

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony in SUPPORT of HB1675
RELATING TO MINORS

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: Wednesday, February 10, 2016, 10 a.m. Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health Child and Adolescent Mental Health
3 Division supports SB2615 to protect the physical and psychological wellbeing of minors against
4 exposure to harm caused by Sexual Orientation Change Efforts (SOCE). According to the
5 American Psychological Association (APA), there is insufficient research evidence to
6 demonstrate the efficacy of SOCE. There is also no evidence that providing SOCE therapies to
7 children or adolescents has an impact on Adult sexual orientation.

8 The APA found SOCE therapies tend to do more harm than good. Not only do children and
9 adolescents get misinformation, they also are at risk of increased self-stigma and psychological
10 distress. Children and adolescents who participate in these types of therapies are given
11 inaccurate scientific information regarding sexual orientation. These types of therapies also
12 often use fear based techniques and have the potential to increase stigma. Participants also often
13 report an increase in distress and depression especially when such therapies do not work. SOCE
14 participants report negative consequences of SOCE therapies such as, anger, anxiety, depression,
15 guilt, hopelessness, loss of social support, relationship problems with significant others and
16 families, social isolation, suicidal thoughts, self-hatred, and sexual dysfunction. As such, these
17 types of coercive therapies are contrary to current clinical and professional standards. These
18 types of therapies violate current clinical practice by not protecting the client's autonomy and by
19 ignoring scientific information on sexual orientation.

1 The bill does not hinder mental health providers from offering a range of other, more standard
2 clinical psychological services to LGBT children and adolescents. The bill regulates the services
3 being provided to LGBT children and adolescents, to provide them protections against being
4 exposed to harm through SOCE therapies that might be chosen for them by adults. The bill is in
5 line with APA practice standards and the Department of Health standard of providing evidence
6 based services.

7 **Offered Amendments:** None

COUNTY COUNCIL

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Council Services Division
4396 Rice Street, Suite 209
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February 8, 2016

TESTIMONY OF KIPUKAI KUALII
COUNCILMEMBER, KAUAI COUNTY COUNCIL
ON
HB 1675, RELATING TO MINORS
House Committee on Health
Wednesday, February 10, 2016
10:00 a.m.
Conference Room 329

Dear Chair Belatti and Members of the Committee:

Thank you for this opportunity to provide testimony in strong support of HB 1675, Relating to Minors. My testimony is submitted in my individual capacity as a member of the Kaua'i County Council, Chair of the Kaua'i County Council Economic Development & Intergovernmental Relations Committee, and member of the National Association of Counties Board of Directors.

The purpose of this measure is to prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age. The physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth must be protected against exposure to serious harms caused by sexual orientation change efforts.

For the reasons stated above, I urge the House Committee on Health to support this measure. Should you have any questions, please feel free to contact me or Council Services Staff at (808) 241-4188.

Sincerely,

KIPUKAI KUALII
Councilmember, Kaua'i County Council

AMK:mn



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Email: hpaexec@gmail.com
Phone: (808) 521-8995

Testimony in SUPPORT of HB1675 Relating to Minors

REPRESENTATIVE DELLA AU BELATTI, CHAIR

REPRESENTATIVE RICHARD P. CREAGAN, VICE CHAIR

Hearing Date: Wed. 2/10/16 10:00 am Room Number: 329

The Hawaii Psychological Association strongly supports HB1675 to protect the physical and psychological wellbeing of minors against exposure to the potential harm that may be caused by Sexual Orientation Change Efforts (SOCE). In 2009, the American Psychological Association (APA) published a task force report on Appropriate Therapeutic Responses to Sexual Orientation which provided an exhaustive review of the research on SOCE. The report reviewed 83 studies and concluded that there is insufficient research evidence to demonstrate the efficacy of SOCE, and no evidence that providing SOCE therapies to children or adolescents has an impact on Adult sexual orientation.

The APA found SOCE therapies tend to do more harm than good. Not only do children and adolescents get misinformation, they also are at risk of increased self-stigma and psychological distress. Children and adolescents who participate in these types of therapies are given inaccurate scientific information regarding sexual orientation. These types of therapies often use fear based techniques and have the potential to increase stigma. Participants often report an increase in distress and depression, especially when such therapies do not work. SOCE participants report negative consequences of SOCE therapies such as, anger, anxiety, depression, guilt, hopelessness, loss of social support, relationship problems with significant others and families, social isolation, suicidal thoughts, self-hatred, and sexual dysfunction. As such, these

types of coercive therapies are contrary to current clinical and professional standards. These types of therapies violate current clinical practice by not protecting the client's autonomy and by ignoring scientific information on sexual orientation.

This bill does not hinder mental health providers from offering a range of clinical psychological services to Lesbian, Gay, Bisexual or Transsexual (LGBT) children and adolescents. It also does not prevent providers from offering SOCE to consenting adults who may choose to try those treatments. The bill regulates the services being provided to LGBT children and adolescents, to provide them protections against being exposed to harm through SOCE therapies. The bill is in line with APA standards of practice, and the ethics code governing Hawaii licensed psychologists. We urge you to pass this important consumer protection legislation.

Respectfully submitted,

Lesley A. Slavin, Ph.D.

Lesley A. Slavin, Ph.D.

President, Hawaii Psychological Association (HPA)

On behalf of the Legislative Committee of HPA



February 8, 2016

House's Committee on Health
Hawaii State Capitol
415 South Beretania Street, Room 329
Honolulu, HI 96813

Hearing: Wednesday, February 10, 2016 – 10:00 a.m.

RE: **STRONG SUPPORT for House Bill 1675 – RELATING TO MINORS**

Aloha Chairperson Belatti, Vice Chair Creagan and fellow committee members,

I am writing in STRONG SUPPORT for House Bill 1675 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. HB 1675 will prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.

This so called conversion therapy, is the false idea that one can change their sexual orientation through therapy/counseling. The facts are quiet clear that your sexual orientation is part of your genetic make-up and no amount of therapy/counseling can change it.

Here are a few of the side effects from conversion therapy:

Depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.

The Democratic Party of Hawai'i along with the American Psychological Association, American Counseling Association, American Academy of Pediatrics, American School Counselor Association, and the National Association of Social Workers have all come out against conversion therapy. California, Illinois, New Jersey, Oregon and the District of Columbia have all passed laws banning this barbaric practice.

A New Jersey jury, under their law, went so far as finding the Jewish conversion therapy organization, JONAH, guilty of consumer fraud for promising to be able to change its client's sexual urges and determined its commercial practices to be unconscionable.

We ask that you support this very important bill as it will save lives as well as send a message loud and clear that discrimination encased in junk science has no place in the Aloha State.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair

What Are Some Examples of Conversion Therapy?

In the past, some mental health professionals resorted to extreme measures such as institutionalization, castration, and electroconvulsive shock therapy to try to stop people from being lesbian, gay, bisexual, or transgender (LGBT). Today, while some counselors still use physical treatments like aversive conditioning, the techniques most commonly used include a variety of behavioral, cognitive, psychoanalytic, and other practices that try to change or reduce same-sex attraction or alter a person's gender identity. While these contemporary versions of conversion therapy are less shocking and extreme than some of those more frequently used in the past, they are equally devoid of scientific validity and pose serious dangers to patients—especially to minors, who are often forced to undergo them by their parents or legal guardians, and who are at especially high risk of being harmed.

According to a 2009 report of the American Psychological Association, the techniques therapists have used to try to change sexual orientation and gender identity include inducing nausea, vomiting, or paralysis while showing the patient homoerotic images; providing electric shocks; having the individual snap an elastic band around the wrist when aroused by same-sex erotic images or thoughts; using shame to create aversion to same-sex attractions; orgasmic reconditioning; and satiation therapy. Other techniques include trying to make patients' behavior more stereotypically feminine or masculine, teaching heterosexual dating skills, using hypnosis to try to redirect desires and arousal, and other techniques—all based on the scientifically discredited premise that being LGBT is a defect or disorder.

The current practice guidelines for the National Association for Research & Therapy of Homosexuality (NARTH), which is a group of therapists who endorse and practice conversion therapy in the United States, encourage its members to consider techniques that include hypnosis, behavior and cognitive therapies, sex therapies, and psychotropic medication, among others.

<http://www.nclrights.org/bornperfect-the-facts-about-conversion-therapy/>

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 10:52 AM
To: HLTtestimony
Cc: fosters005@hawaii.rr.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Foster	LGBT Hawaii	Support	No

Comments: Please support this important legislation banning conversion therapy for minors. Many lives have been destroyed by these onerous practices.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:52 AM
To: HLTtestimony
Cc: laurie.field@ppvnh.org
Subject: *Submitted testimony for HB1675 on Feb 10, 2016 10:00AM*

HB1675

Submitted on: 2/9/2016

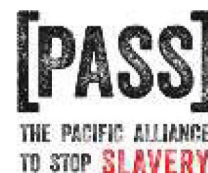
Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 9, 2016

COMMITTEE ON HEALTH

Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair
Rep. Mark J. Hashem
Rep. Marcus R. Oshiro
Rep. Jo Jordan

Rep. Beth Fukumoto Chang
Rep. Bertrand Kobayashi
Rep. Andria P.L. Tupola
Rep. Dee Morikawa

NOTICE OF HEARING

DATE: Wednesday, February 10, 2016
TIME: 10:00am
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

**RE: TESTIMONY IN SUPPORT OF HB1675
RELATING TO MINORS**

Dear Committee on Health:

The Pacific Alliance to Stop Slavery is in strong support of HB1675 and kindly urge you to pass this protective measure to ensure the health and well-being of Hawaii's LGBTQ youth. Often times, these children do not receive support from their families or churches who unjustifiably condemn them for their sexuality. Conversion Therapy is cruel and *ineffective*. In reality, Conversion Therapy only infuses child abuse within the psychological profession by forcing an LGBTQ-identified child to conform to heterosexuality, resulting in serious harm to the child.

The attempt to force LGBTQ youth to change their sexuality leads to rifts between child and parent that cannot be readily healed. To make matters worse, many LGBTQ children run away from their homes and many times end up sexually exploited, which significantly informs why PASS strongly supports this bill.

While opponents argue that they stand on the side of morality for their children, they cannot see that their personal homophobic beliefs result in real harm against the very children they seek to "protect." The issue before you is not a religious issue. It is an equal rights issue. Lawmakers must uphold the separation of church and state and honor the equal rights of all citizens; rights afforded to everyone after great historical struggle.

Some argue that, unlike race, sexuality is a choice. It is not. Sexuality is an integral part of one's identity. Those who are not LGBTQ-identified have no right to define the identities of people in the LGBTQ community, and children must be afforded the right and the safe space to develop their sexual identity on their own terms.

It is our priority, as a community, to ensure the protection, safety, and equal rights of all our people. Please review the statistics regarding LGBTQ youth attached to this testimony and pass this bill to protect



our keiki. These statistics are attributable to the familial abuse youth suffer from parents who reject their childrens' sexual identities.

Sincerely,

Kathryn Xian
Executive Director
Pacific Alliance to Stop Slavery

Encl: statistical diagram

Healing Our Community by Recognizing Religious Homophobia



LGBT YOUTH, who experience high levels of **REJECTION** from their families, are:

6x more likely to suffer from **MAJOR DEPRESSION**, and
8x more likely to **ATTEMPT SUICIDE**

...compared to their non-LGBT peers. ^[1]

Among **LGBT YOUTH**,

90% were **HARASSED** or **ASSAULTED**, ^[2] and
over **30%** **ATTEMPTED SUICIDE**. ^[3]

An estimated **20% to 40%** of **HOMELESS YOUTH** are LGBT-identified. ^[4]

In 2011, Hawai'i public school students reported that they: ^[5]

MIDDLE SCHOOL		HIGH SCHOOL
6,800 (25.8%)	Experienced Depression	12,700 (29.5%)
5,900 (22.5%)	Considered Suicide	7,100 (16.1%)
4,100 (15.5%)	Planned Suicide	6,600 (15.0%)
2,400 (9.2%)	Attempted Suicide	3,200 (8.6%)
2,800 (10.4%)	Hospitalized for Attempted Suicide	1,300 (3.4%)

YOUTH THAT IDENTIFY AS LGBT: 3,100 (7.3%)

Sources Cited

1. Ryan, C. Supportive families, healthy children: Helping families with lesbian, gay, bisexual, & transgender children. San Francisco, CA: Merian Wright Edelman Institute, San Francisco State University, 2009.
2. 2005 GLSEN National Student Climate Survey
3. Suicide Prevention Resource Center. (2008). Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth. Newton, MA: Education Development Center, Inc. <http://www.sprc.org/library/SPRC_LGBT_Youth.pdf>.
4. Ray, N. (2006). Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.
5. Hawaii Health Data Warehouse; State of Hawaii, Hawaii School Health Survey: Youth Risk Behavior Survey Module, Report Created: 2/13/2013. Retrieved August 27, 2013 from http://www.ksbe.edu/spi/PDFS/Reports/Demography_Well-being/yrbs/.



92-954 Makakilo Dr. #71 Kapolei, HI 96707 Email: Rainbowfamily808@gmail.com Phone: 808-779-9078 Fax: 808672-6347

February 9, 2016

TO: House Health Committee

RE: HB1675 Ban Conversion Therapy

IN SUPPORT

Prohibits teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.

Aloha Rep Della Au Belatti, Chair and members of the House Health Committee,

Rainbow Family 808 wholeheartedly supports HB1675 to protect the minors from forcing unhealthy and cruel treatment that would enforce others' religious fear on them.

As a mother, Social Worker and founding President, I have decades of experience and training that stands on the firm belief that society needs to put the health and safety of our youth at the top of our Hawaii's concerns and laws. HB1675 poses no danger to the youth and students. In fact, not passing this bill would put youth at risk of personal anguish, mental turmoil and many times on the road to suicide. Licensed, professionals with training would never counsel youth to change their gender orientation.

HB1675 is a Humanitarian Measure that needs to become law immediately to help bring justice and humanity to the forefront of our youth.

Mahalo nui loa,¹

Carolyn Martinez Golojuch, MSW

Founding President

IF MORE PEOPLE BELIEVED IN JUSTICE, THE WORLD WOULD BE A BETTER PLACE!

HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

ONLINE TESTIMONY SUBMITTAL
House Committee on Health
Hearing on February 10, 2016 @ 10:00 A.M.
Conference Room #329

DATE: February 9, 2016

TO: House Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair

FROM: James R. "Duke" Aiona, Jr. President & CEO, Hawaii Family Advocates

RE: Strong Opposition to HB 1675 Relating to Minors; Conversion Therapy; Sexual Orientation.

My name is James R. "Duke" Aiona, Jr., and I have been an attorney, state family and circuit court judge and lieutenant governor of the State of Hawaii. I am currently, the President and CEO of Hawaii Family Advocates, a 501(c) (4) non-profit organization. Along with our community associate Hawaii Family Forum; we have a strong opposition to this bill.

Our first objection to this bill is the vague and difficult differentiation between what is and what is not *sexual orientation change* therapy. Compound this with the unspecified *appropriate disciplinary action* that a practitioner will face if he/she provides *sexual orientation change* therapy to a minor and this bill creates a very chilling effect on most if not all practitioners. This will then have the additional effect of limiting the amount of practitioners who will be available to minors (who are finding themselves on many other issues in today's world) who do have issues/questions relating to whether their feelings, practice, and/or relationships relating to their sexual orientation is right or wrong, regardless of this bill's policy. Moreover, because of this bill's policy that being a lesbian, gay, bisexual, or transgender is not a disorder, illness, deficiency, or shortcoming, it appears that health insurance would not cover any medical therapy relating to sexual orientation issues.

Second, this bill infringes upon a parent's constitutional right relating to their practice of faith and religion and usurps their parental rights and responsibility in raising their children. In short, this bill prohibits parents from raising their child in accordance to their family values and spiritual beliefs relating to sexuality. Parents would be prohibited from taking their children to a professional licensed counselor, psychologist, social worker, or pastor because their religious values, principles, beliefs, and practices are based upon a finding that being a gay, lesbian, bisexual, or transgender is a disorder, sin, and/or immoral, and requires counseling and/or therapeutic treatment. This we submit is a blatant infringement on parent's and children's constitutional rights to religious freedom.

P.O. Box 2757 • Honolulu, HI 96803 • Phone: 808-429-4872

E-mail: info@hffaction.org | Website: www.hffaction.org

HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

Lastly, as a family and circuit court judge I can recount many cases in which sexual orientation/identity issues were a vital factor in delinquency, alcohol, drug, and domestic abuse. These conditions in many instances were a result of a failure to address and/or resolve sexual orientation/identity issues at its onset. Simply put many young people seriously question whether their sexual orientation/identity issues are immoral, wrong, right, or normal. These issues relating to sexual orientation/identity are fluid and a mixture of spiritual, practical, psychological, emotional, and cognitive issues that cannot be isolated and prohibited from addressing at any age, especially by minors. These cases are replete with individuals who thought they were gay, lesbian, bisexual, or transsexual as a minor, who have come to a resolution, after therapy, that they are heterosexual and that their drug and/or alcohol abuse was used to mask this incorrect or mistaken identity.

Mahalo for the opportunity to submit our opposition.

P.O. Box 2757 • Honolulu, HI 96803 • Phone: 808-429-4872

E-mail: info@hffaction.org | Website: www.hffaction.org

Psychotherapy for Unwanted Homosexual Attraction Among Youth

American College of Pediatricians – January 2016

ABSTRACT: Although there are no scientific studies which evaluate psychotherapy for unwanted homosexual attraction (UHA) among adolescents, there are four studies that examine "sexual orientation change efforts"(SOCE) among adults which have been referenced to support legislative efforts to ban minors from receiving psychotherapy for UHA. This review critically examines each of those four studies. Pediatricians, mental health providers, educators, and policy makers need to know there is no evidence that psychotherapy for UHA is any more or less harmful than the use of psychotherapy to treat any other unwanted psychological or behavioral adaptation. Therefore, science does not support laws that prohibit minors with UHA from receiving psychotherapy in accordance with their personal goals and values.

Introduction

In order to assess the claim that providing psychotherapy to minors with unwanted homosexual attraction (UHA) is substantially harmful, Dr. Christopher Rosik, past President of the Alliance for Therapeutic Choice, conducted a Medline and PsycARTICLES search of the medical and psychiatric literature.¹ Medline and PsycARTICLES are the major medical and mental health databases utilized by the medical and psychological community. Both searches revealed that there is not a single study of youth who have received psychotherapy for UHA. Instead, all claims of harm to youth in the literature are based upon one of three categories of research: anecdotal accounts of harm experienced by adults who engaged in sexual orientation change efforts (SOCE), inferences from other research domains unrelated to psychotherapy for UHA (e.g., harms from family rejection of gay youth), and citations of the pronouncements on SOCE from professional mental health and medical associations. These various sources cite one another in an almost symbiotic manner that provides no objective information regarding youth who choose psychotherapy for UHA.

SOCE: an unscientific term

In 2012 the American Psychological Association published *Guidelines for psychological practice with lesbian, gay, and bisexual clients*.² The third guideline (which is based upon a single adult study) states that sexual orientation change efforts have not been proven effective, and asserts that attempts to change sexual orientation "cause harm to many clients."² Accordingly, the guideline directs therapists to discourage patients with UHA from pursuing their goal of diminishing their homosexual attraction, and to offer those patients gay affirming therapy instead.

"Sexual Orientation Change Efforts" (SOCE) is a term coined by the American Psychological Association (APA) to replace terms such as reparative, ex-gay, change and conversion therapy. SOCE, however, is a dubious and problematic term. This is because "efforts" includes all forms of psychotherapy, 12 step programs, prayer meetings, unethical aversion therapies and everything in between. The following analogy illustrates why this is scientifically problematic. Imagine if physicians used the term "Alcoholic Change Efforts" (ACE) to describe all the possible ways alcoholics distressed by their unwanted alcohol attraction may pursue change. Some may enter psychodynamic therapy to learn and treat the underlying issues for which they self-medicate with alcohol; others may join Alcoholics Anonymous, some may join weekly prayer meetings for help, others may choose aversive pharmacologic therapy (e.g.: antabuse), and still others may engage in a combination of two or more of the above. All of these "efforts" attempt to work toward the goal of improved health and social function, but only one of these "efforts" is psychotherapy. Consequently, it would be inaccurate to analyze the individuals engaged in these various

"efforts" in a single study as though they were receiving the same treatment and to then make claims regarding how effective or ineffective professional psychotherapy is for alcoholics. SOCE research, as will become evident, is rife with such ambiguity and is therefore fatally flawed.

An additional problem with the term SOCE is that the APA does not define what constitutes successful "change." To continue with the previous analogy, some may argue that only alcoholics who attain a lifetime of abstinence are "changed." Yet, some alcoholics will only be able to decrease their intake and dependence upon alcohol. Both groups of individuals will have experienced a healthful "change" though their endpoints differ. In other words, professional medical and psychiatric organizations should and often do recognize that successful change occurs on a continuum; with regard to psychotherapy for UHA, however, the APA fails to acknowledge this reality.³

It is also crucial to understand that legislation put forth and passed by gay advocates solely bans minors with UHA from receiving professional psychotherapy. These laws leave minors with UHA no choice but to affirm what they perceive as a false sexual identity, or to pursue their desire for change under the direction of unlicensed individuals and/or religious ministries. Far from ensuring adolescent well-being, this legislation eliminates two of the greatest safeguards for patient health: (1) the right to informed consent and (2) the right to self-determination. Such hostility to patient rights is unprecedented within the mental health field and directly violates Principle E of the APA's ethics code published in 2010. The code, entitled *Respect for People's Rights and Dignity*, states "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination."⁴

Since the 1970s, psychological and psychiatric professionals have increasingly deemed aversion therapies to be unethical and have therefore abandoned them without the need for judicial or legislative intervention.⁵ For example, the Alliance for Therapeutic Choice and Scientific Integrity published practice guidelines for therapists who assist clients with unwanted homosexual attractions.⁶ Aversion therapy would be excluded by Guideline 6, which states that, "Clinicians are encouraged to utilize accepted psychological approaches to psychotherapeutic interventions that minimize the risk of harm when applied to clients with unwanted same-sex attraction." Aversion therapy violates the principle of this Guideline. Remarkably, gay activists in the state of Washington actually defeated bipartisan legislation which would have banned aversion therapy for UHA because the legislation still allowed ethical (non-aversive) forms of psychotherapy for UHA.⁷ This opposition underscores all the more that it is the patient's right to self-determination (specifically, his or her right to choose professional help with UHA) that is under attack, not an abusive therapeutic technique.

Prior to 2002, criticism of SOCE was based solely upon theoretical arguments and anecdotal reports.⁸ This changed with the publication of a survey by Drs. Ariel Shidlo and Michael Schroeder. The 2009 APA Task Force Report cited their work alone as definitive proof that "many are harmed by SOCE" and, based on it, concluded that all forms of SOCE should be discouraged.⁹ The reason anti-SOCE advocates have relied primarily upon this study is that, until recently, it was the only one to provide quantitative data. Three similar surveys have since been published. This statement reviews each of the four studies and closes with a summative discussion regarding psychotherapy for UHA.

Changing sexual orientation: A consumer's report by Drs. Shidlo and Schroeder (2002)¹⁰

Description

Shidlo and Schroeder sought to provide empirical evidence on SOCE for individuals pursuing the goal of altering homosexual attractions. The researchers also investigated how individuals perceived their failure to change or their success in changing, and speculated how their survey results might impact ethical issues of SOCE. They studied a convenience sample of 202 individuals who reported pursuing a change

in their sexual orientation. They found that 87% of participants described themselves as failing therapy and of experiencing some form of harm. Only 13% (26 participants) perceived themselves as having been successful. Twelve of the successful clients described themselves as "successful and struggling with behavior management techniques," six identified as "successful and not struggling with behavior management techniques," and eight described themselves as experiencing a "complete heterosexual shift." Among the successful clients were also perceptions of benefits beyond a change in behavior. These included other psychological benefits such as a sense of hope, improved self-esteem, increased sense of belonging, improvement in social relationships with friends and family, and spiritual benefits. In contrast, among those who perceived the therapy to be harmful were reports of depression, suicidal ideation, decreased self-esteem, sexual dysfunction, and loss of social supports when entering and leaving the ex-gay community; some also perceived spiritual harm.

Analysis

The authors acknowledge significant limitations in their study design from the outset. Specifically, they admit to potential researcher bias (they are both openly homosexual psychologists), recruitment bias (they specifically advertised for participants who had failed therapy), recall bias (most respondents received therapy years before the survey), and self-report bias as researchers lacked any objective validation of respondents' claims and/or experience. The authors also did not differentiate results according to whether respondents had received "therapy" from trained mental health professionals, a religious ministry, another lay source, or multiple sources. Additionally, authors did not rule out pre-morbid psychological conditions including depression and suicidality. Therefore, it is possible that the reported episodes of depression, suicidality, and other distressing psychological symptoms pre-dated rather than resulted from SOCE.

To fully document the inherent sample bias, the authors included an appendix displaying the initial text used in participant recruitment, which was directed toward self-perceived treatment failures:

Have you gone through counseling or therapy where you were encouraged to become heterosexual or ex-gay? The National Lesbian and Gay Health Association wants to hear from you. The organization is conducting research for a project entitled "Homophobic Therapies: Documenting the Damage." The NLGHA is conducting a survey of lesbians, gay men, and bisexuals who have been in counseling that tried to change their sexual orientation. They intend to use the results to inform the public about the often harmful effects of such therapies. Participation in the survey is confidential. Persons who are interested in responding can participate either through e-mail, by telephone, or in person. No record of your name, Internet address, or any other identifying information will be kept.¹⁰

After the initial 20 interviews, in which the authors received unexpected reports of positive outcomes, the recruitment verbiage was changed to be less biased against identifying positive outcomes. However, the authors continued to recruit subjects solely from pro-LGBTQ (pro-gay-affirmative therapy) publications. Consequently, significant selection bias remained and was acknowledged by the authors themselves.

Evaluation

This study has anecdotal value only. The authors have documented that there are individuals who have negative experiences attempting to diminish UHA, and there are others who have positive experiences; nothing more. The authors themselves state forthrightly that the data they presented, "*do not provide information on the incidence and prevalence of failure, success, harm, help, or ethical violations in conversion therapy*" (p.250, *emphasis in original*).¹⁰ Given this admission within the body of the paper, it is dishonest for the APA and others to claim that this research proves unacceptable rates of failure or

harmful outcomes for patients who pursue their informed choice to diminish UHA under the care of a licensed mental health provider.

Sexual reorientation therapy interventions by Drs. Flentje, Heck, & Cochran (2013)¹¹

Description

Flentje and colleagues set out to study “typical modalities and interventions” used to facilitate SOCE. They surveyed 38 individuals who had gone through at least one “episode” of SOCE and later reclaimed a lesbian, gay or bisexual (LGB) identity. According to the authors, the results revealed that frequently used interventions had a strong emphasis on religious practices, including negative messages about LGB individuals, and employed techniques that emphasized change over validation. Some alleged unethical practices were also noted. Among the professional and policy recommendations the authors draw from their investigation is the endorsement of legal efforts to ban the option of psychotherapy from minors with UHA.

Analysis

Sample bias

In addition to being an extremely small study with low statistical power (N=38), the sample composition was highly skewed toward males (n =31), Caucasians (n = 33), and those from a highly educated background (all but one subject having completed at least a 4-year college education). This calls into question the ability to generalize findings to individuals who are less educated, non-Whites, youth, and women.

Concerns for sample bias multiply when the authors detail the setting and type of counselor participants reported as providing their SOCE. The majority of SOCE “episodes” (56.1%) were provided by religious or pastoral counselors. Another 16.8% were administered by peer counselors. Only 34.6% of SOCE “episodes” were actually provided by a licensed mental health professional. The failure of this study to disentangle religious providers from licensed therapists is a serious limitation that makes it inappropriate to draw any definitive conclusions regarding professionally conducted SOCE.

Recruitment bias

Subjects were recruited through various “ex-ex-gay” listservs. “Ex-ex-gay” individuals are those who identified as “ex-gays” at some point during their SOCE and who at the time of the study once again identified as lesbian, gay, or bisexual (LGB). This is clearly a significant bias since persons who decide to reclaim an LGB identity following failed attempts to change their same-sex attractions and behaviors are not likely to look back on those attempts with particular favor. Moreover, participants rated themselves as being “exclusively homosexual” (n =22) or “predominately homosexual” (n = 16) both prior to engaging in SOCE and at the time of the study. This indicates the sample represented the most subjectively unalterable end of the same-sex attraction spectrum.

Recall bias and self-report bias

The authors acknowledge that participant reports were retrospective and that this may have impacted the accuracy of their accounts. It can be deduced from some of the statistics that some recollections are of SOCE that occurred at least 15 years prior to the survey. This study also suffers from self-report bias in that the authors had no way of objectively validating the participants' claims.

Failure to account for potential pre-morbid psychopathology

Ten subjects reported having attempted suicide. Of these, six subjects reported a suicide attempt prior to their SOCE, seven subjects reported 1 or 2 suicide attempts during SOCE, and only one participant

indicated 2 suicide attempts following the conclusion of their SOCE. These findings suggest a significant portion of the sample was experiencing serious emotional distress prior to their SOCE, distress which cannot be definitively attributed to their SOCE experience in the absence of longitudinal data.

Failure to clearly identify type of provider involved in unethical modalities

The authors report that ethically questionable interventions occurred during 13 different courses of therapy reported by 10 different participants. They state that nine of these 13 episodes "...included a licensed or licensable professional *as one of the providers of therapy*" (emphasis added, p. 266).¹¹ While the authors note in this section that the only instance of holding therapy was performed by an "ex-gay layperson" to whom the subject had been referred by his pastor, they do not specify who performed the aversive techniques in this section. The reader is left not knowing whether these were performed by licensed mental health professionals or someone else involved in the subjects' care. The likelihood that these interventions were not provided by licensed mental health professionals but by laypeople is given credence by the authors' statement in a previous section that no licensed therapist was described as utilizing aversion therapy.

Evaluation

The profound methodological flaws described above render the Flentje et al. nothing short of agenda driven research. No definitive claims about providing psychotherapy to adults or minors seeking to diminish homosexual attraction may be made based on this study. In this regard it resembles the earlier research by Shidlo and Schroeder, whose methodological shortcomings it repeats, only this time accompanied by unjustified conclusions regarding harm, lack of benefit, and professional practice.

Sexual orientation change efforts among current or former LDS church members by Drs. Dehlin, Galliher, Bradshaw, Hyde, & Crowell (2015)¹²

Description

This investigation employed a web-based survey to enroll 1612 current or former members of the Church of Jesus Christ of Latter-day Saints (LDS) who had engaged in an effort to understand, accept, or change their same-sex attractions. A diverse sample was sought, including participants who reported past engagement in change-oriented intervention. Results indicated that private and religious change venues were far more frequent than therapist-led or group based efforts. Interventions under the auspices of non-mental health professionals were also reported to be the most damaging and least effective. When change of orientation was identified as the goal rather than "understanding" or "accepting" one's orientation, reported effectiveness was lower.

The authors noted some outcomes (e.g., acceptance of same-sex attraction and reduction in depression and anxiety) that they described as beneficial. Despite that, they said that overall findings supported the conclusion that sexual orientation is highly resistant to explicit change attempts and that SOCE are overwhelmingly either ineffective or damaging. The most ineffective/harmful methods were individual effort, church counseling, and personal righteousness, which consisted of fasting, prayer, and scripture study. The authors concluded their findings are consistent with the APA Task Force's Report, wherein SOCE is judged as not likely to be effective, SOCE benefit is related to methods not specific to change-related intervention, and therefore only acceptance-based (i.e., gay affirmative) forms of therapy are endorsed.

Analysis

Researcher bias

Author bias against SOCE is likely since all of the investigators describe themselves as “LGBTQ allies” who “...have been active in supporting the LGBTQ community, online, and national/international engagement.” Four of the five authors were raised LDS, and two remain active in the church. None disclose whether or not they once pursued any form of SOCE themselves. All, however, state that they work closely with LGBTQ Mormons in professional and/or personal roles. This raises the risk that the authors are known by some of the subjects, which increases the likelihood of subject responses in the direction investigators favor. Author bias against SOCE also increases the likelihood of groupthink and the risk of failing to recognize important alternatives, resulting in tainted conclusions and social-policy recommendations.^{13, 14}

Recruitment bias

Dehlin et al. state that they worked with a diverse population sample because they recruited from LDS support groups both in favor of as well as those against psychotherapy for UHA. Since 1992, the Alliance for Therapeutic Choice and Scientific Integrity (formerly NARTH), has been the national professional organization for licensed mental health providers who assist those with UHA. However, the Alliance was not contacted as a source for soliciting participants for this study. Instead, the final sample reflected that 21% of participants were solicited through liberal online and print media (e.g., Huffington Post, Religion Dispatches.org, Salt Lake Tribune, and San Francisco Chronicle). Another 21% of the sample was obtained through LDS-affiliated LGBTQ support groups, purportedly across the spectrum of beliefs regarding SOCE. One of those groups, Evergreen International (a group more favorable to psychotherapy) refused to advertise the study, though the authors do not disclose why. Electronic social media and word of mouth led 47% of participants to involvement in the study, which, given the author affinities, cannot be assumed to be representatively divided among opponents of SOCE and those sympathetic to it. Finally, 5% of the sample was solicited through non-religiously affiliated LGBTQ support organizations.

Further sample bias

Additional sample bias is evident in that 71% of participants were either inactive with the LDS Church or separated from it. This raises concerns about the representativeness of the sample and the response bias this disaffection may have introduced against SOCE. Concerns associated with retrospective, self-report surveys and the fact that 76% were male participants further hamper the reliability and generalizability of results.

Conflated variable scale and midpoint response bias

Another outcome-biasing feature is the manner in which the authors defined their primary outcome measure. Participants were asked to rate their SOCE experiences on a 5-point scale, where 1 = highly effective, 2 = moderately effective, 3 = not effective, 4 = moderately harmful, and 5 = severely harmful. This is a highly unusual rating scale in that it is anchored by terms that define different dimensions, i.e., effectiveness and harm. The endpoint outcome measures for a scale are supposed to be opposites (e.g.: effective versus ineffective; harmful versus beneficial). An outcome scale should also include better graduated responses between the endpoints; it is typical to use a seven-point scale. Dehlin and colleagues should have provided participants with two scales. The first should have been anchored by "highly effective" on one end and "highly ineffective" on the other; the second scale should have been bracketed by "significantly beneficial" versus "significantly harmful."

In addition, the midpoint of a scale is supposed to be neutral, but Dehlin and colleagues' midpoint is "not effective." Due to the midpoint response bias, this flawed scale promotes a biasing effect toward SOCE being described as lacking effectiveness. Midpoint bias refers to the statistical likelihood that respondents tend to choose a middle response when they are pressed for time, uncertain, or lacking an opinion. Seven point scales for both effectiveness and harm that would have allowed for more nuanced responding (e.g.,

the inclusion of slightly harmful or slightly beneficial, and slightly effective or slightly ineffective options) and neutral midpoints (e.g., neither harmful nor beneficial, and neither effective nor ineffective) would have been more objectively scientific. The conflation of harm and effectiveness in the response scale used in this study creates significant uncertainties about what the results actually mean.

Ideological confounds of Rosenberg's measure of self-esteem

The authors report they failed to find significant self-esteem differences between participants who had attempted SOCE and those who did not. However, this failure to find a difference may be due to ideological bias inherent in the tool chosen to measure self-esteem. The authors chose to measure psychosexual health in part through Rosenberg's (1965) measure of self-esteem. Some scales, including Rosenberg's, define their construct in a manner that is inherently biased against religious values.^{15, 16, 17} Consequently, scores may reflect differences between humanistic values and theistic beliefs rather than the construct purportedly assessed by the instrument. When the antireligious humanistic dimensions of the Rosenberg scale are statistically controlled, the self-esteem ratings of conservatively religious persons are significantly improved.¹⁷ The implication for this study is that self-esteem levels might actually have been higher than indicated for participants who remained conservatively religious. Likewise the "Quality of Life Scale" used leaves out spiritual well-being as a measured quality.

Underrepresentation of professional psychotherapy for UHA

The authors report that religious and private forms of SOCE were far more prominent in their sample than was professional psychotherapy. Whereas 85% of participants indicated engaging in either religious or private individual SOCE methods, only 44% reported some form of therapist or group-led SOCE. Engaging in "personal righteousness" (such as prayer, fasting, studying scripture, improved relationship with Jesus) was reported twice as much as pursuing professional psychotherapy. Yet the authors report that group-related and therapist-led methods tended to be rated by participants as the more effective and least harmful forms of SOCE. Furthermore, SOCE "...methods most frequently rated as 'effective' tended to be used the least and shortest duration, while methods rated most often as 'ineffective' tended to be used most frequently and for the longest duration". The authors also contend that this "effectiveness" represented not orientation change but orientation acceptance, decreases in psychological distress, and improvement in family relationships.

The authors used a standard Kinsey scale to evaluate the participants' sexual orientation. This overrepresentation of purportedly ineffective/harmful individual (i.e., conducted alone by oneself) and religiously-oriented SOCE methods makes the study's findings regarding Kinsey ratings and psychosocial health inappropriate as a measure of professionally conducted SOCE. These general results summed over all SOCE forms therefore are likely to be skewed in an adverse direction, and again might conceal potential positive outcomes of professional SOCE.

Positive outcomes

In spite of the multiple design flaws which bias the study against SOCE, some SOCE methods did receive mildly positive endorsements. Interestingly, these slightly positive ratings were found for therapist-led, group therapy, group retreat, and psychiatric methods. Psychotherapy was found to have moderate or greater effectiveness by 44% of respondents who sought it, with respective effectiveness ratings of 48% for psychiatry, 39% for group therapy, and 48% for group retreats. Of contextual importance is the finding that professional SOCE methods were reported far less frequently by participants than religiously oriented methods, meaning that aggregate results concerning change in Kinsey scores and psychosexual health likely provide an unrealistically negative view of professional SOCE.

Evaluation

This investigation suffers from significant methodological flaws. As a result, it offers no generalizable conclusions regarding psychotherapy for UHA in adults or minors.

SOCE through psychotherapy for LGBO individuals affiliated with the church of Jesus Christ of Latter-Day Saints by Bradshaw, K., Dehlin, J. P., Crowell, K. A., & Bradshaw, W. S. (2015)

18

Description

No doubt aware of the limitations of the Dehlin et al. (2015) study regarding therapist-led SOCE, this same team of authors analyzed the subsample of respondents who reported participation in psychotherapy for their conflicts regarding same-sex attraction (SSA). This sample comprised 672 men and 194 women. The authors reported that professional counseling was largely ineffective, with less than 4% of participants reporting any modification of SSA, 42% indicating their change-oriented therapy was “not at all effective,” and 37% finding it to have been moderately to severely harmful. Homosexuality-affirming psychotherapy was often found to be beneficial in reducing depression, increasing self-esteem, and improving relationships. The authors conclude that there is a “very low likelihood” of sexual orientation modification and advise highly religious persons with UHA to consider this before pursuing SOCE.

Analysis

Bradshaw et al. use the same severely flawed dataset employed by Dehlin et al. (2015). Consequently, the same methodological problems of Dehlin et al.’s original research persist, as well as some additional limitations.

Additional sample bias revealed

Besides the sample bias previously noted, Bradshaw et al. (2015) observed that bisexuality was under-represented in the sample. This is a concern in that bisexuality is likely to be more responsive to change-oriented intervention than an exclusively homosexual orientation.¹⁹ This under-representation could have reduced reports of positive SOCE outcomes in comparison to what might have been obtained with a more representative sample.

Measurement concerns

Outcomes are again measured with the problematic scale that conflates two different dimensions (harm and effectiveness). The discussion of these concerns noted in the Dehlin et al. (2015) study will not be repeated here. However, their salience can be seen in the authors’ report that 42% of psychotherapy SOCE participants viewed their experience as not at all effective, 21% as moderately harmful, and 16% as severely harmful. This documentation sounds as if the results are independently derived from two different measures, as they clearly should have been. The fact that they are taken from three neighboring points on a single scale certainly creates the likelihood of a loss of important nuance in the data, thereby unduly inflating participant ratings of harm and ineffectiveness in their evaluations of professional SOCE. Again, these outcomes surely would have been different had the midpoint been defined as “not at all harmful.” It should also be mentioned that the authors indicate that their survey took, on average, more than an hour to complete. This fact makes for a greater risk of significant midpoint response bias (which would bias the overall effectiveness rating of SOCE downward) since participants seek to get through an unusually long survey process as quickly as possible.

In addition, Bradshaw et al. trichotomize the goals of psychotherapy-related SOCE into change, acceptance, and understanding. Yet these are by no means mutually exclusive goals, and it is reasonable to believe that most therapists facilitating SOCE are also promoting goals of acceptance (e.g., of the reality of clients’ SSA) and understanding (e.g., promoting the clients’ self-discovery of the origins of

their SSA). Thus, this forced-choice categorization appears by definition to mischaracterize professional SOCE, again with a likely accompanying loss of data precision that could lend useful refinement to the study's findings.

Confounding of SOCE forms.

Another serious concern regarding this study is that participants engaged on average in 3.7 non-psychotherapy forms of SOCE interventions which were not differentiated in their overall rating scores. Open-ended responses suggested that some participants applied the outcome ratings narrowly to therapist-led SOCE, while others rated the benefit or harm of their experience across all SOCE forms utilized. Consequently, the results of this study cannot be reliably linked to professional SOCE, as they may well be adversely distorted by participants' evaluative inclusion of non-professional and unlicensed providers of SOCE in their ratings.

It is also likely that the 93 participants who reported exposure to an aversive technique in the course of their SOCE experienced this under the direction of unlicensed individuals, or engaged in it years ago when aversive treatments were common to a broad range of clinical concerns within psychology. Contemporary licensed therapists have long eschewed the use of aversive techniques when assisting those with UHA. This makes it unlikely that the aversive methodologies reported in this survey were facilitated by a licensed mental health provider in recent years.

Additional signs of bias

While not a methodological issue per se, Bradshaw et al.'s discussion of SOCE provides not so subtle indications of their partisan sentiments. For example, Bradshaw and colleagues dismiss Spitzer's 2003 research in support of change,²⁰ citing Spitzer's 2012 "repudiation" of his findings. However, they fail to note that several of Spitzer's participants subsequently affirmed their change of orientation and vehemently protested Spitzer's repudiation of his own 2003 results.²¹ Bradshaw et al. also cite the demise of Exodus International and admissions of lack of change by its former president. This is a curious non sequitur in that Exodus was a religious ministry promoting religious forms of SOCE while the present article was supposed to critique only SOCE delivered by licensed mental health providers. Finally, the authors assert that SOCE requires disregarding the "large body of evidence" that demonstrates "a biological origin for sexual orientation." Ironically, such a definitive commitment to biological determinism is not even in keeping with the current APA opinion which states, "Many think that nature and nurture both play complex roles...."²²

Evaluation

Bradshaw et al. conclude their article with the following statements:

"For adherents to this line of reasoning [i.e., that homosexual attraction may be diminished], the claim of a successful sexual orientation change by a few individuals is sufficient to generalize to the population at large. The clear evidence, however, is that dutiful long-term psychotherapeutic efforts to change are not successful and carry significant potential for serious harm, and that LGBQ Latter-day Saints find greater satisfaction in counseling approaches that result in acceptance or accommodation."¹⁸

As is evident, the authors first create a straw man argument whereby all SOCE proponents assume that change for some patients means all patients can change. They cite no literature to support this claim but then proceed to challenge this false portrayal by citing the results of their study. Clearly, this study's serious methodological weaknesses make the authors' broad generalizations scientifically unjustifiable. That Bradshaw et al. would make such unqualified conclusions places their work firmly within the realm of agenda-driven advocacy.

Conclusion

Politics has thwarted the scientific pursuit of quality research on therapy for individuals with unwanted same-sex attraction since the removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders in 1973. It is well documented by individuals on both ends of the political spectrum that the American Psychiatric Association's declassification of homosexuality as a disorder in 1973 and by the larger American Psychological Association (APA) in 1975, resulted from the imposition of a sociopolitical agenda, not from the unveiling of new supporting scientific evidence.^{23, 24, 25, 26}

Nowhere is the APA's political correctness more clearly displayed than in its "Guidelines for the Prevention of Homophobic Research." In 1985 the APA's Committee on Lesbian, Gay and Bisexual Concerns established a Task Force on Non-Homophobic Research which produced detailed guidelines on avoiding research determined to be "heterosexist." The Task Force defined "heterosexist" as any proposal "conceptualizing human experience in strictly heterosexual terms and consequently ignoring, invalidating, or derogating homosexual behaviors and sexual orientation, and lesbian, gay, and bisexual relationships and lifestyles."²⁷ The guidelines are prominently displayed on the APA website,²⁸ and its contents are vigorously enforced by the LGB Concerns Committee, whose mission, in part, is "to reduce prejudice, discrimination and violence against lesbian, gay and bisexual people." As laudable as these social aims may be, it is obvious how such a norm biases the objective pursuit of knowledge regarding all matters related to non-heterosexual attractions and identities. According to Dr. Nicholas Cummings, a past President of the American Psychological Association, the result has been a political correctness that tethers the intellect and a politically correct culture that is more punitive than McCarthyism (p. xv).²⁶

No therapy, whether medical, psychological, or surgical, is 100% effective. All treatments have some degree of failure. In addition, all therapies carry a degree of risk for unwanted side effects. For all forms of psychotherapy used to treat any pediatric mental health concern, there is an estimated 14%-24% deterioration rate among children and adolescents.²⁹ The four investigations reviewed above merely document that some adults experience various "efforts" to change UHA as ineffective and/or harmful. The question to be answered, however, is not "Do some people fail or experience harm?" but rather "Does pursuing the goal of diminishing UHA under the care of a licensed mental health professional result in disproportionate rates of harm and/or failure among minors and adults?" This question has never been scientifically addressed. It is a violation of scientific integrity for the APA, the AAP and others to claim that research proves unacceptable rates of failure or harmful outcomes occur when patients freely choose to diminish unwanted homosexual attractions under the care of a licensed mental health provider.

It is equally outrageous that legislation would be enacted to ban all forms of psychotherapy for UHA with such an absence of scientific evidence or support. Therefore, the College recommends that all such legislation be reversed and that the purview of oversight for non-aversive psychotherapy be left with medical and psychological professionals, and not in the hands of legislators. The College supports an adolescent's right to psychotherapy for UHA under the care of licensed mental health professionals. The College, together with the Alliance for Therapeutic Choice, calls for the development of an unbiased research program consisting of investigators from both sides of the sexual orientation debate to ensure that policies promoted by professional medical organizations are rooted in sound science and truly are what's best for children.

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January 2016**

The American College of Pediatricians is a national medical association of licensed physicians and healthcare professionals who specialize in the care of infants, children, and adolescents. The mission of

the College is to enable all children to reach their optimal, physical, and emotional health and well-being.

References

- ¹ Rosik C. The complete lack of a scientific basis for banning SOCE with minors. Aug 2012; accessed 9.17.15 from <http://www.therapeuticchoice.com/#!analysis-of-anti-soce-legislation/cwgr>.
- ² American Psychological Association. Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist* Jan 2012;67(1):10-42. Accessed 5/15/15 from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>.
- ³ Byrd AD. Moving back to science and self-reflection in the debate over sexual orientation change efforts. *Social Work* 2013;58(1):83-85.
- ⁴ American Psychological Association. Ethical principles of psychologists and code of conduct. 2010; Retrieved from <http://www.apa.org/ethics/code/principles.pdf>.
- ⁵ Byrd AD, Phelan JE. Facts and myths on early aversion techniques in the treatment of unwanted homosexual attractions. NARTH Institute No year provided. Accessed 12/8/15 from <http://www.narth.com/#!aversion-techniques-/c4tb>.
- ⁶ NARTH Institute. Practice guidelines for the treatment of unwanted same-sex attractions and behavior. *Journal of Human Sexuality* 2010;2. Oct 2008. Accessed 5/15/15 from <http://www.scribd.com/doc/115508811/NARTH-Institute-Practice-Guidelines#scribd>.
- ⁷ Family Policy Institute of Washington accessed 5/15/15 from <http://www.fpiw.org/blog/tag/aversion-therapy/>.
- ⁸ Haldeman DC. Therapeutic antidotes: helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy* 2002;5(3/4):119-132.
- ⁹ American Psychological Association (2009). Report of the task force on appropriate therapeutic responses to sexual orientation. Washington, D.C. 2009; Retrieved from <http://apa.org/pi/lgbt/resources/therapeutic-response.pdf>.
- ¹⁰ Shidlo A, Schroeder M. Changing sexual orientation: a consumer's report. *Professional Psychology: Research and Practice* 2002;33:249-259. doi: 10.1037/0735-7028.33.3.249.
- ¹¹ Flentje A, Heck NC, Cochran BN. Sexual reorientation therapy interventions: perspectives of ex-ex-gay individuals. *Journal of Gay & Lesbian Mental Health* 2013;17:256-277. doi: 10.1080/19359705.2013.773268.
- ¹² Dehlin JP, Galliher RV, Bradshaw WS, Hyde DC, Crowell KA. Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology* 2015;1:6.
- ¹³ Chambers JR, Schlenker BR, Collisson B. Ideology and prejudice: the role of value conflicts. *Psychological Science* 2012;24:140-149. doi: 10.1177/0956797612447820.
- ¹⁴ Redding RE. Politicized science. *Society* 2013;50:439-446. doi: 10.1007/s12115-013-9686-5.
- ¹⁵ Rosik CH. Ideological concerns in the operationalization of homophobia, Part I: an analysis of Herek's ATLG-R scale. *Journal of Psychology and Theology* 2007; 35:132-144.

- ¹⁶ Rosik, CH. Ideological concerns in the operationalization of homophobia, Part II: the need for interpretive sensitivity with conservatively religious persons. *Journal of Psychology and Theology* 2007; 35:145–152.
- ¹⁷ Watson PJ, Morris RJ, Hood RW. Antireligious humanistic values, guilt, and self-esteem. *Journal for the Scientific Study of Religion* 1987;26:535-546.
- ¹⁸ Bradshaw K, Dehlin JP, Crowell KA, Bradshaw WS. Sexual orientation change efforts through psychotherapy for LGBQ individuals affiliated with the Church of Jesus Christ of Latter-Day Saints. *J Sex Marital Therapy* Jul-Aug 2015;41(4):391-412.
- ¹⁹ Whitehead NE, Whitehead B. My genes made me do it! A scientific look at sexual orientation. Whitehead Associates. 2010. Retrieved 5/15/15 from <http://www.mygenes.co.nz/download.htm>.
- ²⁰ Spitzer RL. Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior* 2003;32:403-417. doi: 10.1023/A:1025647527010.
- ²¹ Armelli JA, Moose EL, Paulk A, Phelan JE. A response to Spitzer's (2012) reassessment of his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior* 2013;41:1335-1336. doi: 10.1007/s10508-012-0032-6.
- ²² American Psychological Association (2008) accessed 9/17/15 from <http://www.apa.org/topics/lgbt/orientation.aspx>.
- ²³ Satinover J. *Homosexuality and the Politics of Truth*. Baker Books, Grand Rapids, Mich. 1996.
- ²⁴ Bayer R. *Homosexuality and American Psychiatry: the Politics of Diagnosis*. Princeton University Press. 1987.
- ²⁵ This American Life on National Public Radio, featuring Alix Spiegle "81 Words" aired 1/18/02; transcript accessed 5/15/15 from <http://www.thisamericanlife.org/radio-archives/episode/204/transcript>.
- ²⁶ Wright R, Cummings NA, eds. *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*. Routledge, Taylor & Francis Group. 2005.
- ²⁷ Herek GM, Kimmer DC. Avoiding hererosexist bias in psychological research. *The American Psychologist* 1991; 46:957.
- ²⁸ APA Guidelines for the prevention of homophobic research. accessed 9.17.15 from <http://www.apa.org/pi/lgbt/resources/avoiding-bias.aspx>.
- ²⁹ Lambert MJ. The efficacy and effectiveness of psychotherapy. In Lambert MJ ed., *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (6th Edition). 2013:169-218. Hoboken, N.J.



ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII
DIOCESE OF HONOLULU
Witness to Jesus



Submitted: Online
Hearing on: Wednesday, 02/10/16
Conference Room: 329

DATE: February 8, 2016
TO: House Committee on Health
Rep. Della Belatti, Chair
Rep. Richard Creagan, Vice Chair
From: Walter Yoshimitsu, Executive Director
Re: Opposition to HB 1675 Relating to Minors

Honorable Chairs and members of the House Committee on Health, I am Walter Yoshimitsu, **representing the Hawaii Catholic Conference**. The Hawaii Catholic Conference is the public policy voice for the Roman Catholic Church in the State of Hawaii, which under the leadership of Bishop Larry Silva, represents Roman Catholics in Hawaii.

We oppose this bill because it bans reparative therapy for minors, even if the minor themselves or the parents want the therapy. That is awfully invasive on the part of the legislature, which has no competence in this area. The wording in HB1675 offers no exemption for clergy, religious or spiritual counselors who are licensed by the state, which we find problematic and a violation of religious freedom.

To make it abundantly clear, the Catholic Church is concerned for the whole person. And in the mind of the Church, the psychological sciences, in accord with Christian anthropology, are not considered separate from pastoral care, but rather integral to it. The care and dignity of the human person is the core foundation for what we believe as Catholics.

In 1995, the Pontifical Council for the Family issued a document, "The Truth and Meaning of Human Sexuality: Guidelines for Education in the Family." The document states that "[y]oung people need to be helped to distinguish between the concepts of what is normal and abnormal, between subjective guilt and objective disorder, avoiding what would arouse hostility." It also states that "if parents notice the appearance of this tendency or of related behavior in their children during childhood or adolescence, they should seek help from expert qualified persons in order to obtain all possible assistance."

This bill would keep patients from exercising their right to choose the therapy they feel best meets their needs. Their individual choice in therapy should be taken into consideration. Every patient should have the right to get the help they need and secure a counselor that supports their counseling goals.

Finally, we are opposed to this bill because we believe that if passed, it constitutes an infringement of parental rights. Please do not pass this disingenuous legislation.

Mahalo for the opportunity to testify.

HAWAII CATHOLIC CONFERENCE

(The public policy voice for the Roman Catholic Church in the State of Hawaii)

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:54 AM
To: HLTtestimony
Cc: belinda_jacobs@hotmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Belinda L. Jacobs	Christian Counseling and Research Centers of America	Oppose	Yes

Comments: Gay Conversion Therapies or Conversion EFFORTS ? ! Hawaii's House Bill 1675 and Senate Bill 261 are Greatly Flawed: Whereas the content of Hawaii's House Bill 1675 and Senate Bill 2615 restrict EFFORTS made by Hawaii's Teachers, and Licensed Professionals to Change Sexual Orientation vice any established and/or definable treatments, with the consequences of "disciplinary actions" against OUR Teachers and other Professions, having broad scope, is a DANGEROUS Precept. SIGNIFICANTLY ABSENT is ANY OBLIGATION to provide ANY References to the Psychological Studies, and "other studies". alluded to in these bills ! Deception Does Not Rule in Hawaii. > Is this more Legislative Smoke and Mirrors ?! ON THE CONTRARY, Scientists and Aericans for ETHICS in Science DEMAND The Following from our Education System: 1. Under the Food and Drug Administration rules, men who have had sex -- even ONCE -- with another man since 1977 are not permitted to give blood. The rule was implemented in 1983, sparked by concerns that HIV, the virus that causes AIDS, was tainting the blood supply. Screening tests to identify HIV-positive blood had not been developed. The policy was seen as a safety measure.* Source: * Medical Community's Epidemiology Statistics: [Retrieved from: <http://www.cnn.com/2010/HEALTH/05/25/gay.blood.donation.ban/index.html?iref=allsearch>] The "Prevalence of HIV in the community of men having sex with men, since 1978, is 60 TiMES HIGHER than in the General Population. * * 800 Times Higher than first-time blood donors. * * 8000 Times Higher than repeat blood donors." One study in the United Kingdom, showed that if the U.S. goes to a one (1) year deferral there will be a 60 % increase of HIV in the Blood Supply. No deferral, whatsoever, "it will be a 500 % increase of HIV in the Blood Supply.", Dr. Brooks, Professor of Pathology at the University of Texas Health Science Center in San Antonio. 2. The OPTIMUM CHILD REARING MODEL: * Decades of Research: Shows that children need both a MOTHER AND a FATHER in order to grow into emotionally mature adults. In his paper, Dr. Byrd summarized the Research Results: Dr. A. Dean Byrd, "Gender Complementarity and Child-Rearing: Where Tradition and Science Agree", Geneva, Switzerland (August 23-25, 2004). Retrieved from: <http://www.narth.com/docs/needboth.html> 3. Fact: Sperm

Donor Children DO NOT fair as well As Even Adoptive Children ! * 'My Daddy's Name is Donor', is a Pathbreaking Study of Young Adults Conceived Through Sperm Donation. The study's 15 Findings: Termed the black hole syndrome, Young adults conceived through sperm donation (or —donor offspring) experience profound struggles with their origins and identities. [Retrieved from: http://www.familyscholars.org/assets/Donor_15findings.pdf] Elizabeth Marquardt, Norval D. Glenn, and Karen Clark, co- investigators Retrieved from: Do they work ? Are they legitimate Therapies practiced by Licensed Professionals ? - The U.S. Judiciary has called Gender Identification a Civil Right - right ? ! How can anyone Convert something that hey, "you are born this way" - I mean it's written in stone ... NOT ! We Demand the recently published CDC Guidelines for National DOE sex education be the standards in Hawaii's schools. [* These, CDC Guidelines were published in our recent posts ~ check it out ~] We publish testify for these hearings. We, as most sound minded people do, oppose bullying, but uphold freedom of speech and the FREEDOM to present the truth in science, and the truth of personal convictions. This is not a Communist Country where opposing views can and should be expressed, and if someone is so offended that some oppose their views, well get over it ~ The Chrstian Counseling and Research Centers of America, Scientists and Americans for Ethics in Science, and HIResistance.org

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ONLINE SUBMITTAL

Hearing on: Wednesday, February 10, 2016
Conference Room #329

DATE: February 9, 2016

TO: House Committee on Health
Rep. Della Belatti, Chair
Rep. Richard Creagan, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to HB 1675 Relating to Minors

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and various faith-based groups. We oppose this bill because we that this bill violates the right of parents to direct the upbringing of their children. Parents should have the right to choose their child's education, provide appropriate and professional health care services, and practice their religion in accordance to their faith.

It is incomprehensible that on one hand parents would have the right to seek professional counseling for a child with impulse control disorders like kleptomania, compulsive gambling, addiction to drugs or pornography, and then on the other hand be prohibited from accessing licensed health professionals who are trained to help for a son or daughter dealing with their unwanted same-sex attraction issues.

If a young person is experiencing conflict between his or her sincerely held religious beliefs and same-sex attractions, this law could also prevent their minister, who may also be a trained and licensed counselor or therapist, from providing care. This counseling typically involves common and standard therapeutic goals, such as eliminating unwanted behavior, developing healthy connections with both men and women, bringing truth and healing to any past injuries and abuse, and building a solid and confident sense of identity.

By prohibiting licensed professional counselors from treating same-sex attraction as anything but "acceptance, support, and understanding," the law unconstitutionally infringes on their freedom of religion.

This is simply an issue of fairness - minors (with support and guidance from their parents) should be free to choose the professional and licensed counselor that can best treat them; however, their religious freedom and convictions should not be denied in the process. Mahalo for the opportunity to testify.

Testimony in Opposition to House Bill 1675
Christopher Doyle, MA, LPC, LCPC
Co-coordinator, National Task Force to Secure Therapy Equality
February 9, 2016

My name is Christopher Doyle, and I am a former homosexual, a father of five, and a loving husband to a beautiful woman that I have been married to for nine years. I am also a licensed clinical professional counselor and a leader in the #TherapyEquality movement. This is my story of healing and journey in the last eleven years, as I have fought in my own life, and for others I work with, for the existence of those who have left homosexuality and have unwanted same-sex attractions.

In 2004, I had just graduated college and was a young professional, seeking to make a name for myself. I was also terribly confused about my sexuality and struggling with unwanted same-sex attractions (SSA). Deep down in my soul, however, I knew that I was not gay.

But it wasn't until I formed strong bonds with a group of men from my church that I realized I had been filling the missing pieces of my masculinity in gay sex. At the time, I was very attracted to men, and had no problem finding suitable guys to have casual sexual encounters, but this left me feeling empty. I really wanted to be close with my male friends at church, and the more we connected, the more my heart healed from the years of rejection with the popular, athletic guys in school.

Not long after that, I joined a twelve-step group for sexual abuse survivors and began seeing a counselor who helped me understand and heal the long-term affects of sexual abuse I suffered in childhood. During this time, I remember waking up one day and thinking: "My sexual desires for men are not the same as they used to be."

It was around this time that I also started dating a young woman. Eight months later, we married. Soon after, I entered graduate school and began studying counseling to help others, who like myself, were confused about their sexuality.

After my healing, it really bothered me to hear over and over: "Those who experience same-sex attractions are just born that way – they can't change." My experience defied that narrative. I later began to find many others that also rejected that claim for their lives, worked through unwanted homosexuality, and fulfilled their dreams for marriage and family.

I also had that dream, and today, it's a reality for me. My wife and I have five beautiful children, and I couldn't be happier! I also realized my goal of becoming a psychotherapist who specializes in working with men that are struggling with their sexuality. But that reality has not come without a price.

Over the past six years, I have worked with approximately 175-200 men and women and dozens of families struggling with homosexuality. While it has been fulfilling to help

these individuals and families, gay activists have increasingly attacked our community by attempting to pass legislation to prohibit licensed counselors from helping youth who are seeking healing.

Although our movement, #TherapyEquality, helped to defeat 15 bills in state legislatures across the country in 2014 and 2015, gay activists were able to convince a number of legislators in a handful of states to make “change therapy” illegal. Why? Because of fear. They are threatened by the fact that *not* everyone who experiences homosexual feelings desires to live a gay life.

While they promote equality for transgendered youth who seek to change their biological sex, they are adamantly opposed to those who seek to change their sexual orientation. Despite the fact that 100 years of psychological research published in peer-reviewed journals documents that some individuals can and do experience change from homosexual to heterosexual. But because of the politically incorrect nature of that reality, most people will never be aware of those scientific facts, because gay activists dismiss or downplay these statistics.

Gay activists also insist that anyone who experiences homosexual feelings are born gay, and therefore, counseling to help them is not only wrong, but also harmful. After all, if people are simply born homosexual, how could they change?

But let’s not lose sight of the facts: In 2008, the American Psychological Association asserted that people are not simply born gay. Therefore, taking the rights away from parents and families to make choices about their sexuality and mental health counseling *is* harmful.

Perhaps you support gay rights. Maybe your friend or family member is homosexual. Maybe you yourself are gay. If that’s you, you understand that sexuality is complex, and access to diverse mental health counseling to help people navigate through these complexities is important for everyone. House Bill 1675 is an affront to everyone’s rights, and at a time when we’re expanding equality for all, this legislation is a step in the wrong direction.

Sincerely,

Christopher Doyle, MA, LPC, LCPC
Co-coordinator, #TherapyEquality
chrisdoyle@equalityandjusticeforall.org

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 11:17 AM
To: HLTtestimony
Cc: patriciablair@msn.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Blair	Individual	Support	No

Comments: Interfering with a child's right to be who they are by teacher, etc. Should be banned.

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Sent: Tuesday, February 09, 2016 8:07 AM
To: HLTtestimony
Cc: kljonesdvm@aol.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Keri Jones	Individual	Support	No

Comments: Homosexual teens have some of the highest rates of depression and teen suicide in the country. There is no greater stress than being told who you are is somehow wrong or defective. Please support these teens and tell them you accept them and love them for who they are. They have enough to deal with on their own, believe me. -happy, out, and married 47 year old constituent

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 12:09 AM
To: HLTtestimony
Cc: petrask001@hawaii.rr.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Petras	Individual	Support	No

Comments: This is a very important bill, so please don't let those who would blur the line separating church and state torpedo it! Conversion therapy has been shown time and again to be injurious, even fatal. I have had many gay friends who have struggled with their sexual orientation, even contemplating suicide, because of lack of acceptance from their families or peers. Those who have succeeded best in life and who are the happiest owe that, in part, to finding people who love them regardless of their sexual orientation. Conversion therapy should be considered child abuse and malpractice, and any parent insisting on it should be investigated by child protective services. It is mind-boggling that a parent would risk the life of a child, or be willing to leave them emotionally damaged, simply because the child loves someone of the same sex. It is even more mind-boggling that there are people out there who believe they can and should perform such "therapy". Please pass this important bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 11:04 PM
To: HLTtestimony
Cc: mjgolo@email.phoenix.edu
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Golojuch	Individual	Support	No

Comments: I strongly support HB1675 to eliminate conversion therapy for minors. I have known individuals who told their parents that they were gay and were sent to therapy - ice baths, electric shock therapy, long religious treats. Did any of these treatments change their sexual orientation - no. It did cause the individuals to separate from family and/or church. The American Psychological Association has stated that conversion therapy can be extremely dangerous and, in cases, fatal. Please pass this bill and do what ever you can to make it law.

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Representative Della Au Belatti, Chair
Representative Dr. Richard Creagan, Vice Chair
Committee on Health

Re: HB 1675

Wednesday, 02-10-16

10:00AM in House conference room 329

Position: **IN SUPPORT**

Chair and Vice Chair, I am a concerned citizen writing on behalf of myself to testify **in support** of HB 1675, as well as its companion bill SB2615. I am a concerned citizen, and educator, a n MSW student graduating this May, and a member of many minority communities, including the LGBTQ community. It concerns me that Hawai'i is the last state who has struggled to even enter a bill into legislation that ban this type of "therapy" with all of the evidence existing stating the probably harm incurred as a result.

I know, deep down, that you care deeply for your keiki and the generations to come. As a member of the LGBTQ community who did not have the option of living openly as a lesbian youth with the support of those around her, I know how devastating it can be to confide in those closest to you and hear them say they want to change you. I know how crippling it can be to one's mind, and how traumatic to one's spirit to be told that something is inherently wrong with you because of whom you love.

Youth in this community are **4 times more likely** to attempt suicide than their straight peers, and if these youth come from rejecting families or families who try to change them, that statistic balloons to **8.4 times more likely** (<http://www.thetrevorproject.org/pages/facts-about-suicide>); **40% of homeless** youth identify as LGBTQ (<http://williamsinstitute.law.ucla.edu/press/americas-shame-40-of-homeless-youth-are-lgbt-kids/>). These statistics don't exist because of the identity of the children-they exist because of the rejection of them by the people they are supposed to be able to count on the most. **70% of these youth** identify family rejection as the reason they are in these predicaments.

Parents will still have the right to express how *they* feel. Enough parents will continue to express their disapproval of their LGBTQ child without continuing to allow licensed professionals and educators to use their positions of influence to bring more trauma to the lives of youth still in the midst of discovering who they are. I'm **in support** of HB1675, and you should be too.

Causha Spellman
(925)565-4611
caushasp@hawaii.edu

Testimony on H.B. 1675, Regarding Sexual Orientation Change
Dean Hamer, PhD
Scientist Emeritus, National Institutes of Health

I am testifying in strong support of H.B.1675. My arguments are based on the clear scientific and medical evidence that sexual orientation change efforts, also known as “gay conversion therapy,” are both unsound and dangerous. I offer these opinions based on my experience as a Harvard Medical School PhD molecular biologist and Chief Emeritus of Gene Structure and Regulation at the National Institutes of Health, where I published over 100 peer-reviewed papers and three books on this topic.

A variety of approaches provide convincing evidence that sexual orientation is a deeply ingrained, innate trait with strong genetic and biological roots. LGBT people no more choose their sexual orientation than do straight people, and therefore efforts to convince them to “change their mind” are doomed to failure.

Scientists consider sexual orientation not as a “lifestyle” but as a phenotype; that is, an observable set of properties that varies between individuals. A rigorously tested and standardized set of tools is used to determine the extent to which the variation in such phenotypes arises from genetic, biological and other different sources. The results are presented in peer-reviewed journals, which allows other scientists to examine the results, replicate the experiments, and if confirmed conduct further tests.

Twin studies are a mainstay of quantitative human genetics because they allow an overall assessment of the degree of genetic influence on a trait. Twin studies on sexual orientation, which were initiated in the 1950s, have consistently shown a strong degree of genetic loading for this phenotype. While the early studies used limited samples, the past five years have witnessed three major studies on large, population-based samples in three different countries. This is considered the “gold standard” for this type of analysis.

The results are unambiguous: Genes are the single most important factor in determining a person’s sexual orientation, and far outweigh shared environmental factors such as education or parenting.

Molecular genetic studies of sexual orientation, which were initiated in the early 1990s, are aimed at identifying the genes that are involved in the phenotype and their mechanism of action. This is a difficult task, given the complexity of the human genome and of the trait itself, but it is essential for the research to move forward.

The early studies revealed several tantalizing clues, but the conclusions were limited by the both the modest sample sizes and the restricted set of genetic markers that were available at that time. Fortunately, a new, much larger study, using the most up-to-date linkage mapping tools and techniques, has now appeared from an NIH-funded multi-institutional that announced their results in 2014 in a peer reviewed journal.

The results strongly confirm the early studies: Sexual orientation is significantly linked to two chromosomal regions, Xq28 at the end of the long arm of the X (sex) chromosome, and 8p21-q22 on Chromosome 8. Using multipoint mapping and meta-analysis of the data, it appears that the odds in favor of linkage are greater than 10,000 to 1 – a ratio that scientists regard as highly significant.

Please note that this research does not show that there is a single “gay gene.” Although this red herring is often thrown up by critics, they fail to mention that the same is true for height, skin color, handedness, frequency of heart disease and a many other traits that have a large inherited component but no dominant gene. This doesn’t show that being LGBT “isn’t genetic;” it simply shows that it is a complex trait - i.e., many genes contribute to the phenotype.

Given the deeply rooted origins of sexual orientation, efforts to change it are unlikely to succeed. But sadly, this has not stopped people from trying. LGBT individuals have been castrated, lobotomized, injected with hormones, electroshocked, and subjected to all sorts of mental and psychological stress. None of it has worked.

In fact, there is now an abundance of careful, well documented, peer reviewed research showing that such efforts have exactly harmful consequences, most notable depression, suicide and substance dependence. This research is well referenced in the summary studies cited in the bill.

When I testified on the science of sexual orientation during the marriage equality hearings, Representative Bob McDermott asked whether there were any scientists who supported the ideas behind conversion therapy. I told him no, but now realize there was one notable exception: Dr. Robert Spitzer, a psychiatrist who was a major force behind the DSM. In 2001, he published a paper claiming that certain gay men and lesbians could successfully change their sexual orientation from homosexual to heterosexual.

But in 2012, Spitzer retracted his paper. As it turned out, his study was fatally flawed; he had no objective way to judge whether any of the reported “conversions” were actually true.

In summary, the scientific and medical communities are unified on this issue. Efforts to change sexual orientation are both unfounded and dangerous. While some may regard a bill prohibiting such practices to be “controversial,” I regard it as prudent.

Dean Hamer, PhD

Haleiwa, HI

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 5:57 PM
To: HLTtestimony
Cc: dianekawasaki@gmail.com
Subject: *Submitted testimony for HB1675 on Feb 10, 2016 10:00AM*

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Kawasaki	Individual	Support	No

Comments:

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Sent: Monday, February 08, 2016 4:28 PM
To: HLTtestimony
Cc: lady.flach@gmail.com
Subject: *Submitted testimony for HB1675 on Feb 10, 2016 10:00AM*

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	No

Comments:

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Sent: Monday, February 08, 2016 3:19 PM
To: HLTtestimony
Cc: mwood17@hawaii.rr.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Melinda Wood	Individual	Support	No

Comments: I strongly support HB1675 prohibiting "conversion therapy" as a means to change the sexual orientation of young people. This alleged "therapy" has been found to be ineffective in its goal and in fact has been shown to be harmful to the mental health of young people who are dealing with issues of sexuality and identity. Please pass this bill.

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Sent: Monday, February 08, 2016 3:07 PM
To: HLTtestimony
Cc: annsfreed@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments: This is such an important piece of legislation. The horrors of religious right "reparative" psuedotherapy are well documented. From HuffPo "Religious counseling makes sexual minorities more likely to attempt suicide." Just one example of the harm that is inflicted. Here's the full article if you want to know more:
http://www.huffingtonpost.com/brynn-tannehill/its-time-to-ban-reparative-therapy_b_6458224.html

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A Place in the Middle

a strength-based campaign
for gender diversity & inclusion



8 February 2016

Dear Hawaii State House Committee on Health,

I write in STRONG SUPPORT of HB1675 and your proposal “to prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.”

Since you have thoughtfully put this legislation forward, I won't dwell for long on the facts of which you are obviously already aware, e.g. that:

- So-called “conversion therapy” is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression,
- Such practices have been rejected by every mainstream American medical and mental health organization for decades,
- Due to continuing societal bias and discrimination against LGBT people, minors are especially vulnerable to the harms of this so-called “conversion therapy,” and often suffer increased levels of depression, anxiety, drug use, family rejection, homelessness, and suicide as a result. (American Psychological Association and San Francisco State University)

No society should allow children to be the targets of such abuse, particularly in our public schools.

In fact, while this legislation is important, it is only a small piece of the broader work that must be done to make our schools, and communities, safe, inclusive, and respectful for all.

As co-producer/director of a PBS film titled “Kumu Hina” and an associated educational program called “A Place in the Middle,” I've had the privilege of working with leaders in the Hawaiian community who are doing just that – using a culturally-centered approach to bridge and heal the divides that have been harming families and communities for far too long.

As we, collectively, continue in these efforts, it is also important to ensure that the Department of Education be more proactive and accountable in its mission to develop the academic achievement, character and social-emotional well-being of ALL of our students, to their fullest potential.

Too often, it seems that the DOE, and other public service agencies, are intimidated into inaction by bullies like Rep. Bob McDermott, Hawaii Family Advocates, church leaders, and others who misuse their positions of authority to inflict warped and dangerous views about sexuality on the broader public.

Enough is enough. It's time for all of us to do more.

I look forward to your support for this bill and the ongoing work ahead,

Joe Wilson
58-125 Iwia Place
Haleiwa, HI 96712

APlaceintheMiddle.org

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 1:33 PM
To: HLTtestimony
Cc: jenniferhairgrove@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Hairgrove	Individual	Support	No

Comments: Please Ban this horrible Praticce

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Sent: Monday, February 08, 2016 1:08 PM
To: HLTtestimony
Cc: meileen@yahoo.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Eileen McKee	Individual	Support	No

Comments: I strongly support the passage of HB1675. Conversion therapy causes undue harm on our children and adults. This practice should be banned. I urge the Legislature to stand up and stop this unnecessary, emotionally, and mentally harmful practice. Thank you for your support in this matter. Eileen McKee Kihei

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:23 AM
To: HLTtestimony
Cc: juliet.begley@icloud.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Juliet Begley	Individual	Support	No

Comments: I support HB 1675, to remove 'Conversion Therapy' as a practice in Hawaii. The notion that one can alter the sexual orientation of a person through a 'therapy' is an idea that has been proven to be defective and cruel. There is no rational reason to continue such a failed and cruel process, and inflict the emotional distress on minors because a parent/family member cannot accept them. This practice can possibly add to the teen suicide rate in Hawaii, by enforcing through a 'therapy' the core belief that the teen is not worthy due to their orientation. Please make this practice illegal in the state of Hawaii. Sincerely - Juliet Begley, Waimea, Hawaii

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Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair
Members, House Committee on Health

Kimberly King, BSW
60 N. Beretania St. Apt 405
Honolulu, HI 96817

Wednesday, February 10, 2016

Testimony in Support for HB1675, Relating to Minors

Thank you for the opportunity to provide testimony in strong support of HB1675, which would ensure that our youth are protected from the damaging effects of conversion therapy.

In 1973 homosexuality was removed from the Diagnostic Statistical Manual of Mental Disorders (DSM) and in 2013 gender identity disorder was removed as well. The DSM is the only manual used by licensed clinicians to diagnose individuals with a mental disorder. Seeing how homosexuality and gender identity disorder have been removed from the DSM and is not seen as a mental disorder, there should be no such type of conversion or reparative therapy to treat a non-existing disorder. The data shows that these types of therapies in fact cause more harm to the individual and are proven ineffective.

In addition, below are a number of professional associations that have come out in opposition to any type of reparative or conversion type therapy.

American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Counseling Association
American Psychiatric Association
American Psychoanalytic Association
American School Counselor Association
National Association of Social Workers

The amount of professional associations that are in support of ending any and all types of conversion therapies continue to grow, as does the mounting evidence that proves conversion or reparative therapy does more harm. For the health and well-being of our youth I strongly urge the committee to pass HB1675. Thank you for this opportunity to testify.

SANDRA JOY EASTLACK MSCP. NCC. LMHC

DATE: Februray 10. 2016

TO: The Honorable Representative Della Au7 Belatti, Chair, The Honorable Representative Richard P. Creagan, Vice – Chair and Members of the Committee on Health

FROM: Sandra Joy Eastlack MSCP. NCC, LMHC

RE: HB 1675 Relating to Minors

Thank you for the opportunity to provide testimony.

I am testifying in support of HB 1675 with an amendment

I would like to acknowledge the Hawaii legislature being willing to look at this important issue and be on the forefront of actual legislation. Currently four states, California, Illinois, New Jersey and Oregon as well as the District of Columbia have passed legislation t not allow this practice.

Section 1 explains the concerns well and I would like to add that this is not a new concern. In 1973 the American Psychiatric Association declassified homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. Over twenty years ago in 1993 the American Academy of Pediatrics published an article in its journal, Pediatrics, stating “Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having no or little potential for achieving chances in orientation.”

Since then, in addition to the American Psychological Association, the American Psychiatric Association, the American Medical Association on Scientific Affairs, the National Association of Social Workers, the American Counseling Association , the American Psychoanalytic Association, the American Academy of Child and Adolescent Psychiatry, the Pan American Health Organization and SAMHSA (Substance Abuse and Mental Health Services Administration) have all issued statements rejecting conversion therapy. These rejections contain issues such as there has been no evidence that attempts at conversion therapy has been successful and are harmful, abusive and fraudulent.

My concern is section 2 of the bill. Section 302A explains sexual orientation change effects and what counseling shall not include and what it does not include however it can be somewhat confusing. I and two other mental health professionals had to read this section numerous times to understand what it really said. It may be as simple as dividing lines 13 and 14 on page 3 to clearly show that sexual orientation change efforts do not mean:

- “(1) Counseling for a person seeking transition from one gender to another
- (2) Provide acceptance.....
- (3) Does not seek to change sexual orientation”

I would suggest reorganizing (or rewording) the language as shown in the Oregon Bill HB2307, enacted May 18, 2015 which is very clear. “

A portion of the Oregon bill is quoted below.

“(2) As used in this section:

(a)(A) “Conversion therapy” means providing professional services for the purpose of attempting to change a person’s sexual orientation or gender identity, including attempting to change behaviors or expressions of self or to reduce sexual or romantic attractions or feelings toward individuals of the same gender.

“(B) “Conversion therapy” does not mean:

(i) Counseling that assists a client who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition; or

(ii) Counseling that provides a client with acceptance, support and understanding, or counseling that facilitates a client’s coping, social support and identity exploration or development, including counseling in the form of sexual orientation-neutral or gender identity neutral interventions provided for the purpose of preventing or addressing unlawful conduct or unsafe sexual practices, as long as the counseling is not provided for the purpose of attempting to change the client’s sexual orientation or gender identity.”

I encourage you to pass HB 1675 with the suggested amendments.

Dear committee,

Please support HB1675, banning so-called “conversion therapy” for sexual orientation. This harmful practice has damaged many young lives and caused trauma to people who need community support and love. Children under 18 should never be forced to undergo “therapy” that teaches them to suppress feeling rather than be themselves, and neither licensed counselors nor teachers should be allowed to practice this cruel form of “therapy.” Again, please support this bill and support Hawai`i’s youth.

Sincerely,

Katharine Beutner
katharine.b@gmail.com

Aloha,

My name is Lynn Robinson-Onderko. I am resident of Ewa Beach testifying in strong support for HB1675 a very important bill to ban abusive conversion therapy for Hawaii's most vulnerable minor children. We know that the American Psychological Association, along with numerous other accredited organizations, has published reports about the long-term harmful effects of these dangerous therapies. We need to listen to those experts and, as human beings, find it in our hearts to stop allowing our young people to be hurt like this. Religious freedom is not about the right to abuse our children. I ask that you please do the right thing and vote in support of banning conversion therapies for Hawaii's minor children.

HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 8:48 PM
To: HLTtestimony
Cc: metroben@me.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ben Robinson	Individual	Support	No

Comments: Aloha, I support efforts to restrict conversion therapy in Hawaii. This type of so-called "therapy" is not beneficial to creating healthy environments for teens. Teenage years are turbulent and compounding harmful conversion therapy techniques instead of accepting environments by drilling in feelings that they are "defective" and shameful create haunting memories and manifest unhealthy behaviors that can follow them around their entire lives.

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Braddoc DeCaires
1131 Kupau Street
Kailua, HI 96734-3643



February 9, 2016

Representative Della Au Belatti, Chair
House of Representatives
28th Legislature, 2016
State of Hawai`i

Aloha Representative Della Au Belatti,

My name is Braddoc Anthony Kanani DeCaires. I am 44 years old and was born and raised here on O`ahu. I have worked at the non-profit organization Mental Health America of Hawai`i in the past as well as GLAD (Gay & Lesbian Advocate and Defenders) in Boston, MA. I am also a theatre actor here on the island and have been volunteering here at Hawai`i's theatres for almost 20 years and have either starred in or crewed over 40 shows in my career. I was even fortunate to star in an episode of "Hawaii 5-0" last year.


I am a gay man. I realized I was gay when I was 7, although I did not fully understand what that meant at that age.

Because of my past experience with conversion 'therapy' as a teenager, I'd like to share my disdain at the fact that this type of procedure still occurs today in 2016. When I was in high school, I came out to my parents and because of their religious views, they signed me up with a doctor (Dr. Jack S. Annon PhD) here in Hawai`i that specialized in conversion 'therapy' who had me conduct satiation therapy on myself. For those on your committee that are not familiar with the process The National Center for Biotechnology Information (which is part of the United States National Library of Medicine) describes it in the fall of 1979 as follows:

"The procedure involves the pairing of prolonged masturbation (1 hour) with the verbalization by the patient of his deviant sexual fantasies and in both cases the designs permitted the attribution of control over aberrant responding to the satiation therapy."

It is as devastating as it sounds but to a teenager who was still trying to figure out himself it was ten times as humiliating and ultimately key to the major depression I suffered as a teenager which still continues today.

[Page 1 of 2]



I do not fault my parents for their course of action, to them it was a glimmering sign of hope that I would not be further subjected to bullying in school and by my extended family members. What is at fault is a system that still allows this to happen in 2016 when the American Medical Association has this to say about this sort of procedure:

"Our AMA... opposes, the use of 'reparative' or 'conversion' therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation." H-160.991, Health Care Needs of the Homosexual Population.

Basically, what the AMA is saying is that it is unnecessary. As someone who was subjected to it, I would like to officially say that, to me, it was harmful, degrading and left lasting mental health issues for me to contend with that a score of psychologists and psychiatrists have attempted to help me with since I was a teenager until now.

Do not subject Hawai'i's keiki to this form of mental abuse any further. Please help me educate parents out there who think they are doing what is best for their children when, in fact, they are causing brutal, long-lasting harm to them.

I have shared with you my very public theatre and television persona at the beginning of this testimony. This subject is of such great importance to me that I am willing to divulge this dark chapter from my past publically in order to help children, teenagers out there from being subjected to this form of abuse. The fact that I was hesitant to discuss this in a public forum until now (30 years or so later) further illustrates the self-hate, self-doubt that I still battle today with what happened to me as a child.

I support HB 1675 and I hope you do, too.

Mahalo for your time,

Braddoc DeCaires

cc: Rep. Mark J. Hashem
Rep. Marcus R. Oshiro
Rep. Jo Jordan
Rep. Beth Fukumoto Chang
Rep. Bertrand Kobayashi
Rep. Andria P.L. Tupola
Rep. Dee Morikawa

[Page 2 of 2]

HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 6:12 PM
To: HLTtestimony
Cc: catie.martin@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Catie Martin	Individual	Support	No

Comments: I am writing in strong support of HB 1675. It is imperative that we remember that children have rights, also. These therapies are often forced onto children and do severe emotional, psychological, and physical damage. Children often do not have a say in whether or not they go to these "therapies" (and I use that term VERY loosely), and on occasion, it is up to the State to ensure their well-being. This is one of those times. Please pass this bill, it is urgently needed! Thank you for your time, Catie Martin 96822

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HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 4:20 PM
To: HLTtestimony
Cc: ggraulty@yahoo.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Charlene Grauly	Individual	Support	No

Comments: I strongly support this bill. Mahalo.

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HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 10:26 PM
To: HLTtestimony
Cc: koolmakaha@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dale Arthur Head	Individual	Support	No

Comments: Aloha: My name is Dale Arthur Head, age 67, and a federal retiree. I'm in favor of passage of HB1675 to prohibit 'conversion' therapy which is inappropriate and injurious to GLBTQ people. Consider, although perhaps just 3% of our population live within a 'same se x' relationship, it is estimated that as many as 40% of homeless youth are GLBTQ people. This minority of our population must be protected from elements of society which wish to infect harm upon us. Sincerely, Dale Arthur Head Koolmakaha@gmail.com

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Joshua Kay

1944 Puowaina Dr.
Honolulu, HI 96813-1733
Cell (808) 923-2400

Testimony in STRONG SUPPORT of HB 1675

This legislation banning "conversion therapy" is needed in order to protect Hawaii's youth from this reprehensible and discredited practice, which does more harm than good. A person's sexual orientation is not a choice. This practice, which claims to be able to change a person's sexual orientation, is a farce. At most, all this practice does is to teach a person to live their life as a lie, which causes low self-esteem and a host of other problems.

You can't pray the gay away!

Sincerely,
Joshua Kay

HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 10, 2016 8:53 AM
To: HLTtestimony
Cc: seinikaufusi@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/10/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Seini Kaufusi	Individual	Support	No

Comments: Representative Belatti, and other distinguished committee members, I want to thank you for this opportunity to address HB1675. As a concerned citizen, community member, and parent, I strongly urge you to pass this important legislation. Our children are our most precious treasure and our future and they need to be protected. As a parent, it is my duty and responsibility to teach my children right from wrong, about the challenges of life, support them along their hardships whatever it may be, and it is my right as a parent to decide what is best for them. Teachers and licensed counselors should not be permitted to extend any form of services regarding sexual orientation to any minor unless services are solicited by parents. Boundaries need not to be crossed when it comes to personal matters regarding minors. If there are any concerns regarding minors "sexual orientation" parents should be informed immediately so that efforts can be made to address the concern. Never should teachers and licensed practitioners be allowed to make decisions and provide services without parental consent, even if a child insists. There are many other ways that these concerns can be addressed and it will be more effective if done as a team. Please let us parents uphold our rights as responsible adults and especially in protecting, providing and doing what's best for our children. Bottom line is, this bill is the right thing for our children. Thank you for your attention to this issue and your commitment to the children of Hawai'i.

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HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 10, 2016 6:11 AM
To: HLTtestimony
Cc: tardend@yahoo.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/10/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas A. Dickey	Individual	Support	Yes

Comments: I support passage of HB1675. Conversion therapy does not work and may well be cruel and unusual treatment. My advice to parents and teachers is to learn to love your gay kids as much as you love the straight ones.

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HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:38 PM
To: HLTtestimony
Cc: vanlaw@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Van Law	Individual	Support	No

Comments: Aloha, Please support HB1675, which will protect Hawaii's keiki from psychological abuse. Gay conversion therapy is damaging and does not work simply due to the fact that sexual orientation is not a choice. Mahalo, Van Law

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please uninstall Office 365 because I don't have a license to it.
then please install Office 2013 standard. Al ready have admin rights .

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 6:44 AM
To: HLTtestimony
Cc: bootsaloha@hotmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Vicki L. Davis	Individual	Oppose	No

Comments: I am very opposed to this measure, against my Christian rights as an individual.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 4:30 AM
To: HLTtestimony
Cc: danny.melton@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Danny Melton	Individual	Oppose	No

Comments: Aloha I oppose this legislation. Hawaii schools are already indoctrinating children/youth under the age of 18 with alternative sexual lifestyles and pushing sexual orientation change that undermine the traditional family. Some minors who struggle with sexual identity because of this indoctrination are confused and desire counseling should be able to discuss with their teachers or professional counsellors. Respectfully submitted Dan MELTON Waipahu, Hawaii

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Testimony of Lisa Shorba, Resident of Honolulu
To: House of Representatives - Committee on Health
DATE: Wednesday, February 10, 2016
TIME: 10 am
PLACE: Conference Room 329 - State Capitol at 415 South Beretania St.
Measure Number: HB1675 - Strongly OPPOSE.

Dear Chair Belatti, Vice Chair Creagan and Members of the Health Committee,

Please accept my testimony in strong opposition to HB1675 relating to minors. As a case manager who provides counseling and educational support services to students under the age of 18, I have encountered and observed students at this age and know full-well that they are still in the process of developing and discovering who they are. I have seen students express themselves in various ways by the way they dress, behave, cut their hair, etc., and their expression of who they are is not always a permanent, constant expression when it comes to their gender identity as a young woman or man. Students need room to grow, to truly know themselves; they also deserve the support and confidential counseling services necessary to help them talk about their difficulties/life circumstances in a supportive and honest framework, and this includes discussion that may include understanding their gender identity.

Sometimes, students may seek the advice, guidance and support from trusted advocates such as counselors and teachers on this sensitive subject, and counselors have a professional, ethical and moral obligation to provide counseling and support to their clients when the subject comes up and the client wants to discuss it. This bill would prevent counselors from doing their job. Proponents of this bill may view open, honest discussion about gender as an opportunity to “convert” or “change one’s sexual orientation,” but this just proves that if a minor is gender “convertible,” they must not be sure of their gender identity, as one who is sure would not waver.

Also, students who struggle with this problem may already feel depressed, hopeless, anxious, isolated and other negative feelings, and it would be highly unethical to withhold counseling services to them when they need it most. This bill may do more harm than good. I personally, know of some individuals who experienced lesbianism/homosexuality in their youth, and as they matured into adulthood, they entered into heterosexual relationships and are now quite content and happy. I do not believe that gender expression is something that is set in stone for every person, and that is why I oppose this legislation. I have also worked with clients who experienced various forms of trauma, neglect, family dysfunction and rejection in their youth, which many times led to the use/abuse of alcohol/drugs, unprotected sex, and suicidal thoughts/ideations/behaviors. Family rejection and other problems commonly happen to teens of every gender, as well as those who identify as gay, lesbian, transgender, etc. All students need help to overcome their problems... sometimes a teen may need to talk about their gender identity/expression and they should have the freedom to discuss their issues with a counselor. Counselors should be able to do their job using their best judgment/ethical principles and ought not be hindered in their profession. Also, human growth/development is ongoing, and each child is very unique, complex and worthy of sound, professional counseling that may assist them as they mature from adolescence into adulthood. I strongly oppose this measure and ask that this bill not be passed.

Thank you very much for the opportunity to testify on this important matter.

Sincerely,

Lisa A. L. Shorba, M.A.

TESTIMONY to House Committee on Health

H.B. 1675 RELATING TO MINORS

Wednesday February 10, 2016 10:00 am
Conference Room 329

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chairman Dela Au Belatti Vice-Chair (Dr.) Creagan, and Members :

1. I most strongly **OPPOSE H.B. 1675**. This bill obliterates all "freedom of choice" options. Not all people are alike. People associate with the LGBT lifestyle for different reasons. According to the American Psychological Association (APA), there is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Not all methods of therapy work on an individual. This legislation denies options to people who need, want, and would benefit from a particular type of helpful therapy. This legislation imposes a [humanist/secular](#) ideology upon the general public as if it were [the mandated religion](#) of our nation, which the first amendment to the U.S. Constitution forbids.

2. Some doctors, religious, parents and licensed therapists believe in the benefits of therapy to help youth (and adults) resolve their unwanted same-sex attractions. Some people solicit their help. They are obligated by their consciences to give the best guidance possible. This may include helping the youth overcome unwanted same-sex attractions. There are many [positive stories of transformation](#) for anyone willing to do research. Counselors of any type, must be allowed to tell the truth to those soliciting their help and not forced to regurgitate the current pop culture propaganda espoused in this bill.

3. This bill forbids sexual orientation change efforts That would exclude many of the comprehensive sex education programs in the schools, especially Pono Choices, which encourage experimentation with all kinds of sexual behaviors. The subtle undercurrent of these curricula entices youth to stray from the respecting the unique relationship between a man and a woman to join and create new life, to sexual exploitation of others for physical pleasure with no consequences or responsibilities. If this bill passed, those sexually explicit curricula would need to be banned from the classroom.

4. There are many people who have [exited](#) the LGBT community. They are harassed, [bullied](#), and [discriminated against](#) because their opinions are not politically correct. Many have gone on to have happy natural relationships only after receiving the assistance that this bill bans. If legislation like this had been passed, many may never have achieved the happiness they now enjoy. Dr. Nicholas Cummings, former President of the

APA, said groups like the Southern Poverty Law Center that are working to ban conversion therapy are actually causing damage.

5. Parents of minors have an obligation to provide the best services to their children that they deem appropriate without governmental interference. The Bible, the foundational reference for Western Civilization, guides the behaviors of many and clearly advises against engaging in same sex activities. This bill is an aggressive attack on Judeo-Christian beliefs -- the concepts upon which our country was founded. The Queens of Hawaii wanted their people to live by Christian teaching. When the Bishop estate was established, the requirement to teach Christian principles was explicitly stated in Princess Bernice Pauahi Bishop's will. When the Church is attacked, society as a whole is weakened and thus suffers the social decay of homelessness, single parent families living in poverty, drug and alcohol addictions, abuse, neglect, and numerous other problems. Instead of rushing into the dysfunctional abyss, kill this bill.

6. Stop limiting a parent's ability to seek help for their minor children and penalizing counselors, teachers, doctors, therapists, etc. who assist them.

7. **Vote NO on H.B. 1675.**

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 11:08 PM
To: HLTtestimony
Cc: boydready@hawaii.rr.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Boyd Ready	Individual	Oppose	No

Comments: I urge you to vote against this bill. 1) The bill presumptuously labels all family-sought or family directed concerns for assistance during the fluid sexual exploratory period of youth as associated with "family rejection," and presumes all family disapproval harmful. 2) The perverse effect of a bill like this is that homosexual 'grooming,' and other forms of uncontrolled wooing into various erotic activities, are left free to turn youth in the wooer's motivated direction while the rightful guides for youth, their parents and elders, are hindered from accessing professional guidance. 3) The consensus of psychologists is treated as 'fact' when recently 75% of major psychological published studies have been found not replicable: the state of that 'science' is questionable. <http://www.nature.com/news/over-half-of-psychology-studies-fail-reproducibility-test-1.18248> 4) The bill interferes with the free exercise of religion insofar as pastors and priests are treated as 'professional counselors' who would then be hindered in their and their believing families free exercise of their 1st Amendment rights. 3) Human sexual urges are polymorphous and, especially in youth, fluid. Long term large # studies show the number of sometime homosexual persons dwarfed by the number who revert back to heterosexuality and stay that way. The bill presumes an 'identity' and a 'being a certain way' is a natural and fixed state that, when it strays into the minority expression as homosexual, deserves special status, while the normally fruitful expression of reproductive desire is treated as a forbidden aim of therapy! In fact, youth is often wayward and families have the right, with professional assistance, to guide the youth. This bill interferes with parents' rights and treats children as property of the state, which they are not. I respectfully urge you to vote against moving this bill forward.

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The House Health Committee
State Capitol, Honolulu Hawaii
2/8/2016

RE: HB1675 Relating to Minors prohibits teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons UNDER 18 YEARS OF AGE.

Aloha,

I believe minors under the age of 18 deserve the freedom to choose to have professional counseling at anytime in regards to unwanted same sex orientation attractions. I believe that professional counselors have the right to engage in advertising sexual orientation change efforts on students when the minor has expressed that they need help in this area because they don't believe homosexual, transsexual, etc. is right based on their beliefs or values. The state and the teachers/counselors should not reject the minor this freedom for aid.

The minors and their parents should have the opportunity and freedom to decide if they want professional counseling or the advertising of sexual orientation change efforts provided to them. The state should not impose an act like this-- HB1675 and claim that those who try to persuade sexual change efforts on minors are deceiving children when engaging in guiding a child (inferred on page 5 lines 4-7 of HB1675).

It is the parent's right as the guardian of their children on how they want to raise their children according to their family values and spiritual beliefs on sexuality. It is not the decision of the state to put into law such restrictions against families and minors seeking help. Those professionals listed on page 4, lines 6-12 of HB1675 who provide services should have the right to advertise same sex orientation change and should not be charged with disciplinary actions.

I understand there will be some minors and their families that don't want this imposed which is their right but for those who desire or seek a professional therapist to help why should they be denied? Why should their right be removed and why should professional therapists be penalized?

It must be understood there will always be those in our state and across this great nation who do not agree with same sex relations because of their beliefs and values and that I believe must be respected always. The laws passed should always acknowledge this fact as well.

I ask that you vote NO on HB1675.

Respectfully,
Victoria Sensano
944 Haawi Loop
Wailuku, HI 96793

TESTIMONY to House Committee on Health

H.B. 1675 RELATING MINORS

Wednesday February 10, 2016 10:00 am
Conference Room 329

Submitted in **OPPOSITION** by: Susan R. Duffy, Ewa Beach, HI 96706

Chairman Dela Au Belatti Vice-Chair (Dr.) Creagan, and Members :

1. Strongly **OPPOSE H.B. 1675** Everyone should have the right for self-determination regardless of sexual orientation. Banning therapy or counseling for minors is unjust to children and their parents and has the potential to cause great harm. This bill attempts to help one group of people at the expense of another. It fails to recognize that there are wounded people on both sides of this issue. Not everyone who is gender confused or who experiences feelings of same-sex attraction wants to act on those feelings.
2. Some children have homosexual feelings that have been brought on by sexual abuse. To deny these children the help they need to overcome this type of trauma will only serve to further victimize them.
3. Most states have respected the rights of youth with unwanted same sex-attractions to seek whatever type of counseling or help is available to them.
4. In a 2015 opinion piece for the *LA Times*, Dr. Eric Vilain, professor of pediatrics and human genetics at UCLA and director of the Center for Gender-Based Biology, and J. Michael Baily, psychology professor at Northwestern University, warned lawmakers *against* banning “conversion” therapy for minors who experience gender dysphoria. They argued that attempts by lawmakers to ban “all therapists from helping families trying to alleviate children’s gender dysphoria would be premature, a triumph of ideology over science.”¹
5. If Hawaii’s lawmakers care about children, they will heed the words of these scientists and vote “no” on HB 1675. Every person seeking positive life change needs the love and support of family, friends, the community, and if need be, the therapy they desire.

¹ <http://www.latimes.com/opinion/op-ed/la-oe-vilain-transgender-parents-20150521-story.html>

Dear Members of the Hawaii House Health Committee,

8 February 2016

Aloha and thank you for your service to the state and people of Hawaii. I want to applaud you for your efforts to protect young people who are confused about their gender/identity from barbaric practices such as electric shock therapy to change their orientation. This is not right and I hope it is not practiced anymore.

However I must oppose HB 1675 on the grounds that it is simply unfair to minors who are uncertain about their gender. If they have questions, they deserve answers. Many seek direction from pastors and counselors who practice their given faith. It is wrong to deny these young people the right to seek help from counselors who view gender issues in a manner which is consistent with the teens' faith. The bill in question creates a double standard.

The bill states that minors who desire to change to another gender may be counseled to do so but prevents the same child from receiving counseling in the case that they wish to remain their biological gender. It is simply biased toward individuals who wish to reassign gender and alienates those who don't. We should not become an inclusive society at the expense of others; all should have free access to counselors and outcomes of their choice.

Let me be clear: It is wrong to treat people who identify as transgender in discriminatory ways—refusing to hire them, talking unkindly to them; making fun of them... these things are not acceptable, even in the name of religion if one would do so. But refusing to help people or in the case of a minor, which this bill specifically addresses, to allow their parents to seek therapy that is consistent with their right to the practice of free religion, is unconstitutional. Parents are responsible for their children until they turn 18. They have the right to seek the best interest of their child and the government is overstepping its boundaries to say they know better and deny children any legitimate options.

I do not believe it is the duty of government to decide for us which religious beliefs are acceptable and which are not. The U.S. Constitution specifically prevents government from infringing on the free exercise of religion. While I wholeheartedly agree that conversion therapy practices should not be cruel in any fashion, I do not think compassionately counseling the teen in line with a person's faith violates the child's rights. Therefore, I strongly **oppose** HB 1675.

Mahalo for your time and kind attention,

Jennifer Swearingen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 6:55 PM
To: HLTtestimony
Cc: bnbenjah@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Nu	Individual	Oppose	No

Comments: I ask you to vote No on HB1675 for the following reasons. Our children have the right to receive the best therapy possible. Sexual orientation is "fluid" especially during the forming of adolescent years. Ultimately, if HB1675 is passed, I as a parent will be denied rights to protect the welfare, family values and spiritual beliefs aligning with sexuality to my children. Thank you.

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Sent: Monday, February 08, 2016 6:48 PM
To: HLTtestimony
Cc: bnbenjah@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Benjamin Nu	Individual	Oppose	No

Comments: I am against bill HB1675 and I urge you to vote No for the following reason: Parents will be denied the right to seek a counselor for their children that aligns with family values and spiritual beliefs on sexuality. Our keiki has a right to the best therapy possible. Thank you!

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Sent: Monday, February 08, 2016 4:15 PM
To: HLTtestimony
Cc: lanicep@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
LANICE PULLANO	Individual	Oppose	No

Comments: Please vote NO to HB1675. Research shows that sexual orientation in adolescence is fluid and subject to change. Out keiki have the right to the best therapy possible!

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Sent: Monday, February 08, 2016 3:19 PM
To: HLTtestimony
Cc: joanette@hotmail.com
Subject: *Submitted testimony for HB1675 on Feb 10, 2016 10:00AM*

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Georgette Almeida	Individual	Oppose	No

Comments:

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Sent: Monday, February 08, 2016 2:55 PM
To: HLTtestimony
Cc: pauladamkim@yahoo.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Kim	Individual	Oppose	No

Comments: Aloha, I would like to submit my testimony opposing the above mentioned bill. Parents should have the freedom to make the best choices for their individual child. No governmental agency can decide what is "best." As long as a child is not receiving harm and abuse, the government should be strictly hands-off when it comes to parenting. When the child reaches legal age, he/she can make choices regarding sexuality themselves and be totally protected within their full first amendment rights as a citizen, of free expression. Until that time, if a child has parents, those parents should be afforded the right to parent their child, and/or provide assistance as they see best suits the situation. No law should limit private choices. Let the free market of ideas prevail.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 2:35 PM
To: HLTtestimony
Cc: seeknfind@hawaii.rr.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Rita Kama-Kimura	Individual	Oppose	Yes

Comments: HLT Chair Della Au Belatti Vice-Chair Richard P. Creagan Committee Members: Members RE: HB1675 "Conversion Therapy, Sexual Orientation; Minors" I am writing in strong opposition to this bill. I notice it comes back every year or so, an obvious ongoing attempt to circumvent parental rights. Without knowing anything about the child, his or her past history, without an evaluation by a professional chosen by the parent, you as an elected official wish to dictate the treatment. Or in this case the withholding of any treatment/evaluation/therapy or counseling. This bill would impose a one size fits all approach on every child in Hawaii. You have chosen to treat our children like cattle, not as the unique individuals that they are. I strongly ask you rethink this bill and urge you to put it to rest for good. Respectfully submitted Rita Kama-Kimura HD36

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Testimony in opposition to HB 1675

February 09, 2016

Members of the State House of Representatives:

I read the proposed Bill 1675 and think that if the State engages in regulating who is and is not allowed to counsel impressionable teens regarding their sexual orientation they will be over reaching their role.

Parents have the final say in determining what counselling best represents their values. The State may not supersede parental judgments unless the physical safety of the child is at risk.

Donna Goldcamp

45 Kai Nani Pl., Kailua, HI 96734

Testimony in OPPOSITION to HB1675

I oppose HB1675 because in its current form, "licensed therapist" could be construed to include clergy in their professional capacity. Under this interpretation, clergy would be forbidden to offer spiritual and religious counsel to an individual in a manner that is consistent with their faith. This is an unnecessary intrusion into our freedom of religion, and a gross violation of church/state separation. Thus, this bill is not only anti-Christian, but it is also anti-Islam and anti-Judaism and is a violation of the First Amendment of the U.S. Constitution.

I recognize that the secular treatment of sexual orientation is highly controversial and would thus, not oppose this bill should it specifically and explicitly exclude counseling provided by licensed clergy of any major, recognized religion.

Phil Yasuhara
91-943 Oaniani Street
Kapolei, HI 96707

I oppose this bill as this is taking the rights of parents to protect and provide the best for their own children. It is the parents who understand their children the best, and to provide the best for their own children according to the family's value, NOT the society or the legislature. I understand that in certain circumstances, like violence in the family, the law may step in and provide protection. However, in sexual orientation, I don't think the legislature should ban counseling or therapies if the family sees it the best for them. If the legislature passes this bill, it is destroying the family or even the minor's rights to choose what they want. In long term, this will also destroy families in Hawaii and more adolescent problems and crimes will appear.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 11:32 AM
To: HLTtestimony
Cc: kidoe808@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Edna Kido	Individual	Oppose	No

Comments: Please vote "NO", children are the parents responsible.

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Honored recipients:

I am opposed to the legislative bill HB1675.

I do not believe there is sufficient prevalence of reparative therapy in our state to warrant further consideration.

I do not believe that this area of medical practice needs to be legally scrutinized.

I do believe that this legislation bounds up against our guaranteed rights found in the First Amendment. Need I mention religious liberty?

I do believe that passage of this law could produce lawsuits not worthy of our courts' attention.

I do understand the legislators' motivation for proposing the bill, but am not sure if they are all that familiar with the goals of most board-certified therapists who provide counseling in this area (please refer to <http://www.josephnicolosi.com/collection/johnniejay0000gmailcom>).

I would like to see our legislature focus on critical issues pertinent to our community and state.

I appreciate your regards to my opinions, and wish you all well in this session,

Ho'oha'aha'a,

Tim Miller, Honolulu

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:21 AM
To: HLTtestimony
Cc: mountainswap@aol.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa LeBrun	Individual	Oppose	Yes

Comments: Aloha and Good Morning Representatives. I am testifying in opposition to HB1675 to ban sexual orientation conversion therapy. I strongly oppose this bill. Not only do I believe it is an attempt to SILENCE licensed therapists from sharing any opposing beliefs, it is also FORCING them to counsel in a way contradictory to their religion or faith – or even those who have no faith, and do not agree with this. I am reminded of the book “Animal Farm,” with the line, “All are equal, but some are more equal than others.” With this bill, you are not even saying that others’ beliefs are equal. You’re saying your way is the only way. The exact same thing that you are accusing parents and clergy of, you are doing yourself. Let’s take faith completely out of the picture. The FACTS are that health-wise, this is a very dangerous lifestyle. The FACTS are that the rate of suicide for LGBT adults is still high. It is a FACT that drug and alcohol addiction for those in this lifestyle is very high. It is a FACT that sexually-transmitted diseases are rampant among those engaged in this lifestyle. Shouldn’t kids under the age of 18 at least be told this? What you are trying to do is say, “If only people would accept and celebrate this, *poof*, all thoughts of depression, confusion, guilt, shame, etc. would simply vanish. That is not true. The bill talks about children experiencing rejection. That is a reality of life. We all have to experience rejection in life. Children need to be taught that not everything they want is right. Not every child under the age of 18 years old wants these feelings, whether they’re raised in homes of faith or not. So imagine if a child goes to a school counselor or trusted teacher and needs to talk. And that person replies, “I can’t talk to you about this....but I can tell you one thing, this is a good thing! Let’s celebrate!” Now imagine this student’s confusion and despair. He know this isn’t right. He doesn’t want it. The one person he actually felt he could talk to....Society screams, “This is good that you’re this way!!” Imagine the utter confusion, despair, the depression, and hopelessness. What if that child commits suicide? This suggested ban says that anyone under the age of 18 can only be told that the way to think and believe is that same-sex attraction is good and should be celebrated and anything else is wrong. Even if you take faith out of the picture, doesn’t common sense and reason say that in order for someone to make a choice, they have to know that there are OTHER ways to think? Again, this bill is attempting to SILENCE any opposing beliefs – and actually FORCING people to not truly counsel. You’re messing with these

kids. You're messing with their minds. Again, you're accusing parents and clergy of doing this, but you're doing exactly the same thing. You are attempting to insert government between parents and their children. Do you see how unfair this is to the students and the parents? You are attempting to insert government in our churches. Do you see how arrogant this is? Do you see how scary this precedent is? You are trying to set things in motion here in Hawaii that the majority do not want. You are going to introduce chaos into our society here, because people by the droves are going to refuse to be silenced and coerced. I beg of you, do not pass this bill. Think less of yourselves, and more of the desires of the majority of the people you represent. Thank you for reading this.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:18 AM
To: HLTtestimony
Cc: nhpuna2@hawaiiantel.net
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Colliene Armitage	Individual	Oppose	No

Comments: As a voter in your district, I respectfully ask that you do not vote to pass HB 1675. This bill denies rights: (1) This bill takes away a parents right to make decisions regarding counseling therapy if their child was battling with sexual identity issues and (2) professional counselors, faith based teachers, psychiatrists, psychologists, and social workers would be prohibited from counseling children who want counseling for unwanted sexual attractions. This bill is not about freedom and equality, in fact, it denies freedom and equality. Parents should be able to make decisions for their minor children without government intrusion or interference. Please read this and let your conscious guide you to do what is right.

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HB1675 Opposition

Aloha, thank you for this opportunity to make my voice heard. Also, thank you for your deep concern for the welfare of our keiki.

As we all recognize, often what we thought was true for sure—we find out later wasn't the whole story. Although this bill claims that for 40 years the story has been unquestioned, my understanding of the research is different. Our comprehension of gender identity's origin and development is incomplete. I believe we may look back and recognize that limiting the information and help available for adolescents to one side of the story was short sighted and that we have, regretfully, done a disservice both to our keiki and caring professionals. There are professionals, teachers and therapists etc. who care deeply for our keiki on both sides of this issue. Please don't silence them.

Thank you for your listening ear and caring heart. I respectfully request you to vote "no" on bill HB1675.

Beth Brown

My name is Robin Goodspeed. I'm an Ex Homosexual, Ex Lesbian. I lived my adult life as a lesbian. I was not born homosexual. I was not "born that way." I was sexually abused at the age of 2 by a pedophile babysitter without the knowledge of my family. I came from a middle class family in the Midwest with a working father and a stay-at-home mother. I went to school and attended church. However, as a result of being sexually abused, I began a life-long battle with anger, depression, addiction, and suicide and began making choices that led to a life of homosexuality. Therapy was not a choice for my parents and I suffered a nervous breakdown at the age of 13. I lapsed into depression, addiction, and suicidal obsession. I developed "crushes" on female teachers and coaches. I went from being a happy, active "A" student to an angry, depressed "D" student. I needed help. I went to my church youth group. My youth pastor, instead of helping me offered me marijuana. I knew this was not help and refused, turned away from God and church, and became an atheist.

I had my first lesbian sexual experience in college after getting drunk and waking up in bed with my best female friend. In spite of my depression, alcohol addiction, and suicidal thinking, I was deeply ashamed of my first lesbian encounter. I sought counseling help for suicide and addiction and was told I was "born homosexual." All I needed to do was to love and accept myself. I went to 7 counselors for depression, addiction, and suicide during a 20 year period in the 1980's and 90's and every one of them told me the lie that I was "born that way." Even the therapist who helped me face the sexual abuse I suffered as a child told me "that's who you are," while I was on suicide watch. I embraced that lie because, as a homosexual, I was never held accountable for my choices or the damage that I did to myself and others. During the same years, I sought out 12 Step programs for addiction and codependency and found the same lie there. For 35 years I lived as an "out" lesbian and embraced the homosexual lifestyle. I participated in homosexual rights political groups and Gay Pride events. I rode my motorcycle with my lesbian partner in Gay Pride Parades. I helped manage a small lesbian club committed to supporting the lesbian community where I lived. I vacationed at homosexual resorts. But long term sobriety and lesbian relationships did not bring peace or remove my deep seated shame. I never even considered confronting the lie that I was "born that way." I became a permanent victim "constitutionally incapable of being honest with myself."

In 2007 three life changing events occurred; the breakup of another lesbian relationship, the loss of a job, and the death of a parent. Suffering shame, guilt, and grief and with the help of a 12 Step program, Adult Children of Alcoholics, for the first time I began to honestly question whether I was "born gay" and adamantly concluded that I was not "born homosexual." I went back to church and finally, in 2009, God led me to witness the story of a man freed from alcoholism, drug addiction, and suicide through the power of Jesus Christ. I knew instantly that Jesus Christ could heal me of homosexuality. I asked Jesus to come into my heart and forgive me and He did. I was freed immediately from all desire to continue in the homosexual life and called to tell the truth about homosexuality. There is no scientific data or proof that there is a homosexual gene or that anyone is "born gay." Homosexuality is a choice and a behavior.

I did not choose to be sexually abused as a child, but I did choose homosexuality. I was not "born that way." Today I have to accept the consequences of my choices. I spent a lifetime fighting depression, addiction, and suicide. I have caused much harm to myself and others. What if, as a child, I had been able to see a Licensed Professional Therapist doing Reparative Therapy and my family and I had discovered the truth about what happened to me and were able to heal and to recover the innocent child that I was? Would you deny that choice to your children or grandchildren? Would you condemn your child or grandchild to a life of misery like mine? This is exactly what HB 1675 intends to do. It intends to re-victimize children who have already been sexually abused and traumatized by sexual predators and enslave them in the homosexual life until the age of 18 when the damage already done to them is harder to heal. This is cruel and inhumane punishment. All families and children in the State of Hawaii deserve the choice of help and healing.

Thank you.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 3:13 PM
To: HLTtestimony
Cc: wwilson1@my.hpu.edu
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wayne R. Wilson	Individual	Oppose	No

Comments: As a former teacher, current pastor, and student of Social Work, this would be a terrible bill to pass.

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Sent: Tuesday, February 09, 2016 9:46 PM
To: HLTtestimony
Cc: laie.joseph.spurrier@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Spurrier	Individual	Oppose	No

Comments: Aloha, my name is Joseph Spurrier, I am a MSW student at UH Manoa. I oppose HB 1675. I do not agree with or support using interventions that are not found effective by research or, what is called evidence based practice. Conversion therapy is not currently evidence based. I do however feel the individual has the right to choose. What if someone under the age of 18 seeks this type of intervention for themselves? Just food for thought. Mahalo for your time. Aloha

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HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 5:42 PM
To: HLTtestimony
Cc: loisjyoung@gmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/9/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lois J Young	Individual	Oppose	No

Comments: The suggested ban on sexual orientation conversion therapy can be interpreted to include clergy, and would prohibit an individual from being counseled in a way that is consistent with their faith. This is an unnecessary intrusion into our freedom of religion, and a gross violation of church/state separation. therefore I opposed HB1675 and ask you vote NO and do not let it pass committee. thank you, Lois Young

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Re: HB 1675 - Relating to Minors / House Committee on Health

Date: February 10, 2016 / 10am

Rm: 329

Aloha,

I am opposed to this bill for several reasons:

- This tramples on my parental rights to do what I feel would be best for my child. As a parent, I would know my child best and would love them the most.
- This tramples on my freedom to choose the type of counseling, whether that be from a religious or secular counselor.
- This bill would not give minors the freedom to explore other therapy, help, ideas etc. It constrains them to the only way the government is viewing this issue.

Also, the information in the introduction of this bill is very one-sided. There are many testimonies and books that have been written on the side of those who received therapy and were greatly helped.

I picked up a book from the library the other day and the title is: *The Things We Could Not Say*. It was written by a woman who lived through WWII and shows how they were systematically silenced in their freedom of speech, religion, parental rights etc. It seems like an outrageous comparison but it sure feels like this is what is happening.

For these reasons, I am opposed.

Mahalo,

Lora Burbage

Date: Feb. 9, 2016

To: Della Au Belatti, Chair, Richard P. Creagan, Vice Chair
Mark J. Hashem, Jo Jordan, Bertrand Kobayashi, Dee Morikawa, Marcus R. Oshiro,
Beth Fukumoto Chang, Andria P.L. Tupola

From: Sandra Young, Esq.
P.O. Box 2897, Aiea, HI 96701

Re: Strong Opposition to HB No. 1675

I stand in strong opposition to the bill for the following reasons.

1. It interferes with fundamental parental rights to make decisions relating to the care and health of their child, and are not matters that should be dictated by the government.
2. If a child is depressed about unwanted sexual attraction, said child should be allowed to seek a trained therapist for reparative therapy, along with counseling for depression and suicidal thoughts. The child's choice/desire is critical to the treatment, and its success.
3. It is expensive for a family to send a child out of state for to get this type of therapy. Only the well-to-do will be able to afford it. Some counselors will be able to perform this type of therapy by phone, as well as require occasional in-person visits.
4. It is also viewpoint or religious discrimination against children and parents who may find LGBT lifestyle incompatible with their own views.
5. Nearly all children experience rejection by people including their own family members for one reason or another: intelligence, talent, physical attractiveness, athletic skills, personality, decisions/choices, grades, character, achievements, and the list goes on. We all need to learn how to handle rejection, failure and depression in a healthy manner.
6. It appears this bill, as drafted, includes a prohibition of counseling youngsters who are pedophiles. Thus, if there is 10 year old boy with a sexual orientation toward young children, he will be prohibited from receiving counseling for his sexual orientation until he is 18 years old.
7. Many of us (Christians, pastors, and others) who work with folks with spiritual problems would feel more comfortable being able work with a psychologist or therapist who is trained in this area. Some problems require both spiritual and psychological/psychiatric counseling.
8. Therapists have a constitutional right of free speech.
9. How many cases of children in Hawaii being forced into unwanted reparative counseling have been reported in 2015? 2014? Any reports of adverse consequences if such counseling have occurred?
10. Please consider the potential adverse consequences of such a proposed ban. Walt Heyer, a former transgender suggests that such bans against reparative therapy may increase suicides: <http://thefederalist.com/2016/01/06/politicians-response-to-transgenders-is-likely-to-increase-suicides/>. For more information visit Heyer's website, www.sexchangeregret.com.
11. There are many, many testimonies of former gays, lesbians and transgendered people. Please consider that, rather than delaying a patient's choice to get the kind of treatment he/she desires or forcing him/her to travel/relocate out of state to get it. Also visit: <http://www.peoplecanchange.com/stories>.

Thank you for considering all aspects of such a bill.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 10:19 PM
To: HLTtestimony
Cc: susiejackson@hotmail.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Maria	Individual	Comments Only	No

Comments: I vote No to HB 1675.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 5:53 PM
To: HLTtestimony
Cc: keithkenyon@yahoo.com
Subject: Submitted testimony for HB1675 on Feb 10, 2016 10:00AM

HB1675

Submitted on: 2/8/2016

Testimony for HLT on Feb 10, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Keith Kenyon	Individual	Comments Only	No

Comments: I'm opposed to any promotion of homosexual behavior and definitely oppose HB1675. Thanks and have a nice day.

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