Good morning Mister Chairperson and distinguished Committee members. Thank you for the opportunity to testify today in SUPPORT of Assembly Bill A4871. My name is Jeff Feldman and I am the Director of Advocacy and Communications at the National Association of Social Workers - New Jersey Chapter (NASW-NJ). The National Association of Social Workers was founded in 1955 and is the largest organization of professional social workers in the world. Our New Jersey chapter is the third largest in the nation.

Social workers are, by far, the largest provider of mental health services in our state and in our country. According to workforce data compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA), there are more Licensed Clinical Social Workers practicing in New Jersey than there are all other mental health practitioners in New Jersey combined. Today, I sit before you, representing the more than 20,000 licensed social work practitioners across our state and the hundreds of thousands of clients we serve each day.

In 2015, NASW’s National Committee on Lesbian, Gay, Bisexual, and Transgender Issues put forth a position paper on Sexual Orientation Change Efforts and Conversion Therapy with LGBT persons. I’d like to take the opportunity to share some highlights from this position paper. A copy of the full position paper and a selection of associated resources has been provided for you.

Social workers and other mental health professionals rely on the use of therapeutic techniques that are well-tested, evidence-supported, and have been shown to cause no harm to the individual receiving treatment. Indeed, the NASW Social Work Code of Ethics contains provisions that specifically address the ethical application of research findings in practice. Proponents of reparative therapy and conversion therapy claim these practices are supported by scientific data. This is not the case. In a 2004 article entitled “Unethical Treatment of Gay and Lesbian People With Conversion Therapy,” the authors note that studies supporting the efficacy of conversion therapies are “rife with methodological problems that limit their generalizability and call into question their outcomes” (Jenkins & Johnston, p. 558). Another author goes so far as to label reparative therapy as “scientistic” rather than scientific: that is, it is “information that mimics science but is not science in methodology, principle, or intent” (as cited in Panozzo, 2013, p.367). Additionally, an often-cited researcher and proponent of conversion therapy, Robert Spitzer, admitted flaws in his research methodology. In 2012, Spitzer formally retracted his 2001 study that claimed gay men and lesbians could switch their sexual orientation (NASW, 2015).

A 2009 report published by the American Psychological Association notes there have been NO studies of adequate scientific rigor to conclude whether or not Sexual Orientation Change Efforts can modify or change an individual’s sexual orientation or gender expression (as cited in NASW, 2015). Not only do studies fail to
adequately demonstrate the success of Sexual Orientation Change Efforts, there is considerable evidence that such efforts are “associated with psychological harm, including increased feelings of shame, guilt, and depression, and in some cases, attempted suicide” (Panozzo, 2013, p. 364).

The fact is, Sexual Orientation Change Efforts, including conversion therapy and reparative therapy, have been discredited or highly criticized by all major medical, psychiatric, psychological, and professional mental health organizations, including the NASW (2000, 2015), the American Psychiatric Association (2000), the American Psychological Association (2009), the American Medical Association (2012), the American Counseling Association (2013), and the Council on Social Work Education (2016).

NASW’s Policy Statement on Lesbian, Gay, and Bisexual Issues (2014) asserts that “NASW condemns the use of Sexual Orientation Change Efforts by any person identifying as a social worker or by any agency that identifies as providing social work services” (p. 216). The NASW Policy Statement on Transgender and Gender Identity Issues (2017) expresses “condemnation of the teaching of social work students […] to use reparative or conversion therapy approaches, and an end to the use of reparative or conversion therapies by professional social workers” (pg. 327-328).

NASW-NJ reaffirms this stance against therapies and treatments designed to change sexual orientation or gender identity and strongly believes the use of these practices should be completely banned in our state.

In the 1970s, homosexuality was removed as a clinical diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM), the diagnostic “bible” for mental health workers. Just last month, the World Health Organization removed the diagnosis of Gender Identity Disorder from the 11th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), replacing it with the diagnosis of “Gender Incongruity” and moving this diagnosis from the mental disorders section of the manual to the sexual health section. The banning of Sexual Orientation Change Efforts in our state will be another important step in reducing stigma and discrimination against persons who identify as LGBT, will provide protections for the health and well-being of this population, and support the use of therapeutic practices that are affirming, empowering, and effectively support and enhance the well-being of LGBT, gender non-conforming, and queer persons in our state.

I thank you for your time and urge you to vote to release A4871 from Committee.