

Written testimony in opposition to Vermont Bill S. 132
Re: Prohibition of “conversion therapy” on minors
April 7, 2016

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I urge you to oppose Bill S. 132.

At the heart of the attacks on sexual reorientation therapy are two claims: that such therapies are ineffective, and that they are harmful.

However, there is abundant anecdotal evidence that such therapies work. Many people say that they have been helped by such therapies to change from predominantly homosexual attractions, behaviors, or identity to predominantly heterosexual ones.

There is also scientific evidence. The National Association for Research and Therapy of Homosexuality has [cited](#) “600 reports of clinicians, researchers, and former clients – primarily from professional and peer-reviewed scientific journals” which show that “reorientation treatment has been helpful to many.”

The American Psychological Association (APA), under the sway of ideological opponents of reorientation therapy, has criticized and discouraged (but never banned) reorientation therapy. Yet even the [APA acknowledges](#) that “participants reporting beneficial effects in some studies perceived changes to their sexuality, such as in their sexual orientation, gender identity, sexual behavior, [and/or] sexual orientation identity.”

Nicholas A. Cummings was chief psychologist for Kaiser Permanente for twenty years, and served a term as *President* of the American Psychological Association. Cummings is not a social conservative. However, he wrote in *USA Today* in 2013, “[C]ontending that all same-sex attraction is immutable is a distortion of reality.” During his years of practice, Cummings wrote, “Of the patients I oversaw who sought to change their orientation, hundreds were successful.”¹

The findings in this bill declare that a 2009 APA task force “concluded that sexual orientation change efforts can pose critical health risks.” That exaggerates the task force findings; here is an excerpt of what the APA task force *actually* said [emphasis added]: “We conclude that *there is a dearth of scientifically sound research* on the safety of SOCE. Early and recent research studies provide *no clear evidence of the prevalence of harmful outcomes* among people who have undergone efforts to change their sexual orientation *or the frequency of the occurrence of harm* because *no study to date of adequate scientific rigor has been explicitly designed to do so*. Thus, *we cannot conclude how likely it is that harm will occur from SOCE.*”

So has it been scientifically proven that SOCE poses “critical health risks?” One would be hard-pressed to conclude that, given the numerous qualifying statements above: “a dearth of scientifically sound research”; “no clear evidence”; “no study to date of adequate scientific rigor”; “we cannot conclude how likely it is.”

With regard to the clientele this bill is intended to protect, the APA task force reported, “There is a lack of published research on SOCE among children”² under age 12. It went on to say, “We found no empirical research on adolescents [age 12-18] who request SOCE.”³ Regarding adult clients, the APA reported *anecdotal* evidence of both benefits and harms, but ultimately declared that “the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm.”⁴

It is important for you to understand the unprecedented nature of the recent wave of legal and legislative attacks upon sexual orientation change efforts. Never before in history has there been an attempt to outlaw a particular form of therapy or counseling based solely upon the *goal* which the client chooses for himself or herself.

This is a violation of numerous long-standing ethical and legal principles, including client autonomy and self-determination; the privacy of the counselor-client relationship; freedom of speech for the counselor; and in some cases freedom of religion for clients, their parents, and their therapists alike.

No legislator should even consider breaching these longstanding principles on the basis of such weak evidence of (possible, occasional) harm.

I urge you to oppose S. 132.

¹ Nicholas A. Cummings, “Sexual reorientation therapy not unethical: Column,” *USA Today*, July 30, 2013, accessed on April 7, 2016, <http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>

² “Report of the American Psychological Association Task Force on the Appropriate Therapeutic Responses to Sexual Orientation,” American Psychological Association, [“APA Task Force”], p. 72. <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

³ “APA Task Force,” p. 73.

⁴ “APA Task Force,” p. 42.