescents. *Journal of Adolescent Research, 9*, 498–508. <https://doi.org/10.1177/074355489494007>
- Rust, P. C. (2007). The construction and reconstruction of bisexuality: Inventing and reinventing the self. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 3–27). New York, NY: Columbia University Press.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>
- Savin-Williams, R. C. (1990). *Gay and lesbian youth: Expressions of identity*. New York, NY: Hemisphere.
- Schaeffer, K. W., Hyde, R. A., Kroencke, T., McCormick, B., & Nottebaum, L. (2000). Religiously motivated sexual orientation change. *Journal of Psychology & Christianity, 19*(1), 61–70.
- Schaeffer, K. W., Nottebaum, L., Smith, P., Dech, K., & Krawczyk, J. (1999). Religiously-motivated sexual orientation change: A follow-up study. *Journal of Psychology and Theology, 27*(4), 329–337.
- Schroeder, M., & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay & Lesbian Psychotherapy, 5*(3–4), 131–166. [https://doi.org/10.1300/J236v05n03\\_09](https://doi.org/10.1300/J236v05n03_09)
- Schwartz, C. E., & Rapkin, B. D. (2004). Reconsidering the psychometrics of quality of life assessment in light of response shift and appraisal. *Health Quality Life Outcomes, 2*, 16. <https://doi.org/10.1186/1477-7525-2-16>
- Serovich, J. M., Craft, S. M., Toviessi, P., Gangamma, R., McDowell, T., & Grafsky, E. L. (2008). A systematic review of the research base on sexual reorientation therapies. *Journal of Marital and Family Therapy, 34*(2), 227–238. <https://doi.org/10.1111/j.1752-0606.2008.00065.x>
- Shidlo, A., & Schroeder, M. (1999). Changing sexual orientation: Empirical findings on conversion therapies. Boston, MA: In meeting of the American Psychological Association.
- Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers’ report. *Professional Psychology: Research and Practice, 33*(3), 249–259. <https://doi.org/10.1037/0735-7028.33.3.249>
- Silverstein, C. (1991). Psychological and medical treatments of homosexuality. In J. C. Gonsiorek, & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 101–114). Newbury Park, CA: Sage.
- Skerven, K., Whicker, D. R., & LeMaire, K. L. (2019). Applying dialectical behaviour therapy to structural and internalized stigma with LGBTQ+ clients. *The Cognitive Behaviour Therapist, 12*, e9. <https://doi.org/10.1017/S1754470X18000235>
- Socarides, C. (1997). “Healing” homosexuality. Retrieved from [http://www.religioustolerance.org/hom\\_exod.htm](http://www.religioustolerance.org/hom_exod.htm)
- Solyom, L., & Miller, S. (1965). A differential conditioning procedure as the initial phase of behavior therapy of homosexuality. *Behaviour Research and Therapy, 3*, 147–160.
- Spitzer, R. L. (2003). Can some gay men and lesbians change their sexual orientation? Two hundred participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior, 32*(5), 403–417. <https://doi.org/10.1023/a:1025647527010>
- Spitzer, R. L. (2012). Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior, 41*(4), 757. <https://doi.org/10.1007/s10508-012-9966-y>
- Sprangers, M. (1989). Subject bias and the retrospective pretest in retrospect. *Bulletin of the Psychonomic Society, 27*(1), 11–14. <https://doi.org/10.3758/BF03329883>
- Tanner, B. A. (1974). A comparison of automated aversive conditioning and a waiting list control in the modification of homosexual behavior in males. *Behavior Therapy, 5*, 29–32. [https://doi.org/10.1016/S0005-7894\(74\)80083-3](https://doi.org/10.1016/S0005-7894(74)80083-3)
- Tanner, B. A. (1975). Avoidance training with and without booster sessions to modify homosexual behavior in males. *Behavior Therapy, 6*, 649–653. [https://doi.org/10.1016/S0005-7894\(75\)80187-0](https://doi.org/10.1016/S0005-7894(75)80187-0)
- Throckmorton, W. L. (2007). Sexual identity therapy guidelines: A framework for navigating religious conflicts. In M. A. Yarhouse (Chair) & A. L. Beckstead (Chair) (Eds.), *Sexual identity therapy to address religious and spiritual conflicts*. Symposium presented at the meeting of the American Psychological Association, San Francisco, CA.
- Throckmorton, W., & Welton, G. (2005). Counseling practices as they relate to ratings of helpfulness by consumers of sexual reorientation therapy. *Journal of Psychology and Christianity, 24*(4), 332.
- Tozer, E. E., & Hayes, J. A. (2004). Why do individuals seek conversion therapy? *The Counseling Psychologist, 32*(5), 716–740. <https://doi.org/10.1177/0011000004267563>

- Waller, M. A. (2001). Gay men with AIDS: Perceptions of social support and adaptational outcome. *Journal of Homosexuality*, 41(2), 99–117. [https://doi.org/10.1300/J082v41n02\\_06](https://doi.org/10.1300/J082v41n02_06)
- Ward, J. (2008). Respectably queer: Diversity culture in LGBT activist organizations. Nashville, TN: Vanderbilt University Press.
- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*, 34(5), 471–482. <https://doi.org/10.1007/s10964-005-7264-x>
- Wilson, P. A., & Yoshikawa, H. (2004). Experiences of and responses to social discrimination among Asian and Pacific Islander gay men: Their relationship to HIV risk. *AIDS Education and Prevention*, 16(1), 68–83. <https://doi.org/10.1521/aeap.16.1.68.27724>
- Winegarten, B., Cassie, N., Markowski, K., Kozlowski, J., & Yoder, J. (1994). Aversive heterosexism: Exploring unconscious bias toward lesbian psychotherapy clients. Paper presented at the meeting of the American Psychological Association, Los Angeles, CA.
- Zea, M. C., Reisen, C. A., & Poppen, P. J. (1999). Psychological well-being among Latino lesbians and gay men. *Cultural Diversity and Ethnic Minority Psychology*, 5(4), 371. <https://doi.org/10.1037/1099-9809.5.4.371>

Received June 14, 2019

Revision received July 15, 2020

Accepted July 21, 2020 ■



AMERICAN PSYCHOLOGICAL ASSOCIATION

# APA Journals®

## ORDER INFORMATION

### Subscribe to This Journal for 2021

Order Online:

Visit **at.apa.org/cps-2021**

for pricing and access information.

Call **800-374-2721** or **202-336-5600**Fax **202-336-5568** | TDD/TTY **202-336-6123**

**Subscription orders must be prepaid.** Subscriptions are on a calendar year basis. Please allow 4-6 weeks for delivery of the first issue.

All APA journal subscriptions include Online First journal articles and access to archives. Individuals can receive online access to all of APA's scholarly journals through a subscription to APA PsycNet® or through an institutional subscription to the APA PsycArticles® database.

Visit **AT.APA.ORG/CIRC2021**  
to browse APA's full journal collection

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

**SUPERIOR COURT OF THE STATE OF WASHINGTON  
SNOHOMISH COUNTY**

|   |   |
|---|---|
| <p>In re:</p> <p>MOANA TEINEALETALAFATAI<br/>OMELI (a/k/a Quincy Tyree Childress),</p> <p style="text-align: center;">Petitioner.</p> | <p>Superior Court Case No. 21-2-02667-31</p> <p>District Court Case No. N 21-39</p> <p>AMICUS CURIAE BRIEF OF THE<br/>ATTORNEY GENERAL OF THE<br/>STATE OF WASHINGTON</p> |
|---|---|

**I. INTRODUCTION**

For transgender and gender-expansive Washingtonians, changing their legal name to match their gender identity and chosen name is a matter of safety, self-determination, and dignity. While a legal name change is important to all who seek one, it is especially important to transgender people who are at a disproportionate risk of violence—in particular, transgender women of color like Petitioner Omeli—when they use a form of identification that does not match their gender presentation. Because transgender individuals generally experience more economic challenges than the overall population, they are likely to have a greater need to avail themselves of the court fee waiver process provided in General Rule (GR) 34. As such, the proper interpretation of GR 34 is a critical access to justice issue. The Attorney General of the State of Washington respectfully submits this amicus curiae brief to ensure that the Court understands the impact that a narrow interpretation of GR 34 will have on the safety and well-being of



1 indigent transgender Washingtonians who require a complete waiver of all fees to be able to  
2 legally change their name.

## 3 **II. IDENTITY OF AMICUS CURIAE**

4 The Attorney General is the legal adviser to the State of Washington. RCW 43.10.030.  
5 The Attorney General’s constitutional and statutory powers include the submission of amicus  
6 curiae briefs on matters that affect the public interest. *See Young Ams. for Freedom v. Gorton*,  
7 91 Wn.2d 204, 212, 588 P.2d 195 (1978); *see also City of Seattle v. McKenna*, 172 Wn.2d 551,  
8 562, 259 P.3d 1087 (2011) (Attorney General’s “general powers and duties” include  
9 “discretionary authority to act in any court, state or federal, trial or appellate, on a matter of  
10 public concern”) (internal quotation marks omitted).

## 11 **III. THE ATTORNEY GENERAL’S INTEREST IN THIS MATTER**

12 This case presents issues of significant public interest: the public’s right to equal access  
13 to justice; and the health, safety, and well-being of transgender and gender-expansive residents  
14 of Washington State. A legal name change is undoubtedly important to everyone who avails  
15 themselves of the process. But it is especially important to transgender and gender-expansive  
16 Washingtonians, who most often are seeking to conform their legal name to their gender identity  
17 and chosen name. Not having identification that accurately reflects a chosen name is frequently  
18 dangerous for those individuals, and is linked to depressive symptoms. As such, the Attorney  
19 General has an interest in ensuring rules like GR 34, which is meant to eliminate financial  
20 barriers to court services, are interpreted and applied in a manner that ensures the public’s broad  
21 access to the legal name change process. That interest is present in this case, where Petitioner  
22 Omeli, a transgender woman of color, was denied a waiver of a \$103.50 fee to record her legal  
23 name change, even though the District Court found Ms. Omeli is indigent. *See Pet.’s Op. Br.*;  
24 RCW 4.24.130(4); 36.18.010.

1                                   **IV.     SPECIFIC ISSUE ADDRESSED BY AMICUS**

2             The impact of the failure to waive a County Auditor’s fee to record a legal name change  
3 under GR 34 on access to justice and the safety and well-being of transgender and  
4 gender-expansive Washingtonians.

5                                   **V.     STATEMENT OF THE CASE**

6             The Attorney General adopts Petitioner’s Statement of the Case.

7                                   **VI.    ARGUMENT**

8             In general, the Attorney General’s Office agrees with and supports the arguments made  
9 in Petitioner’s Opening Brief. The Attorney General submits this Amicus Curiae Brief to  
10 highlight the unique and substantial impacts that a narrow interpretation of GR 34’s fee waiver  
11 would have on transgender and gender-expansive Washingtonians seeking a legal name change,  
12 and the importance of access to justice in this context.

13             First, as observed by the Washington Supreme Court Gender & Justice Commission,  
14 legal name change recording fees “may have a disparate impact on indigent transgender and  
15 non-binary individuals.” Wash. State Supreme Court Gender & Justice Comm’n, *2021 Gender*  
16 *Justice Study*, at 14 (2021), [https://www.courts.wa.gov/subsite/gjc/documents/](https://www.courts.wa.gov/subsite/gjc/documents/2021_Gender_Justice_Study_Report.pdf)  
17 [2021\\_Gender\\_Justice\\_Study\\_Report.pdf](https://www.courts.wa.gov/subsite/gjc/documents/2021_Gender_Justice_Study_Report.pdf). Transgender people are statistically more likely to  
18 need a GR 34 fee waiver in order to access the legal name change process in district court because  
19 they have higher rates of unemployment, underemployment, and poverty than the general  
20 U.S. population, and are more likely to receive a means-tested benefit, such as SNAP or WIC.  
21 Sandy E. James, et al., Nat’l Ctr. For Transgender Equality, *The Report of the 2015 U.S.*  
22 *Transgender Survey*, at 140-45 (2016), [https://transequality.org/sites/default/files/docs/](https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf)  
23 [usts/USTS-Full-Report-Dec17.pdf](https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf). The unemployment rate amongst respondents to the 2015  
24 U.S. Transgender Survey—the most recent version of the large, in-depth, national survey—was  
25 15%, which is three times the overall U.S. unemployment rate at the time of the survey.  
26 *Id.* at 140-41. These rates are even higher for transgender people of color. *Id.* at 140-45. The

1 economic challenges that transgender people face have been attributed to the rampant  
2 discrimination and harassment directed towards them in nearly every area of society, but most  
3 notably in the employment context. Jaime M. Grant et al., Nat'l Ctr. For Transgender Equality,  
4 *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, at 66-67  
5 (2011), [https://transequality.org/sites/default/files/docs/resources/NTDS\\_Report.pdf](https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf).

6 Indeed, studies show that many transgender people are deterred from seeking a legal  
7 name change by the costs associated with the process. Of the 64% of respondents to the 2015  
8 U.S. Transgender Survey who did not seek a legal name change, 35% said it was because they  
9 could not afford it. James et al., *2015 U.S. Transgender Survey*, at 83-84. Of the 30% of  
10 respondents who did attempt to change their legal name, 2% did not complete the process  
11 because they ran out of money. *Id.* Cost barriers only exacerbate the difficulties transgender  
12 people already face in seeking a legal name change. According to the 2015 survey, 49% of  
13 respondents did not have an ID or record with the name they preferred. James et al., *2015 U.S.*  
14 *Transgender Survey*, at 85. Transgender noncitizens are even less likely to have an ID or record  
15 with their preferred name. *Id.*

16 A narrow interpretation of GR 34 therefore is more likely to impede the ability of  
17 transgender people to access our courts, especially those whom, like Petitioner Omeli, have zero  
18 income, zero assets, and zero ability to pay anything to access the name change process. In this  
19 situation, denying the application of a GR 34 fee waiver as to even one fee amounts to a total  
20 denial of access to our state court system, which is inconsistent with the plain language of GR 34  
21 and case law. *See* GR 34 & comment (allowing waiver of any fee “which is a condition precedent  
22 to a litigant’s ability to secure access to judicial relief” including “legislatively established” fees);  
23 *Jafar v. Webb*, 177 Wn.2d 520, 529, 303 P.3d 1042 (2013) (“Consistent with our analysis of  
24 GR 34, principles of due process or equal protection require that litigants have access to the  
25 courts and require a complete waiver of fees.”); *accord* Wash. State Supreme Court Gender  
26 & Justice Comm’n, *2021 Gender Justice Study*, at 23 (observing that “[s]ince the recording is a

1 requirement of the name change petition process, it appears it should be waived under *Jafar* and  
2 GR 34”).

3 Second, reliable access to the vital gender affirming service of a legal name change is  
4 critical to ensuring the safety and well-being of transgender Washingtonians. Unfortunately, hate  
5 crimes and incidents of violence against transgender people have increased substantially in the  
6 last five years. Reported violent deaths of transgender people are increasing, with 2021 on pace  
7 to be the deadliest year yet. Movement Advancement Project, *Policy Spotlight: Hate Crime*  
8 *Laws*, at 4-6 (July 2021), <https://www.lgbtmap.org/file/2021-report-hate-crime-laws.pdf>; see  
9 also Anagha Srikanth, *Almost twice as many transgender Americans have been killed as this*  
10 *time last year*, The Hill (Apr. 13, 2021), [https://thehill.com/changing-america/respect](https://thehill.com/changing-america/respect/equality/548027-almost-twice-as-many-transgender-americans-have-been-killed)  
11 [/equality/548027-almost-twice-as-many-transgender-americans-have-been-killed](https://thehill.com/changing-america/respect/equality/548027-almost-twice-as-many-transgender-americans-have-been-killed). Transgender  
12 people are over four times more likely to experience violent crimes compared to cisgender  
13 people, and twice as likely to experience property crime. *Policy Spotlight*, at 6.

14 For transgender and nonbinary people, not having an identification that accurately  
15 reflects a chosen name exacerbates the risks they already face because of their gender identity.  
16 As a result of showing an identification with a name or gender that did not match their chosen  
17 name or gender presentation, respondents to the 2015 U.S. Transgender Survey reported being  
18 verbally harassed, denied services or benefits, asked to leave a location or establishment, and  
19 assaulted or attacked. James et al., *2015 U.S. Transgender Survey*, at 90. People of color and  
20 residents who are undocumented were even more likely to report being assaulted or attacked for  
21 using incongruous IDs. *Id.* at 90. As such, denying transgender Washingtonians the ability to  
22 petition for a legal name change because of the inability to pay a recording fee can have serious  
23 impacts on the personal safety and security of some of Washington’s most vulnerable residents.

24 Finally, removing barriers to the legal name change process, rather than constructing  
25 them, has positive impacts on the mental health of transgender and gender-expansive individuals.  
26 Studies show that using a chosen name is linked to reduced depressive symptoms in transgender

1 people. See Stephen T. Russell, et al., *Chosen Name Use Is Linked to Reduced Depressive*  
2 *Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth*,  
3 63 J. of Adolescent Health 503, 505 (Oct. 2018); see also Jody Herman, et al., Williams Inst.,  
4 *Suicide Risk and Prevention for Transgender People: Summary of Research Findings*,  
5 (Sept. 2021), [https://williamsinstitute.law.ucla.edu/publications/trans-suicide-risk-prevent-](https://williamsinstitute.law.ucla.edu/publications/trans-suicide-risk-prevent-summary/)  
6 [summary/](https://williamsinstitute.law.ucla.edu/publications/trans-suicide-risk-prevent-summary/). And ensuring that a legal name change is accessible to all Washingtonians, regardless  
7 of the ability to pay, is consistent with Washington’s statutory obligation to provide government  
8 services to all residents without discriminatory impact based on sex, gender identity, or gender  
9 expression. RCW 49.60.030(1), .040(27); accord Transgender Law Center, *Black Trans Women*  
10 *and Black Trans Femmes: Leading and Living Fiercely*, [https://transgenderlawcenter.org/black-](https://transgenderlawcenter.org/black-trans-women-black-trans-femmes-leading-living-fiercely)  
11 [trans-women-black-trans-femmes-leading-living-fiercely](https://transgenderlawcenter.org/black-trans-women-black-trans-femmes-leading-living-fiercely) (last accessed: Nov. 22, 2021) (urging  
12 gender identities be honored and protected in public and private spaces).

## 13 VII. CONCLUSION

14 The Attorney General respectfully requests that the Court construe GR 34 in a manner  
15 that ensures all Washingtonians, and in this case, transgender and gender-expansive individuals,  
16 have access to the legal name change process, regardless of ability to pay.

17  
18 DATED this 23rd day of November 2021.

19 Respectfully submitted,

20 ROBERT W. FERGUSON  
21 Attorney General of Washington

22 

23 EMILY C. NELSON, WSBA #48440  
24 Assistant Attorney General  
25 Office of the Attorney General  
26 Wing Luke Civil Rights Division  
800 5th Avenue, Suite 2000  
Seattle, WA 98104  
(206) 342-6405  
Emily.Nelson@atg.wa.gov

1 **CERTIFICATE OF SERVICE**

2 I certify that I caused a copy of this document to be served on all parties or their counsel of  
3 record as follows:

4 Via Electronic Mail by agreement of counsel:

5 Brian D. Buckley  
6 Fenwick & West LLP  
7 1191 Second Avenue, 10th Floor  
8 Seattle, WA 98101  
9 (206) 389-4510  
bbuckley@fenwick.com  
Attorney for Petitioner

10 Rebecca Guadamud  
11 Deputy Prosecuting Attorney, Civil Division Snohomish County Prosecutor's Office  
12 3000 Rockefeller Avenue, M/S 504  
13 Everett, WA 98201  
14 (425) 388-6370  
Rebecca.Guadamud@co.snohomish.wa.us  
raye.rysemus@co.snohomish.wa.us

15 I certify under penalty of perjury under the laws of the state of Washington that the  
16 foregoing is true and correct.

17 DATED this 23rd day of November, 2021 at Seattle, Washington.

18 

19 \_\_\_\_\_  
20 Allie Lard  
21 Legal Assistant  
22  
23  
24  
25  
26

# WASHINGTON STATE BAR ASSOCIATION

## WSBA ENTITY ANNUAL REPORT

FY 2021: October 1, 2020 – September 30, 2021

*The mission of the Washington State Bar Association is to serve the public and the members of the Bar, to ensure integrity of the legal profession, and to champion justice.*

**Instructions:** under the WSBA Bylaws, Committees, Other Bar Entities (excluding Regulatory Boards<sup>1</sup>), Councils, and Sections must submit an annual report to the Executive Director. The information below should reflect the activities and outcomes from the fiscal year October 1, 2020 – September 30, 2021. Information in the annual report will be provided to the Executive Director and Board of Governors, and may be published for other purposes, such as *Bar News*, volunteer recruitment messaging, and other WSBA activity-based reporting.

Completion of the annual report should be a collaborative effort with members of your entity, the BOG liaison, and staff liaison.

**Submission Deadline is Friday, October 15:** please submit by emailing [barleaders@wsba.org](mailto:barleaders@wsba.org) or requesting that your staff liaison submit the report internally.

|  |   |
|--|---|
| <b>Name of Entity:</b>   | Practice of Law Board   |
| <b>Chair or Co-Chairs:</b>   | Michael Cherry (WSBA # 48132)   |
| <b>Staff Liaison:</b> <i>(include name, job title, and department if known)</i>  | Thea Jennings, Assistant General Counsel, WSBA, Office of the General Counsel |
| <b>Board of Governors Liaison:</b>   | Governor Sunitha Anjilvel   |
| <b>Purpose of Entity:</b><br><i>May be in Bylaws, Charter, Court Rule, etc.</i>  |   |
| Per Washington Court, General Rule 25, the Practice of Law Board is responsible for:<br>(1) Educating the public about how to receive competent legal assistance (Educate);<br>(2) Considering and recommending to the Supreme Court new avenues for persons not currently authorized to practice law to provide legal- and law-related services (Innovate); and<br>(3) Receiving complaints alleging the unauthorized practice of law (UPL) in Washington by any person or entity (Coordinate). |   |
| <b>Strategy to Fulfill Purpose:</b>  |   |
| To fulfill the Practice of Law Board’s responsibilities, the Board has prepared several plans as follows:<br>To address the responsibility to educate, the Board has prepared a plan for a Legal Checkup designed to help people determine if they have a legal issue and direct them to appropriate resources to address such issues.<br>To address the responsibility to innovate, the Board is preparing a blueprint for a Legal Regulatory   |   |

Laboratory (formerly called a sandbox) to permit the testing and potentially authorize entities to provide online legal services, or for authorized legal service practitioners (LPOs, LLLTs, and Lawyers) to use an alternative business structure. The Board is also drafting Court orders to create such a laboratory and provide for entities proving they address access to justice without increasing risk of harm to the public to offer such legal services ongoing basis. This laboratory is modeled on the Legal Regulatory Sandbox operating under supervision of the Utah Supreme Court's Office of Innovation. To address the responsibility to coordinate, the Board is working to improve relationships with the Attorney General's Office (AGO), as well as with various county prosecutor's offices and in conjunction with public education, improving information to the public about the unauthorized practice of law with a Frequently Asked Questions (FAQ) page and improved reporting form. The Board has added a county prosecutor to the Board to assist us in understanding UPL from the prosecutor's perspective.

Finally, to further all of these goals, the Board has developed a diversity plan, outlined in a letter to the Supreme Court, to improve the diversity and inclusion of the Board.

### **How do the entity's strategies help further the mission of the Practice of Law Board under General Rule 25?**

The Board is formulating plans that both set goals and the methods and means to accomplish such goals and to begin to accurately measure the work of the Board. Although plans will need revision as work progresses towards goals, they provide a degree of continuity which the Board has sometimes lacked as it is staffed primarily by volunteers from the public and the legal community.

All of the Boards plans are available to the public as follows:

Educate:

Legal Checkup: [https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb\\_legal-checkup-project-plan\\_sept-2021.pdf?sfvrsn=262c17f1\\_0](https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb_legal-checkup-project-plan_sept-2021.pdf?sfvrsn=262c17f1_0)

Innovate:

Legal Regulatory Laboratory: [https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb\\_legal-regulatory-laboratory-project-plan\\_june-2021.pdf?sfvrsn=582c17f1\\_0](https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb_legal-regulatory-laboratory-project-plan_june-2021.pdf?sfvrsn=582c17f1_0)

Coordinate:

UPL FAQ and improved forms to report are being prepared.

Diversity:

Letter to the Supreme Court: [https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb\\_letter-to-sct-re-plb-diversity-plan\\_march-2021.pdf?sfvrsn=492c17f1\\_0](https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb_letter-to-sct-re-plb-diversity-plan_march-2021.pdf?sfvrsn=492c17f1_0)

### **2020-2021 Entity Accomplishments:**

Educate

Created plan and templates for Legal Checkup, which will go out to the Minority and County bar associations for feedback and assistance in generating the underlying materials.

Innovate

Created blueprint and worked with experts on this matter in other jurisdictions such as Utah. Working to create the orders to implement the lab.

Coordinate

Reached out to the Attorney General's office (AGO) to strengthen the relationship between the Board and the AGO to ensure the proper cases are being referred. Created database to collect data on unauthorized practice of law complaints and began work to improve education on UPL.

Diversity

Began work to understand the Board's baseline diversity across multiple factors and reached out to



members of the public and authorized legal practitioners to improve the diversity of the Board. Although Washington State Bar Association (WSBA) resources on diversity were instrumental in helping the Board work on diversity through education and assistance, the lack of a diverse pool of volunteers is affecting our ability to fill vacant seats on the board with diverse candidates.

**Looking Ahead: 2021-2022 Top Goals & Priorities:**

|          |   |
|----------|---|
| <b>1</b> | Educate: Continue work on the Legal Checkup, working with stakeholders including the public, the Minority Bar and County Bar Associations. Update plan as necessary. Investigate best way to bring to the Internet.                           |
| <b>2</b> | Innovate: Prepare final version of the blueprint and prepare necessary orders for the Court to implement. Present to the Supreme Court for approval.  |
| <b>3</b> | Coordinate: Continue to evaluate and refer complaints of unauthorized practice of law and educate the public on this issue. Work to ensure people know how to complain, and that complaints are timely referred to the appropriate authority. |
| <b>4</b> | Diversity: Continue to work to diversify the Board per the letter to the Supreme Court.   |
| <b>5</b> | Click or tap here to enter text.  |

**Please report how this entity is addressing diversity, equity, and inclusion:**

*How have you elicited input from a variety of perspectives in your decision-making? What have you done to promote a culture of inclusion within the board or committee? What has your committee/board done to promote equitable conditions for members from historically underrepresented backgrounds to enter, stay, thrive, and eventually lead the profession? Other?*

The Board conducted a voluntary demographic survey of its membership in an effort to identify gaps and needs to advance diversity and inclusion on the Board. The Board worked with the WSBA DEI team to draft the questions and responses in the survey. Please see the Board’s letter to the Supreme Court on this matter, available at [https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb\\_letter-to-sct-re-plb-diversity-plan\\_march-2021.pdf?sfvrsn=492c17f1\\_0](https://wsba.org/docs/default-source/legal-community/committees/practice-of-law-board/polb_letter-to-sct-re-plb-diversity-plan_march-2021.pdf?sfvrsn=492c17f1_0)

The Chair has worked to involve all members of the Board in discussions and has circulated the plans to the members for input and comment. To better solicit input and involvement of the members, sub-committees are being created to allow members to work on the matters of most interest to them— while still allowing people to contribute to all the work the Board does.

**Please describe the relationship with WSBA staff and the Board of Governors.**

*For example:*

- *Quality of WSBA staff support/services*
- *Involvement with Board of Governors, including assigned BOG liaison*
- *Ideas you have on ways WSBA can continue to strengthen/support your entity.*

First and foremost, the Board wants to thank Kyla Jones, Thea Jennings, and General Counsel Julie Shankland, Chief Equity and Justice Officer Diana Singleton, Chief Regulatory Counsel Renata de Carvalho Garcia, and Chief Disciplinary Counsel Doug Ende, for their support of the Board, and their day-to-day contributions to our work. Without their assistance and guidance, the Board could not have put plans in place and begun work on such plans.

Governor Sunitha Anjilvel has also been instrumental in supporting the Board, especially in keeping the Board of Governors up-to-date on the Practice of Law Board’s work. The Board is concerned about the placement of the Board’s information on the WSBA website. The information is virtually impossible for the public or legal providers to find as it is situated in an area related to volunteer recruitment rather than a place which allows the public to understand what the Board is responsible for and how it fulfills those responsibilities. If this cannot be changed, then the Board may need to create its own website. Tools the Board are using, such as Box, are inadequate for a collaborative Board to use. Therefore, the Board may need to investigate better tools that support online, collaboration (multiple people working in the same documents simultaneously). The annual budgeting process could include more communication with and input from Board chairs in the future. The Board has been extremely conservative in generating expenses, but as indicated above, may need to spend some money on better and focused technology.

|   |                                  |  |
|---|----------------------------------|--|
| <p><b>SECTIONS ONLY: Please quantify your section’s 2020-2021 member benefits:</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• \$3000 Scholarships, donations, grants awarded;</li> <li>• 4 mini-CLEs produced</li> </ul> | Click or tap here to enter text. | Newsletters/publications produced  |
|   | Click or tap here to enter text. | Mini-CLEs produced   |
|   | Click or tap here to enter text. | Co-sponsored half-day, full-day and/or multi-day CLE seminars with WSBA                    |
|   | Click or tap here to enter text. | Co-sponsored half-day, full-day and/or multi-day CLE seminars with <i>non</i> -WSBA entity |
|   | Click or tap here to enter text. | Receptions/forums hosted or co-hosted  |
|   | Click or tap here to enter text. | Recognitions/Awards given  |
|   | Click or tap here to enter text. | New Lawyer Outreach events/benefits  |
|   | Click or tap here to enter text. | Other (please describe):   |

| <b>Entity Detail &amp; Demographics Report:</b><br><i>To Be Completed by WSBA Staff</i> |   |
|---|---|
| <b>Size of Entity:</b>  | <i>13 members, of which 5 must be non-legal professionals (that is, members of the public).</i> |
| <b>Membership Size:<br/>(for Sections Only)</b><br><i>(As of September 30, 2021)</i>    | Click or tap here to enter text.  |

|   |  |                        |   |                           |
|---|--|------------------------|---|---------------------------|
| <b>Number of Applicants for FY22</b><br><i>(October 1, 2021 – September 30, 2022)</i>   | <i>The Board received 7 applications. The Board recommended 4 applicants to be appointed by the Court.</i> |                        |   |                           |
| <b>How many current volunteer position vacancies for this entity?</b>   | <i>There is 1 lawyer position open. It is being left open until a diverse candidate can be found.</i>      |                        |   |                           |
| <b>FY21 Revenue (\$):</b><br><b>For Sections Only:</b><br><i>As of September 30, 2021</i>   | Click or tap here to enter text.   |                        |   |                           |
| <b>Direct Expenses:</b><br><i>As of September 30, 2021. For Sections, this does not include the Per-Member-Charge.</i>  | <b>\$9,000</b>   |                        |   |                           |
| <b>Indirect Expenses:</b>   | <b>\$36,875</b>  |                        |   |                           |
| <p><b>FY21 Demographics:</b><br/>The WSBA promotes diversity, equality, and cultural competence in the courts, legal profession, and the bar, and is committed to ensuring that its committees, boards, and panels reflect the diversity of its membership.</p> <p>Aside from the factors marked (*), demographic information was provided voluntarily and individuals had the option to not respond to any of the factors below.</p> |  |                        |   |                           |
| <b>Disability:</b>  | Yes: X   | No: X                  | No Response: X                            |                           |
| <b>Ethnicity:</b>   | American Indian/Native American/Alaskan Native:  | Asian: X               | Black/African-American/African Descent: X | Hispanic/Latinx:          |
|   | Middle-Eastern Descent:  | Multi-Racial/Biracial: | Pacific Islander/Native Hawaiian:         | White/European Descent: X |
|   | Not Listed:  | No response:           |   |                           |
| <b>Gender:</b>  | Female: X  | Male: X                | Non-Binary:                               | Transgender:              |
|   | Two-spirit:  | Not Listed: X          | No Response:                              |                           |
| <b>Geographic*:</b>   | District 1: X  | District 2:            | District 3:                               | District 4: X             |
|   | District 5:  | District 6:            | District 7S:                              | District 7N:              |
|   | District 8:  | District 9:            | District 10:                              | Other: X                  |
| <b>New/Young Lawyer*:</b>   | Yes:   | No:                    |   |                           |

|                            |               |  |                 |             |
|----------------------------|---------------|--|-----------------|-------------|
| <b>Sexual Orientation:</b> | Asexual:      | Gay, Lesbian, Bisexual, Pansexual, or Queer: | Heterosexual: X | Two-spirit: |
|                            | Not Listed: X | No Response:                                 |                 |             |

---

<sup>i</sup> The Access to Justice Board (not regulatory, but applicable to the distinction herein) and Regulatory Boards (Disciplinary Board, LLLT Board, Limited Practice Board, MCLE Board and Practice of Law Board) are not required by Bylaws or Court Rule submit an annual report to WSBA. However, as part of the administration of monitoring of Regulatory Boards, the Boards listed herein typically provide an annual report to the Court and WSBA should be provided this same report an annual basis.