



HB 4616 and HB 4617. Conversion Therapy Ban Testimony
National Association of Social Workers - Michigan Chapter

Chair Brabec, and members of the Behavioral Health Policy Committee, thank you for the opportunity to speak this afternoon in support of a ban on the dangerous practice of conversion therapy. My name is Melina Brann, and I am a licensed social worker and have the honor today of representing the profession of social work through my position as Director of Policy and Advocacy of the Michigan Chapter of the National Association of Social Workers. Social workers are the largest providers of behavioral health services in Michigan, with over 30,000 licensed professionals and an additional 6,500 students completing their social work degrees across the state.

NASW has been a long-time partner in the fight to end conversion therapy, also referred to as reparative therapy or sexual orientation change efforts (SOCE). As a profession ethically charged with improving individual, community, and societal welfare, NASW believes conversion therapy damages all three, often in irreparable ways.

The NASW Code of Ethics mandates all social workers ‘respect the dignity and inherent worth of a person.’ Conversion therapy is utterly contrary to this mandate. Instead, conversion therapy is rarely, if ever, self-initiated. LGBTQ+ individuals - usually youth - are coerced into empirically disproven treatment by their families, schools, peer groups, and faith institutions. These youth are inundated with messages of them being fundamentally wrong, urged to hate themselves, and see themselves as broken individuals who can only be fixed by rejecting their self-identity in favor of a falsehood. That is not dignity; this is not self-worth.

As licensed professionals, we are required to do no harm and work within the rules and laws that govern our practice. Any licensed professional that is performing conversion therapy knows they are in violation of their license and professional code of ethics. The entire purpose of a license is to protect the public from harmful practice, and certainly conversion therapy falls within that definition.

~~Unfortunately, our profession has had a dark history of perpetuating the fallacy that being LGBTQ is a mental illness, and we bear a terrific amount of responsibility for resolving the oppression that we contributed to. This is why all of our professional associations have led the call for protection from this practice, condemning conversion therapy, since the early 1990s. Since that time, we have educated, trained, and re-trained professionals on the harms of conversion therapy and the need for the opposite — affirmative therapy.~~

Conversion therapy efforts often encourage family rejection and undermine self-esteem, connectedness and caring, which are important protective factors against suicidal ideation and attempts. Young people who experience high levels of family rejection face serious health risks, including being over 8 times more likely to report having attempted suicide, and 6 times more likely to report high levels of depression.

While we might not hear often in the media or through professional regulation about conversion therapy occurring in Michigan, it is still happening. Statistics from The Trevor Project, a nonprofit dedicated to LGBTQ suicide prevention, reports that 10% of Michigan's LGBTQ youth have been threatened with the possibility of conversion therapy as of 2022, with another 5% reporting they had already been subjected to it. What is equally startling is that nearly 50% of LGBTQ youth in Michigan seriously considered suicide in the past year and one quarter reported they had actually made a suicide attempt.

It is sobering to contemplate the potential number of victims from conversion therapy that are no longer living because the practice drove them to suicide. The high rates of suicide causality make conversion therapy a particularly challenging practice to quantify, as its victims cannot speak up and its practitioners are cunning enough to know that admitting to performing this practice would cause severe professional or legal consequences.

It is our hope that the passing of House Bills 4616 and 4617 will bring some vindication and reconciliation to the many young people who have been traumatized by this ineffective and unethical practice as well as put a concrete stop to this practice by any licensed professional in the state.

Thank you again for the opportunity to voice our support and please know that your vote today will save lives.