

Submitter: Matt Chorpenning

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2458

As a trained social worker and social work educator with more than a decade of experience working with youth, I join many of my colleagues and students in full support of HB2458m to prohibit practice of conversion therapy by certain professionals and to declare this an emergency. The professional associations in my field, including the Council on Social Work Education, the American Psychological Association, the American Psychiatric Association, and the American Counseling Association, are all in strict opposition to conversion therapy practices and other attempts to change the sexual orientation or gender identity of any LGBTQ+ peoples (CSWE, n.d.). Further, the National Association of Social Workers (NASW), also in opposition to these practices, clearly states that the practices of sexual orientation change efforts—including, but not exclusively referring to “conversion therapies”—are in violation of the NASW Code of Ethics (NASW, 2015).

In addition to concerns of professional ethics, standards of the field and best practices, conversion therapies have devastating impacts to the LGBTQ people that are exposed to them. We know that LGBTQ youth present high risks of suicide, with trans and non-binary youth and LGBTQ youth of color presenting at even higher risk, due to the intersections of racism, transphobia, and heterosexism that impact them throughout their lives. 45% of LGBTQ youth seriously considered attempting suicide in the past year (Trevor Project, 2022). Nearly 1 in 5 transgender and nonbinary youth attempted suicide and LGBTQ youth of color reported higher rates than their white peers (Trevor Project, 2021). More than one third of American Indian/Alaska Native (AI/AN) youth LGBTQ youth considered suicide in the past year (33%), which is more than double the rate among non-AI/AN LGBTQ+ youth. Almost half (49%) of LGBTQ Native Hawaiian/Pacific Islander (NHPI) youth considered suicide in the past year, while 20% of LGBTQ NHPI actually attempted suicide in the past year. Among Asian/Asian American youth in particular, exposure to conversion therapy and/or someone trying to convince them to change their gender identity and/or sexual orientation put youth at nearly three times the risk of a suicide attempt (Price, et al., 2021). We also know that LGBTQ youth who found their school to be LGBTQ-affirming reported lower rates of attempting suicide (Trevor Project, 2022). LGBTQ youth who live in a community that is accepting of LGBTQ people reported significantly lower rates of attempting suicide than those who do not (Trevor Project, 2022). We know that in Oregon, 8% of our 6th, 9th, and 11th graders are trans or gender expansive and 1/3 are LGB+ or unsure. I know that all of these youth deserve to live and grow into their whole, complete selves. Through the shared values of safety for all of our children, as well

as with a deep understanding of the necessity of prevention and intervention related to mental and behavior health and well-being, these practices must NOT be offered under the auspices of professional or clinical care.

This IS an emergent need and these recommendations are rooted in research, clinical and organizational best practices, as well as from the voices of the survivors themselves.

Sincerely,

Matt Chorpenning, MSW  
Assistant Professor of Practice, School of Social Work  
Portland State University