

ORDINANCE NO. 2017 -18

**AN ORDINANCE AMENDING CHAPTER 1, PART 3,
ARTICLE G OF THE CODE OF ORDINANCES OF THE
BOROUGH OF DOYLESTOWN TO PROHIBIT
CONVERSION THERAPY AS A FORM OF
DISCRIMINATION**

WHEREAS, the Pennsylvania Borough Code provides that the corporate powers of the Borough Council of Doylestown Borough (the “Borough Council”) include the ability to make regulations as may be necessary for the health, safety, and general welfare of the borough, including enacting antidiscrimination ordinances;

WHEREAS, the Pennsylvania Human Relations Act provides that municipalities may task local human relations commissions with, among other duties, investigating and making determinations on claims of discrimination;

WHEREAS, Chapter 1, Part 3, Article G of the Doylestown Borough Code of Ordinances, establishes the Doylestown Human Relations Commission and prohibits certain discriminatory practices, including discrimination on the basis of sexual orientation and/or gender identity and/or expression;

WHEREAS, Doylestown Borough has determined that conversion therapy is a practice that is unsupported by science and therapeutic standards and that particularly threatens the health, safety, and welfare of LGBTQ+¹ minors. In particular:

- a. Contemporary science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness;
- b. The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation, which conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. It concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources;

¹ LGTBQ+ is an acronym used to refer to lesbian, gay, bisexual, transgender, queer, and other individuals who are not cisgender and/or heterosexual, including asexual, aromantic, and nonbinary trans individuals.

c. 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”;

d. The American Psychiatric Association published a position statement in March 2000, in which it stated:

1. “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”;

2. “The potential risks of reparative 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 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”;

3. “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 or her sexual homosexual orientation”;

e. The American Academy of Pediatrics in 1993 published an article in its journal, Pediatrics, stating: “Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation”;

f. The American Medical Association Council on Scientific Affairs prepared a report in 1994 in which it stated: “Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant

sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it”;

g. The National Association of Social Workers prepared a 1997 policy statement in which it stated: “Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and, in fact, they may be harmful”;

h. The American Counseling Association Governing Council issued a position statement in April of 1999, and in it the council states: “We oppose ‘the promotion of ‘reparative therapy’ as a ‘cure’ for individuals who are homosexual””;

i. The American School Counselor Association issued a position statement in 2014 which states that: “It is not the role of the professional school counselor to attempt to change a student’s sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student’s sexual orientation or gender as these practices have been proven ineffective and harmful”;

j. The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender identity, or gender expression, and in it the association states:

“As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice”; and

“Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes”;

k. 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”;

l. The Pan American Health Organization, a regional office of the World Health Organization, issued a statement in 2012 stating: “These supposed conversion therapies constitute a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements.” The organization also noted that reparative therapies “lack medical justification and represent a serious threat to the health and well-being of affected people”;

m. The American Association of Sexuality Educators, Counselors, and Therapists issued a statement in 2014 stating: “[S]ame sex orientation is not a mental disorder and we oppose any ‘reparative’ or conversion therapy that seeks to ‘change’ or ‘fix’ a person’s sexual orientation. AASECT does not believe that sexual orientation is something that needs to be ‘fixed’ or ‘changed.’ The rationale behind this position is the following: Reparative therapy (for minors, in particular) is often forced or nonconsensual. Reparative therapy has been proven harmful to minors. There is no scientific evidence supporting the success of these interventions. Reparative therapy is grounded in the idea that non-heterosexual orientation is ‘disordered.’ Reparative therapy has been shown to be a negative predictor of psychotherapeutic benefit”;

n. The American College of Physicians wrote a position paper in 2015 stating: “The College opposes the use of ‘conversion,’ ‘reorientation,’ or ‘reparative’ therapy for the treatment of LGBT persons. . . . Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons”;

o. Minors who experience family rejection based on their sexual orientation face especially serious health risks. In one study, 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. This is documented by Caitlin Ryan et al. in their article entitled Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults (2009) 123 Pediatrics 346;

WHEREAS, Doylestown Borough has further determined that conversion therapy is a form of discrimination on the basis of sexual orientation and/or gender identity and/or expression

because it targets individuals solely on those bases, subjects them to unscientific and harmful practices that cisgender and/or heterosexual individuals are not subjected to, and poses a great risk of harm to LGBTQ+ minors;

WHEREAS, Doylestown Borough has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting minors from exposure to serious harms caused by conversion therapy; and

WHEREAS, the proposed amendments have been advertised, considered, and reviewed in accordance with the Borough Code;

NOW THEREFORE, in consideration of the foregoing, be it **ENACTED** and **ORDAINED** by the Borough Council of Doylestown Borough, Bucks County, Pennsylvania, that Chapter 1, Part 3, Article G of the Doylestown Borough Code of Ordinances is **AMENDED** as follows:

I. ADD the following definitions to **Section 358.1**:

CONVERSION THERAPY – any practices or treatments that seek to change an individual’s sexual orientation and/or gender identity or expression, including but not limited to efforts to change behaviors or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward individuals of the same gender.

Conversion Therapy shall not include counseling that:

- a) Provides assistance to a person undergoing gender transition; and/or
- b) Provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and identity exploration and development, including sexual orientation-neutral and gender identity or expression-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual’s sexual orientation and/or gender identity or expression.

MENTAL HEALTH PROFESSIONAL – A person who is licensed to provide professional mental health care or counseling under Pennsylvania law, or a person who performs mental health care or counseling as part of the person’s professional training for any of such licensed profession.

IV. ADD the following to **Section 359**:

- 5. It is a prohibited form of discrimination under this ordinance for a Mental

Health Professional to engage in Conversion Therapy with a person under 18 years of age.

V. Partial Repealer

All other provisions of the Borough's Code of Ordinances, as amended, shall remain in full force and effect. All other Ordinances or provisions of the Borough's Code of Ordinances inconsistent herewith or in conflict with any of the terms hereof are, to the extent of said inconsistencies or conflicts, hereby specifically repealed.

VI. Severability

The provisions of this Ordinance are severable. If any section, clause, sentence, part or provision thereof shall be held illegal, invalid, or unconstitutional by a court of competent jurisdiction, such decision of the court shall not affect or impair any of the remaining sections, clauses, sentences, parts or provisions of this Ordinance. It is hereby declared to be the intent of the Borough Council that this Ordinance would have been enacted if such illegal, invalid, or unconstitutional section, clause, sentence or part of a provision had not been included herein.

VII. Effective Date

All provisions of this Ordinance shall be in full force and effect five (5) days after the approval and adoption.

ORDAINED AND ENACTED this 18th day of December, 2017.


DOYLESTOWN BOROUGH COUNCIL

By:



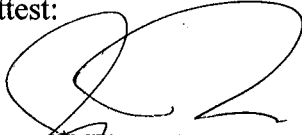
Det Ansinn, Council President

Approved:



Ron Strouse, Mayor

Attest:



Borough Secretary