

**Testimony Supporting H.B. 6695:
An Act Concerning the Protection of Youth from Conversion Therapy**

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Senator Gerratana, Senator Somers, Representative Steinberg, Representative Srinivasan, and the distinguished members of the Public Health Committee:

I am submitting this testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. **We thank you for raising H.B. 6695: An Act Concerning the Protection of Youth from Conversion Therapy, and we offer our strong support for this bill.** I will present research showing that conversion therapy is ineffective in changing sexual preferences, contributes to systemic discrimination against sexual minority children, and contributes to poor mental health outcomes for children subjected to this supposed therapy. We consider this evidence in conjunction with children's inability to independently decide whether they want to engage in this therapy, and we conclude that practicing conversion therapy on children is unethical.

Conversion therapy does not change sexual orientation.

The theory behind conversion therapy is that motivated individuals can make significant changes in sexual orientation through beliefs about personal power and spirituality coupled with psychoanalysis and behavioral therapy techniques.¹ Contrary to this theory, one line of experimental studies regarding the link between learning and sexual arousal provide no clear evidence supporting the ability to "re-program" sexual arousal.^{2 3 4} Another line of experimental studies directly testing the efficacy of conversion therapy overwhelmingly show no significant changes in sexual orientation and no significant therapeutic effects.^{5 6 7} A third line of research exploring the few (non-experimental) studies that claim positive results finds that these studies have used poor scientific methodology that includes: biased and self-selected samples, lack of control groups, use of subjective outcome

¹ Morrow, Susan L., and A. Lee Beckstead. "Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy." *The Counseling Psychologist* 32.5 (2004): 641-650.

² Birk, Lee, et al. "Avoidance conditioning for homosexuality." *Archives of General Psychiatry* 25.4 (1971): 314-323.

³ McConaghy, N., D. Proctor, and R. Barr. "Subjective and penile plethysmography responses to aversion therapy for homosexuality: A partial replication." *Archives of sexual behavior* 2.1 (1972): 65-78.

⁴ O'Donohue, William, and Joseph J. Plaud. "The conditioning of human sexual arousal." *Archives of sexual behavior* 23.3 (1994): 321-344.

⁵ Haldeman, Douglas C. "Sexual orientation conversion therapy for gay men and lesbians: A scientific examination." *Homosexuality: Research implications for public policy* (1991): 149-160.

⁶ Morrow, Susan L., and A. Lee Beckstead. "Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy." *The Counseling Psychologist* 32.5 (2004): 641-650.

⁷ Nicolosi, Joseph, A. Dean Byrd, and Richard W. Potts. "Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients." *Psychological Reports* 86.3_suppl (2000): 1071-1088.

measures including the experimenter's impressions, and lack of exploring long-term outcomes.^{8 9 10} When considered together, these research findings provide strong evidence that conversion therapy (also called reparative therapy) is ineffective.

Conversion therapy contributes to systemic discrimination against sexual minorities.

Although research on sexuality is a growing and evolving field, there is longstanding consensus among health and mental health professionals that homosexuality is within the spectrum of normal human sexual orientations^{11 12 13} and not a mental disorder.¹⁴ Despite consensus among scientific communities and health communities, some individual therapists and religious groups continue to believe that same-sex sexual orientations depict developmental defects or moral failings. Many of these therapists and groups promote conversion therapy as a means toward "fixing" homosexuals' "faults".^{15 16} This idea that homosexuality is a "fault" to be "fixed" reinforces anti-gay prejudice¹⁷ and contributes to feelings of stigmatization among lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals.¹⁸

Conversion therapy contributes to poor mental health outcomes for sexual minorities.

There is evidence suggesting that conversion therapy contributes to poor mental health outcomes, perhaps as a result of the increased anti-gay prejudice and stigmatization individuals experience during conversion therapy. After completing conversion therapy, individuals experience increases in depressive symptoms at a greater rate compared to control groups and compared to groups enrolled in other forms of therapy for LGBTQ individuals.^{19 20} Individuals also experience declines in self-esteem,^{21 22} and there is evidence that engaging in conversion therapy may increase the risk of suicide among LGBTQ individuals, particularly those with strong religious beliefs opposing their

⁸ Cohen, Kenneth M., and Ritch C. Savin-Williams. "Are converts to be believed? Assessing sexual orientation "conversions." *Archives of Sexual Behavior* 32.5 (2003): 427-429.

⁹ Haldeman, Douglas C. "Gay rights, patient rights: The implications of sexual orientation conversion therapy." *Professional Psychology: Research and Practice* 33.3 (2002): 260-264.

¹⁰ Stein, Terry S. "A critique of approaches to changing sexual orientation." (1996).

¹¹ Bell, Alan P., Martin S. Weinberg, and Sue Kiefer Hammersmith. "Sexual preference: Its development in men and women." (1981).

¹² Ford, Clellan S., and Frank A. Beach. "Patterns of sexual behavior." (1951).

¹³ Kinsey, Alfred Charles, et al. "Sexual behavior in the human male." (1948).

¹⁴ American Psychological Association. "Policy statement on discrimination against homosexuals." *American Psychologist* 30.633 (1975): 620-651.

¹⁵ Drescher, J., and K. J. Zucker. "An interview with Robert J. Spitzer." *Ex-gay research: Analyzing the Spitzer study and its relation to science, religion, politics, and culture* (2006): 29-34.

¹⁶ Morrow, Susan L., and A. Lee Beckstead. "Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy." *The Counseling Psychologist* 32.5 (2004): 641-650.

¹⁷ Haldeman, Douglas C. "The practice and ethics of sexual orientation conversion therapy." *Journal of consulting and clinical psychology* 62.2 (1994): 221-227.

¹⁸ Morrow, Deana. "Social work practice with gay, lesbian, bisexual, and transgender adolescents." *Families in Society: The Journal of Contemporary Social Services* 85.1 (2004): 91-99.

¹⁹ Dimidjian, Sona, and Steven D. Hollon. "How would we know if psychotherapy were harmful?." *American Psychologist* 65.1 (2010): 21-33.

²⁰ Shidlo, Ariel, and Michael Schroeder. "Changing sexual orientation: A consumers' report." *Professional Psychology: Research and Practice* 33.3 (2002): 249-259.

²¹ Haldeman, Douglas C. "The practice and ethics of sexual orientation conversion therapy." *Journal of consulting and clinical psychology* 62.2 (1994): 221-227.

²² Jenkins, David, and Lon Johnston. "Unethical treatment of gay and lesbian people with conversion therapy." *Families in Society: The Journal of Contemporary Social Services* 85.4 (2004): 557-561.

sexual orientation.²³ LGBTQ youth are already at heightened risk for negative mental health outcomes compared to heterosexual youth,²⁴ and conversion therapy imposes even greater risk on this vulnerable population.²⁵

Practicing conversion therapy on children is unethical.

The evidence linking conversion therapy with poor mental health outcomes has caused numerous researchers and practitioners to consider this form of therapy unethical.^{26 27 28} When adults choose to undergo conversion therapy, they have the moral and legal right to research the potential risks and make this decision for themselves. In many cases, children do not have the moral and legal ability to object to their parents' medical choices.²⁹ Given children's inability to provide consent for this form of therapy, and given the scientific evidence linking conversion therapy with stigma and poor mental health outcomes, we believe that practicing conversion therapy on children is unethical.

The vast majority of healthcare and mental healthcare professional organizations oppose the use of conversion therapy due to its theoretical grounding in ideas that are rejected by all areas of science, its ineffectiveness as a therapeutic intervention, and its potential to lead to severe emotional damage. This list of professional organizations includes: The American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Association for Marriage and Family Therapy, the American Counseling Association, the American Medical Association, the American Psychological Association, and numerous others.³⁰

Thank you for considering this research and our support of H.B. 6695. I am happy to answer any questions and can be reached at lruth@ctvoices.org or (203)498-4240 x 112.

²³ Beckstead, A. Lee, and Susan L. Morrow. "Mormon Clients' Experiences of Conversion Therapy The Need for a New Treatment Approach." *The Counseling Psychologist* 32.5 (2004): 651-690.

²⁴ Russell, Stephen T., and Jessica N. Fish. "Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth." *Annual review of clinical psychology* 12 (2016): 465-487. *PMC*. Web. 6 Mar. 2017.

²⁵ Safren, Steven A., et al. "Cognitive-behavioral therapy with lesbian, gay, and bisexual youth." *Cognitive and Behavioral Practice* 8.3 (2001): 215-223.

²⁶ Drescher, Jack, Ariel Shidlo, and Michael Schroeder. *Sexual conversion therapy: Ethical, clinical and research perspectives*. No. 3-4. CRC Press, 2002.

²⁷ Steigerwald, Fran, and Gregory R. Janson. "Conversion therapy: Ethical considerations in family counseling." *The Family Journal* 11.1 (2003): 55-59.

²⁸ Whitman, Joy S., et al. "Exploring ethical issues related to conversion or reparative therapy." *Counseling Today* (2006): 14-15.

²⁹ Diekema, Douglas S. "Parental Decision Making." *Parental Decision Making: Ethical Topic in Medicine*. University of Washington School of Medicine, 2014. Web. 06 Mar. 2017. <<https://depts.washington.edu/bioethx/topics/parent.html>>.

³⁰ Campaign, Human Rights. "Policy and Position Statements on Conversion Therapy." *Human Rights Campaign*. N.p., n.d. Web. 06 Mar. 2017. <<http://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy>>.