CBAC 2018 RESOLUTION IN SUPPORT OF BANNING HARMFUL SEXUAL ORIENTATION AND GENDER “CONVERSION THERAPY” PRACTICES ON CHILDREN UNDER THE AGE OF 18

WHEREAS, the Coalition of Bar Associations of Color (CBAC), organized in 1992, is a coalition created to act as a collective voice for issues of common concern to its member organizations; and

WHEREAS, the member organizations of the CBAC are the Hispanic National Bar Association (HNBA), the National Asian Pacific American Bar Association (NAPABA), the National Bar Association (NBA), and the National Native American Bar Association (NNABA); and

WHEREAS, the member organizations of the CBAC are the national voices of their respective legal communities in the United States and its territories and possessions; and

WHEREAS, according to the 2008 U.S. Census, approximately 34% of the Native Hawaiian and Pacific Islander population is under the age of 18; and

WHEREAS, according to the 2010 U.S. Census, approximately 32 percent of American Indians and Alaska Natives are under the age of 18, compared to only 24% of the total population who are under the age of 18; and

WHEREAS, around the time the 2020 Census is conducted, more than half of the nation’s children are expected to be part of a non-white race or ethnic group and it is expected that by 2060, just 36 percent of all children (people under age 18) will be single-race non-Hispanic white, compared with 52 percent today, according to U.S Census Bureau Projections; and

WHEREAS, the American Academy of Child and Adolescent Psychiatry in 2012 published an article in its journal, Journal of the American Academy of Child and Adolescent Psychiatry, stating: “Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated.”; and
WHEREAS, the American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: “[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth.”; and

WHEREAS, the American Psychiatric Association published a position statement in March of 2000 in which it stated: “Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of ‘cures’ are counterbalanced by anecdotal claims of psychological harm. In the last four decades, ‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm; and

WHEREAS, the American Psychiatric Association published a position statement in March of 2000 in which it stated: “The potential risks of reparative [conversion] therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative [conversion] therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed. Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation”; and

WHEREAS, minors who experience family rejection based on their sexual orientation face especially serious health risks, as reported in one study that, lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection; and

WHEREAS, being lesbian, gay, bisexual, asexual, pansexual, gender nonconforming or Two Spirit is not a disease, disorder, illness, deficiency, or shortcoming, as supported by the relevant medical literature; and

WHEREAS, American Indian, Alaska Native, Native Hawaiian and all youth of color should have the right to express their gender identity and sexual orientation, without risking psychological and emotional harm;
NOW THEREFORE BE IT RESOLVED that the CBAC supports and urges federal, state, tribal and local governments to fully protect children under the age of 18 from harmful “conversion therapy” practices by banning licensed professionals and unlicensed counselors from attempting to change the gender identity or sexual orientation of minors under the age of 18.

BE IT FURTHER RESOLVED that the CBAC authorizes the presidents, boards, and staff of each CBAC organization to communicate the content of this resolution to its members, affiliates, other bar associations, members of Congress, the Administration, the press, and others to take steps to implement this resolution, as they deem necessary; and

BE IT FURTHER RESOLVED that the CBAC supports this resolution as a policy priority until it is withdrawn or modified by subsequent resolution; and

BE IT FINALLY RESOLVED that this resolution shall be the legislative priority of the CBAC until it is withdrawn or modified by subsequent resolution.
CERTIFICATION

WE, the duly-elected Presidents of the Hispanic National Bar Association (HNBA), the National Asian Pacific American Bar Association (NAPABA), the National Bar Association (NBA), and the National Native American Bar Association (NNABA), hereby certify that the foregoing Resolution was duly enacted by a duly noticed meeting of the Board of Directors.

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Ernesto V. Mason  
President, Hispanic National Bar Association  
2/26/18

Pankit J. Doshi  
President, National Asian Pacific American Bar Association  
2/26/18

Juan R. Thomas  
President, National Bar Association  
2/26/18

Diandra Benally  
President, National Native American Bar Association  
2/26/18