

Good morning, Senators. My name is Amy Cannava. I am a Nationally Certified School Psychologist. Professionally, I am a member of the National Association of School Psychologists (NASP), the Chair of their LGBTQI2-S Committee, and a requested speaker across the country as an expert on LGBTQ+ youth. I facilitate peer support groups, I counsel LGBTQ+ youth, and I am the faculty sponsor of my high school's GSA. Personally, I am the Youth Outreach Director for NOVA Pride, community sponsor of NOVA Pride Prom, past Vice President for PFLAG Winchester, a volunteer crisis counselor for a national LGBTQ youth support organization, and I served as a caregiver for a trans youth for two years who went from being suicidal to strong and successful. I last testified here in 2016. I wish the statistics I am reporting to you today had changed more than they have, but we have a long way to go and without your vote in support of SB245 we are likely to lose more young, precious lives.

NASP's vision is that all children and youth thrive in school, at home, and throughout life. To that end, NASP empowers school psychologists by advancing empirically-validated and effective practices to improve student's learning, behavior, and mental health. As a group, LGBTQ+ youth are more at-risk than any other homogeneous group of students I work with – more so than the students with disabilities and more so than the students who self-refer due to mental illness. 2/3 of LGBTQ+ youth say they are not happy, they are twice as likely to experiment with drugs, they engage in self-injurious behaviors at an alarming rate, and 42% of them report that the communities in which they live do not support them (HRC Youth Survey Report, 2016). Lesbian, Gay, and Queer youth are almost 5 times (CDC, 2016) as likely and trans youth are more than 9 times as likely to have attempted suicide (USTS, 2015). 54% report being verbally harassed (HRC, 2016), 45% report not feeling supported by their state leaders, 68% say they hear negative messages from elected leaders (HRC, 2016), and worse yet 1/3 of

them report not having ONE supportive adult at school (HRC, 2016). Can you imagine yourself, or your child, not having a SINGLE adult at school who supports them? These devastating statistics are due to heterocentric and homophobic surroundings rather than the youth's LGBTQ+ status as by and large queer youth are extremely resilient. That's in part why 77% of LGBTQ+ youth say they KNOW things will get better (HRC, 2016). The victimization and isolation LGBTQ youth experience has a negative impact on their mental health which then affects their education. The archaic promotion of sexual orientation change efforts has repeatedly shown that it exacerbates the risk of harassment and fear in this population. Therefore, I adamantly support the passage of SB245. Passage of this legislation will help protect children and youth from the dangerous and highly ineffective practices that falsely claim to change one's sexual orientation, gender identity, or gender expression.

Conversion therapy, sometimes referred to as reparative therapy or sexual orientation change efforts, are based on the idea that homosexuality is a mental disorder, a claim that has been rejected by all the major mental health professions, including the American Psychological Association and the American Psychiatric Association. In fact, in 1973, the Diagnostic and Statistical Manual of Mental Disorders, removed Homosexuality as a condition of psychopathology. In 2013 the DSM removed transgender. Despite the rejection of these therapies by the medical community, there has continued to be aggressive promotion of this type of therapy with children and youth. In 2008, the National Association of School Psychologists joined with the American Psychological Association, the American Academy of Pediatrics, as well as 11 national education and mental health associations (including school principals and superintendents) in a public statement that addressed the dangers of conversion therapy (APA, 2008). These techniques cause often irreparable harm by suggesting that being LGBTQ is a

mental disorder and one's inability to change his/her sexual orientation is a personal and moral failure (Schroeder, 2002).

NASP similarly asserts that being LGBTQ is not a mental disorder, and therefore, is not something that needs to be, should be, or can be cured. SB245 would ensure that mental health providers, who have somehow missed the memo for the last 50 years, understand that it is unacceptable, unethical, and irresponsible to attempt to change one's sexual orientation or gender identity under the guise of "therapy." They will no longer be allowed to fool parents into thinking that conversion therapy is "good" for their kids. Sexuality and gender identity are not "choice" behaviors. A person does not choose to have people question who they are and face discrimination and abuse for living their truths. All too often parents who have their children's best interest at heart, are coerced into sending kids to reparative therapists who are essentially practicing fraud and endangering the lives of young people.

Instead, appropriate therapies that provide acceptance, support, or understanding of LGBTQ identities - those that facilitate coping, social support, and identity exploration should be available to the Commonwealth's youth. Best practices support affirming practitioners who possess the essential knowledge, skills, and attitude (Van den Bergh and Crisp, 2004) to work with this at-risk group.

As I previously stated, LGBTQ youth are, as a group, more at-risk than their heterosexual peers. Therefore, NASP supports me in providing counseling, advocacy, and other supports to all students, including those who identify as sexual and gender minority youth, as I have

explicitly been doing in practice for the last decade of my sixteen year career. As a school psychologist, I provide evidence-based strategies in working with students and the promotion of effective policies and practices designed to promote understanding and acceptance of human diversity, a practice guided by NASP. As a school-based mental health professional, I am charged with helping to foster a school environment that is safe and supportive, where all students, including LGBTQ students, feel safe in sharing their thoughts and problems, including issues related to sexual orientation and gender identity. Promotion of or engagement in conversion therapies can lead to further isolation and mental health problems among these youth.

Typically, those who practice conversion therapy have close ties to a religious organizations. They represent a hidden minority of providers compared to the more than 480,000 mental health providers who condemn these practices (APA, 2008). There is no body of credible research that indicates that conversion therapy is, or has ever been, an evidenced based practice. However, the risks associated with such practices are clear. Therapies intended to change one's sexual orientation or gender identity can lead to depression, anxiety, social isolation, school truancy and dropping out, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior. Despite the fact that the major medical and mental health associations have rejected these "therapies," current regulations allow for mental health professionals to continue to engage in conversion therapy with young people.

I have provided individual counseling for LGBTQ youth since moving back to Virginia after my husband's military enlistment. In 2014 I began a counseling support group for LGBTQ youth. As indicated on the consent form, "The social support group promotes such skills as positive self-esteem, coping skills, resiliency, identity development, and support resources." The students

represent a homogeneous grouping with heterogeneous problems. They are not solicited to join group, but rather students have reached out to one another and invited their participation. They come to the group because of their sexual orientation or gender identity, but the support they require is a result of discrimination, isolation, and condemnation from their peers, teachers, and parents, which can lead to depression, suicidal thinking, anxiety, and other mental health disorders. If I were to provide anything other than support, acceptance, and affirmation, I would merely be adding to the mistreatment they have collectively suffered rather than helping them to recognize the capability, compassion, talent, motivation, and potential I see in each of them every day.

I wish I could say that I was shocked that conversion therapy still existed, but in the course of my work, I run into individuals who have been victimized by such practices. In 2015, I worked with a 17 year old transgender student. While he was depressed, he is supported by his family, his psychiatrist, his private mental health provider, his school counselor, his teachers, and myself. He was not actively suicidal, but when he had been, he has sought immediate assistance from us. He is currently a junior attending his choice university. I contrast his success story with what I consider to be a story of anguish and unnecessary despair. Just after Christmas 2015, a former classmate of mine, who didn't know what I did for a living, asked me to lunch so we could talk. I had not seen this individual in over a decade. We talked and he was wavering, but the conversation had minimal substance. After an hour, as I was getting ready to go back to work, he informed me he identified as transgender, and I sat back down and didn't leave the restaurant for another three hours. He was depressed, suicidal, anxious, pessimistic, isolated, and withdrawn. I expected all of those things given what he had just conveyed, but what disgusted me was learning that he had been in therapy with a psychologist for over a year. The psychologist denied his transgender status, insisted he was merely effeminate, and had diagnosed him with various forms of schizophrenia rather than listening to the real issue. This person,

assigned male at birth, told me stories of never having felt comfortable in his body from the age of three, with examples throughout his lifespan of knowing exactly how he felt, but being challenged at such at every corner. His story echoed that of other LGBTQ persons I've worked with. So in front of me sat a 34-year old adult, who presented just as he had when he was in high school. He was in a dying marriage, did not own a home, had not had steady or gainful employment since graduating from college, experienced multiple career changes, lacked familial support, and he was underweight, pale, and not sleeping. The child and the adult had very similar experiences that mirrored one another, but the response from others along the way literally changed their life's course. The youth is thriving in college... and the adult feels as if he has wasted and lost the last 20 years of his life. The kid is alive and has dreams. The adult is in a perpetual state of uncertainty and inertia. The continued use of the archaic, irresponsible, and dangerous practice of conversion therapy is inexcusable and has to stop before we lose another young life to suicide.

A few years ago I was asked to proofread a student's English paper written for a "persuasive essay" assignment. An excerpt from her essay reads:

I'm sick, mislead, uneducated, morally corrupt, and I'm my mother's worst nightmare. When I ask her if she still loves me, I get no reply. I curse myself for being such an idiot, for letting something like that slip. Now, terrified of the idea of never hearing my mom tell me she loves me ever again, I try to cover up. I say it was a panicked confession. I say I didn't mean it, she was asking so many questions and I couldn't tell what I was answering to. She tells me she's going to fix me. Soon, she's going to be able to look me in the eyes and find her daughter again....

She is nor sick, mislead, uneducated, or morally corrupt. Nor should she be anyone's "worst nightmare." She continues:

Though it is impossible to truly imagine yourself in the shoes of a queer/trans teenager experiencing sexual orientation change treatment against their will, it's not unreasonable

to say that the harrowing tactics and emotional abuse would affect you later as an adult. Most minors are faced with severe consequences for refusing therapy and not attending sessions or cooperating. In other words, not participating in the erasure of their own identity results in drastic punishment either by their parents/guardians or the therapist. There would be no way of avoiding treatment, meaning it would be especially difficult to avoid the outcome.

My student is a survivor. She overcame the abuse suffered by her conversion therapist, but not all are so lucky. Every year I hear from her and she reminds me that she had plans to die, plans to run away and live on the streets, but then I became her one supportive adult and unknowingly saved her life. Unless we protect innocent youth with the passage of SB245, the loss of young lives and the cost of trying to repair the children conversion therapy breaks will be exponential.

Thank you for the opportunity to testify in favor of this critical bill. I am hopeful for the opportunity to tell my students that the Commonwealth finally sees them, acknowledges them, and supports them.