



**LGBTQ QUALITY OF LIFE ADVISORY COMMISSION
RECOMMENDATION 20191104-3B**

Date November 4, 2019

Subject City of Austin support for a ban of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) conversion therapy

Description of Recommendation to Council

The Office of City Manager should confirm that no public funds shall be expended for the following:

- practicing conversion therapy;
- referring a person to a healthcare provider for conversion therapy;
- referring individual to any person engaged in trade or commerce for conversion therapy;
- health benefits coverage for conversion therapy;
- a grant or contract with any entity to conduct conversion therapy; or
- refer any person to a healthcare provider for conversion therapy or to a person engaging in trade or commerce to provide conversion therapy

Additionally, the Office of City Manager with the support of, but not limited to, the Equity Office and Austin Public Health should research all other areas in which the harmful practice of reparative therapy could be further restricted, up to and including potentially amending City Code to making the practice illegal.

Rationale

Being LGBTQIA+ is not a disease, disorder, illness, deficiency, or short coming.

It is now generally accepted in the medical and mental health professions, and elsewhere, the LGBTQIA+ status is not abnormal or disordered but instead a normal and positive variation of humanity.

Portrayals of LGBTQIA+ adults and youth as mentally ill, abnormal, or disordered due to their sexual orientation or gender identity are untrue and de-humanizing.

There is a long and severe history of discrimination against LGBTQIA+ people throughout this country, state, and city under which LGBTQIA+ people have been subjected to violence and threats of violence, denied services at businesses, prevented from obtaining housing, forced from their homes, fired from their jobs, and denied job opportunities.

Research studies and other available evidence shows that conversion therapy or other treatment practices that attempt to change a young person's sexual orientation or gender



identity pose a significant risk of serious emotional and physical harm to youth who undergo them such as anxiety, depression, hopelessness, social withdrawal, illegal drug use, and suicidality.

Suicide is the second most common cause of death among 18 – 25-year-olds in the United States and research has consistently shown higher rates of suicidal ideation, self-harm, and suicide attempts among LGBTQIA+ youth compared to non-LGBTQIA+ peers.

The LGBTQIA+ community's risk of suicide is 6-8x the general population, with transgender people, LGBTQIA+ seniors, and people of color at highest risk.

LGBTQIA+ youth experience the harmful effects of stigma and discrimination when they are forced or coerced into undergoing "conversion," or "reparative," or "reorientation" therapy because as minors they cannot effectively refuse or prevent conversion therapy wanted by parents or other authorities.

The consensus among leading national and international organizations have existing policy statements in support of overturning harmful reparative therapy practices. These organizations include: American Psychological Association, American Psychiatric Association, American Academy of Pediatrics, American School Counselor Association, American Counseling Association, American Psychoanalytic Association, American Academy of Child and Adolescent Psychiatry, the American College of Physicians, American Medical Association, Pan American Health Organization, American Association for Marriage and Family Therapy, American Bar Association, American School Counselor Association, American School Health Association, National Association of Social Workers, American Association of School Administrators, American Federation of Teachers, American Psychological Association, Interfaith Alliance Foundation, National Association of School Psychologist, National Association of Secondary School Principals, National Education Association, School Social Work Association of America.

Texas Medical Association (TMA) wrote a letter to the Texas Medical Board on August 16, 2019, stating: TMA and other recognized medical associations strongly recommend that health care for sexual minority youth be rooted in acceptance and support of the individual's identity, and the provision of accurate information on the development of sexual orientation and gender identity. We support the prohibition of any person licensed to provide mental health counseling from engaging in sexual orientation change efforts with patients younger than 18 years of age. The professional care for each of our minor patients must be built in an environment that supports an open, safe, and confidential patient-physician relationship – but also upon sufficient and adequate evidence-based care that supports the child's development. In our support of evidence-based therapies, we will aggressively oppose the use of potentially harmful, unproven therapies for children.

Texas Academy of Family Physicians (TAFP) wrote a letter to the Texas Medical Board on August 28, 2019, stating: TAFP would like to be on record strongly supporting the Texas Medical Association's position. We support the prohibition of any person licensed to provide mental health counseling from engaging in sexual orientation change efforts with patients younger than 18 years of age and we oppose the use of potentially harmful, unproven therapies for children.



14% of Texas respondents to the 2015 U.S. Transgender Survey reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

72% of LGBTQIA+ students in Texas have been verbally harassed due to sexual orientation and 64% for gender expression in the past year (GLSEN 2017).

49% of LGBTQIA+ students in Texas have been physically harassed or assaulted for sexual orientation and 42% for gender expression (GLSEN 2017).

Conversion therapy has been banned by at least 47 municipalities/cities (e.g., New York City, Denver, Columbus, Washington DC, Miami, Milwaukee, Philadelphia, Pittsburgh, Seattle), and 18 states (e.g., Hawaii, Maryland, California, Connecticut, Illinois, Nevada, New Hampshire, New Mexico, Oregon, Rhode Island, Washington), and 9 countries worldwide (e.g. United Kingdom, Canada, Australia, Taiwan, China, South Africa, Spain, Brazil, Ecuador).

The City of Austin has a proud tradition as an exemplar for inclusiveness, acceptance, and progressive social action; home of one of the largest populations of LGBTQIA+ residents in Texas, Austin has long sought to protect the rights and secure the safety and well-being of the citizens who often find themselves subject to oppression and persecution. In fact, Austin's 2016 population was estimated at 931,830. A 2016 survey from the [Williams Institute](#) estimated that 0.6% of U.S. adults identify as transgender; it can reasonably be estimated that 5,591 Austinites identify as transgender. This Commission body hopes to better capture the census and demographic data of our LGBTQIA+ residents through our upcoming Quality of Life Study and attempt to further integrate comprehensive LGBTQIA+ demographic gathering throughout the City.

The City's [Housing Ordinance](#) and the [Fair Housing Act](#) protect an individual in the area of housing (terms and conditions, rental, leasing, buying or selling) based on race, sex, religion, national origin, familial status, and physical or mental disability. The ordinance also protects an individual from discrimination based on age (18 years or older), status as a student, sexual orientation, gender identity and expression, and marital status.

The City's [Public Accommodations Ordinance](#) makes it unlawful for any place of business to deny access to goods and services to anyone because of that person's race, color, sex, religion, national origin, age, physical or mental handicap, gender identity or sexual orientation.

As part of the Strategic Direction 2023, The City of Austin has adopted strategic outcomes for Safety, defined as “being safe in our home, at work, and in our community” and for Health, defined as “Enjoying.... A healthy life, physically, and mentally.” Finally, the Strategic Direction 2023 sets forth a strategic outcome that Austin be a “Government That Works for All,” by believing that “city government works effectively and collaboratively for all of us—that it is equitable, ethical and innovative.”



Vote

Date of Approval: November 4, 2019

Record of the vote: Adopted without objection on a 13-0 vote.

Present: Gonzales, Baeza, Chavez, Curry, Daniels, Doughty, Dowling, Gonzalez, Gorczynski, Hines, Kirby, Taylor, Wollerson

Attest: Kathryn G. Gonzales
Kathryn Gonzales, Vice Chair