Written testimony in opposition to Vermont Bill S. 132
Re: Prohibition of "conversion therapy" on minors
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By Peter Sprigg
Senior Fellow for Policy Studies
Family Research Council
Washington, D.C.

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."

Critics cite another APA statement that there is "no sufficiently scientifically sound evidence that sexual orientation can be changed." This, however, means only that the evidence does not meet all the criteria for "gold standard" social science research, such as large, random samples, a prospective and longitudinal design (tracking people before, during, and after therapy), and use of a control group.

Yet the evidence that sexual orientation change efforts, or SOCE, are harmful is virtually all anecdotal – the kind of evidence which critics of SOCE *refuse* to accept with regard to the effectiveness question.

The APA task force reported, "There is a lack of published research on SOCE among children"[1] under age 12. It went on to say, "We found no empirical research on adolescents [age 12-18] who request SOCE."[2] 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."[3]

Since the focus of this bill, and similar bills proposed in other states, has been on minors, some may wonder—is there really such a thing as an ex-gay teenager?

There is a dramatic answer in the scholarly literature. Here is a key quote from Ritch Savin-Williams, a leading expert on gay teenagers:

> In the data set of the longitudinal Add Health study, of the Wave I boys who indicated that they had exclusive same-sex romantic attraction, only 11% reported exclusive same-sex attraction 1 year later; 48% reported only opposite-sex attraction, 35% reported no attraction to either sex, and 6% reported attraction to both sexes (Udry & Chantala, 2005).[4]

From the source cited by Savin-Williams, we learn that "the Wave I boys who indicated that they had exclusive same-sex romantic attraction" consisted of "69 boys [who] indicated that yes, they had ever had a romantic attraction to the same sex, and no, they had never had an attraction to the opposite sex."[5]

This finding directly contradicts the politically correct "born gay, can't change" paradigm, which asserts that someone who is *exclusively* homosexual will *always* remain that way.

But what does the empirical evidence show? Not only did those who were exclusively homosexual *not* all remain so, but *only 11% did*. Some measure of change in sexual orientation—which many homosexual activists say is *impossible*, and *never* happens to *anyone*—is not only possible, but is the *norm* for adolescents with same-sex attractions, having been experienced by *89% of the respondents* only one year later.

While some pro-homosexual activists will concede that some measure of fluidity exists, they say that *complete* transformation—from *exclusively* homosexual to *exclusively* heterosexual—is not possible. Yet this kind of complete reversal of sexual orientation is exactly what was reported by *almost half* (48%) of the adolescent boys in this survey—and again, after only one year.

The last refuge of the homosexual activists in the face of this kind of evidence is to concede that a person's sexual orientation *can* change but not through any deliberate efforts to do so.

This is somewhat like saying, "Well, yes, obese people *can* lose weight—but not by *trying* to, and certainly not with anyone else's help."

This bill is based on a theory (which also has poor empirical support) that reorientation therapy may harm the self-esteem of those who don't change—the 11%, in this study.

But it makes no sense to address that theoretical harm by hiding the truth from, and denying help to, the 89% of teens who may lose, or overcome, their same-sex attractions.

[1] "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.
[2] "APA Task Force," p. 73.
[3] "APA Task Force," p. 42.
[4] Ritch C. Savin-Williams, "Who's Gay? Does It Matter?" *Current Directions in Psychological Science* 15 (2006): 42.
[5] J. Richard Udry and Kim Chantala, "Risk Factors Differ According to Same-Sex and Opposite-Sex Interest," *Journal of Biosocial Science* 37, Issue 4 (July 2005): 486.