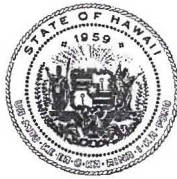


DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER,
M.D.
DIRECTOR OF HEALTH

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

**Testimony in SUPPORT of SB2615 SD1
RELATING TO MINORS**

SENATOR GILBERT S.C. KEITH-AGARAN, CHAIR
SENATE COMMITTEE ON JUDICIARY AND LABOR

Hearing Date: Friday, February 26, 2016, 10:00 a.m. Room Number: 016

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health Child and Adolescent Mental Health
3 Division supports SB2615 SD1 to protect the physical and psychological wellbeing of minors
4 against exposure to harm caused by Sexual Orientation Change Efforts (SOCE). According to
5 the 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. Although some opponents of this bill have

1 tried to suggest that there is disagreement among researchers about the evidence in this area, they
2 have referenced publications by anti-gay organizations only. All the major professional
3 organizations of professionals involved in treating children have issued statements opposing
4 Sexual Orientation Change therapy, including the American Psychological Association, the
5 American Medical Association, the American Academy of Pediatrics, the American Psychiatric
6 Association, and the National Association of Social Workers.

7 The bill does not hinder mental health providers from offering a range of other, more standard
8 clinical psychological services to lesbian, gay, bisexual, and transgender (LGBT) children and
9 adolescents. The bill regulates the services being provided to LGBT children and adolescents, to
10 provide them protections against being exposed to harm through SOCE therapies that might be
11 chosen for them by adults. The bill is in line with APA practice standards and the Department of
12 Health standard of providing evidence based services.

13 **Offered Amendments:** None

14 Thank you for the opportunity to testify.



LATE TESTIMONY

1200 Ala Kapuna Street ♦ Honolulu, Hawaii 96819
Tel: (808) 833-2711 ♦ Fax: (808) 839-7106 ♦ Web: www.hsta.org

Corey Rosenlee
President

Justin Hughey
Vice President

Amy Perruso
Secretary-Treasurer

Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE COMMITTEE ON
JUDICIARY AND LABOR

RE: SB 2615, SD1 - RELATING TO MINORS

FRIDAY, FEBRUARY 26, 2016

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Keith-Agaran and Committee members,

The Hawaii State Teachers Association **strongly supports SB 2615, SD1**, relating to minors.

Conversion therapy, often called “ex-gay” therapy, has no place in our society. It involves a rejection of a child's sexual or gender identity. Minors who experience rejection based on their sexual orientation face serious health risks. In a study published in the medical journal *Pediatrics*, lesbian, gay, and bisexual young adults who reported higher levels of rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with their peers.

Numerous medical, psychological, and mental health organizations have condemned conversion therapy as unscientific and developmentally dangerous, including the American Psychological Association. In the education world, HSTA helped pass an 2015 NEA Convention Item opposing conversion therapy, NBI 86, that states, “NEA will disseminate to educators through existing publications current information regarding the **damaging** effects of anti-gay conversion/reparative therapies.”

To protect our keiki from discriminatory pseudo-psychology, the Hawaii State Teachers Association asks your committee to **support** this bill.



46-063 Emepele Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Legislative Director

**TESTIMONY FOR SENATE BILL 2615, SENATE DRAFT 1, RELATING TO
MINORS**

**Senate Committee on Judiciary and Labor
Hon. Gilbert S.C. Keith-Agaran, Chair
Hon. Maile S.L. Shimabukuro, Vice Chair**

**Friday, February 26, 2016, 10:00 AM
State Capitol, Conference Room 016**

Honorable Chair Keith-Agaran and committee members:

I am Kris Coffield, representing the IMU Alliance, a nonpartisan political advocacy organization that currently boasts over 350 members. On behalf of our members, we offer this testimony in strong support of Senate Bill 2615, SD 1, relating to minors.

Conversion therapy, often called “ex-gay” therapy, has no place in our society. Last year, our state recognized the civil right of same-couples to marry. Yet, the consecration of this most basic of freedoms is a small step toward eradicating institutionalized bias toward LGBT citizens, whose sexuality is often seen as a discretionary act, rather than an essential aspect of an LGBT individual's identity. Today, more than ever, the science is clear: sexual orientation is not a choice, but a biological fact, only the expression of which is socially determined.

Conversion therapy involves a rejection of a child's sexual or gender identity. Minors who experience rejection based on their sexual orientation face especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported higher levels of rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with their peers. This is documented by Caitlin Ryan et al. in their article entitled “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,” (2009) 123 *Pediatrics* 346.

Numerous medical, psychological, and mental health organizations have condemned conversion therapy as problematic, unscientific, and developmentally dangerous. The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, 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 American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: "[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth."

The American Psychiatric Association published a position statement in March of 2000 in which it stated: "Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm. The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve

happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed. Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his or her sexual homosexual orientation.”

The American School Counselor Association's position statement on professional school counselors and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth states: "It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being. Recognizing that sexual orientation is not an illness and does not require treatment, professional school counselors may provide individual student planning or responsive services to LGBTQ students to promote self-acceptance, deal with social acceptance, understand issues related to coming out, including issues that families may face when a student goes through this process and identify appropriate community resources."

The American Academy of Pediatrics in 1993 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 little or no potential for achieving changes in orientation."

The American Medical Association Council on Scientific Affairs prepared a report in 1994 in which it stated: "Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it."

The National Association of Social Workers prepared a 1997 policy statement in which it stated: "Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and, in fact, they may be harmful."

The American Counseling Association Governing Council issued a position statement in April of 1999, and in it the council states: "We oppose 'the promotion of "reparative therapy" as a "cure" for individuals who are homosexual'."

The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender, identity, or gender expression, and in it the association states: "As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice; and psychoanalytic technique does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes."

The American Academy of Child and Adolescent Psychiatry in 2012 published an article in its journal, *Journal of the American Academy of Child and Adolescent Psychiatry*, stating: "Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated."

The Pan American Health Organization, a regional office of the World Health Organization, issued a statement in May of 2012 and in it the organization states: "These supposed conversion therapies constitute a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements." The organization also noted that reparative therapies "lack medical justification and represent a serious threat to the health and well-being of affected people."

Finally, it is imperative to note that this measure in no way impacts the right of religious organizations to offer conversion counseling or "ex-gay" programs on

their own grounds or under the supervision of churches. Rather, this bill merely prevents certified professionals from doing so, protecting the public from those who would misuse professional status to perpetrate medically inaccurate and psychologically unsafe practices—bullying—on our children and our shores.

Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance

LATE TESTIMONY

ALAN R. SPECTOR, LCSW

www.AlanRSpector.com

TO: Senate JDL Committee

DATE: February 26, 2016

RE: SB2615, Public Hearing, 2/26/16, 10:00 am, room 016, Support

I am writing in support of SB2615 which would ban so called "Conversion Therapy" of minors. I am a Licensed Clinical Social Worker with 24 plus years of post-graduate experience and run have a private psychotherapy practice.

Study after study demonstrates that "Conversion Therapy" not only doesn't work, but also is quite harmful. Sexual orientation cannot be changed and attempts to do so typically increase rates of depression and suicidality. Conversion Therapy is opposed by all mental health professional associations including the National Association of Social Workers.

In my professional opinion, any mental health professional engaging in "Conversion Therapy" with minors is engaging in gross malpractice. SB2615 would further serve to further prevent harm and abuse of minors from rogue mental health professionals and teachers. Additionally, any teachers engaging in such "therapy" are also practicing beyond the scope of their training and certification as psychotherapy is a regulated practice in Hawaii that requires a degree and license in one of the mental health professions.



David H. Pickup, M.A., LMFT
Licensed Marriage and Family Therapist (#48780)

LATE TESTIMONY

Encino, CA 91436

Hawaii Testimony for SB2615, 02-26-16

My name is David Pickup. I am a licensed psychotherapist who owns two private practices, one in LA, and my main practice in Dallas. 95% of my clients are boys and men who experience actual change in their homosexual feelings through professional therapy. I am entering this year into doctoral candidacy at Cal Southern University, and I am also a member of the American Psychological Association. I have also spoken on media programs such as CNN and Dr. Drew about these issues.

I am also a co-founder of the National Therapeutic Task Force. We are lobbyists who have been the primary force in defeating 16 out of 18 state therapy bans in 2015 alone. These therapy bans make it illegal for children with unwanted homosexual feelings caused by emotional or sexual abuse to receive therapy for the reduction or elimination of these feelings. These children and adults are almost always persons who have sincerely and deeply held religious beliefs that being Gay does not represent their authentic selves as they were designed to be, which is heterosexual.

In the past 3 years of our lobbying efforts to defeat these bans, I have personally testified before many state legislators. The legislators in California, New Jersey, Oregon, and Illinois, as well as Washington DC and the city of Cincinnati have received strong evidence that banning therapy for unwanted homosexual feelings because of these underlying emotional issues will cause suicidality, violate free speech, violate client rights, religious rights and parental rights of these clients, and yet...they sat there and voted to approve these bans anyway. As such, they have become complicit in furthering the homosexual effects of sexual abuse onto children by making it illegal for them to receive professional change therapy that truly works. Many new laws in this country are being written that will deny constitutional rights and religious freedom. In terms of therapy issues, my colleagues and I are being harassed, being accused of shaming and harming children through electric shock treatment and aversion therapy, and some of us have received death threats for the therapeutic and religious beliefs we hold.

And now this...please cut/paste into any browser:

<http://www.seattleweekly.com/home/952352-129/the-final-final-trial-of-edward>

Keep in mind that the Hawaii therapy ban makes professional therapy illegal to be used for minors whose homosexual feelings have arisen due to emotional or sexual abuse. (Every good therapist knows this is a very common occurrence with homosexual minors.) This article, which just came out two weeks ago in the LA Times, is one of the most grotesque cases of the sexual abuse of boys I have ever seen. It is also an example of how a man, Edward Courtney, has still escaped prosecution and responsibility for many after abusing boys for many decades. Evidently, this man cannot keep himself from sexually abusing boys. Many of the adults and boys in these kinds of cases who seek to reduce and eliminate their homosexual feelings are our clients we see in our therapy offices.

Do you know where Edward Courtney now lives unencumbered and with no restrictions as a pedophile?...Hawaii.

This bill is only based on two issues, which fail upon even a cursory reading. First, it assumes that homosexuality is naturally inborn. The American Psychological Association admits it cannot prove genetic causation because there is no gay gene, and all other hormonal research has not been proven. Second, it assumes that change therapies cause certain harm to children, even though the APA has indicated specifically that there is no proof of harm. They reported this in their most prevalent publication about change therapies, which is the APA Task Force Report on page 82-83.

Those of us who are professional therapists are extremely fearful and horrified for our clients and for people of faith in America. I beg of you to create laws that specifically include protections for minors and adults to keep their rights to therapy that also insures their constitutional rights and religious beliefs. This bill makes no provision whatsoever for the issues I've stated above. This is only one reason why this is an egregious example of what would be injurious to some of our children, as well as taking their rights away. Please do not let this bill pass into law.

A handwritten signature in cursive script that reads "David Pickup".

David Pickup, MA, LMFT

SANDRA YOUNG

Attorney at Law

LATE TESTIMONY

Date: Feb. 25, 2016

To: The Members of Senate Committee on Judiciary and Labor:
Chair Gilbert S.C. Keith-Agaran, Vice Chair Maile S.L. Shimabukuro, Sen. Mike Gabbard,
Sen. Laura H. Thielen, Sen. Kaiali'i Kahele, Sen. Sam Slom, Sen. Donna Mercado Kim

Re: Strong Opposition to SB No. 2615 (ban against reparative/conversion therapy)

I testify in strong opposition to SB 2615 for the following reasons.

1. SB 2615 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, absent a compelling state interest.
2. If a child is depressed or suicidal about an 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. Children who are sexually abused may develop an unwanted same sex attraction that was caused by the abuse. If they desire treatment, it seems cruel to deny them treatment, and may even exacerbate feelings of hopelessness, depression and suicide for something that occurred through no fault of their own.
4. 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 out of state counselors will be able to perform this type of therapy by phone, as well as require occasional in-person visits.
5. It is also viewpoint or religious discrimination against children and parents who may find LGBT lifestyle and views incompatible with their own views. For children and people of faith who want assistance overcoming behavior they view as morally unacceptable, unhealthy and/or incompatible with their faith, the Legislature should not pass legislation which infringes on that fundamental First Amendment right, absent a compelling state interest. I see none.

6. Has this legislature reviewed statistics in California, New Jersey and DC to see if the teen suicide rate is lower among LGBT children in light of the bans in those states/communities? If not, our legislature must do so. Also, please consider the articles/matters I cite below.
7. 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. Is a prohibition against counseling that a child desires the healthy response to the problem?
8. The bill appears to allow for counseling of the dangers of unsafe sexual practices of homosexual boys.
9. 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.
10. Therapists have a constitutional right of free speech and the right to practice their faith under the First Amendment of our Constitution.
11. 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? I spoke to two therapists earlier this month in a social setting, and neither of them perform reparative therapy, and do not know any other therapist who offers such services. I checked the yellow pages of the Hawaiian Telcom telephone directory, and no one advertises for such services. If there are no patterns of such cases of coercive reparative therapy which led to children's suicides, it makes no sense to pass a law that seems intended to impose a particular worldview on our community and silence therapists/teachers of faith.
12. 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.

13. Consider research by an expert. Dr. Neil Whitehead, a scientist in New Zealand who has reviewed over 10,000 studies on homosexuality. Here's what he finds: Most same-sex attracted adolescents will not become homosexual adults.
14. Those who contend that reparative therapies are coercive and forceful have little understanding of the process. Reparative therapy is done by licensed professional mental health workers who do not use force, coercion or aversion therapies with children; if any therapist did, there are already remedies with their local ethics boards. This bill attempts to ban something that appears to have not taken place in our community.
15. 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>. You will find that they are grateful to have overcome that lifestyle choice, and now live in peace, joy and fulfillment. Many of them have married opposite sex persons, and even have children.

Here are some of the most moving testimonies. Please view the youtube testimony of former practicing homosexual Christopher Yuan who is now a professor at a Christian college. He now knows peace, joy, and has found fulfillment in life.

Also, consider the 2013 testimony of former leftist/lesbian professor, Rosaria Champagne Butterfield, who hated Christians and now has found peace and joy (even marriage with an opposite sex person) at <http://www.christianitytoday.com/ct/2013/january-february/my-train-wreck-conversion.html>

After reviewing some of these testimonies of transformation of former LGBT folks, along with the joy, peace and fulfillment these folks are finding in their lives, why would you want to stop a child from finding that same joy, peace and fulfillment?

Thank you for considering all aspects and consequences of such a proposed ban. Please say no to SB2615. Mahalo.

Respectfully submitted,

Sandra Young

LATE TESTIMONY

Testimony in opposition to Hawaii Senate Bill No. 2615
Re: sexual orientation change efforts with minors
February 26, 2016

By Peter Sprigg
Senior Fellow for Policy Studies
Family Research Council
Washington, D.C.

I urge you to oppose Senate Bill No. 2615.

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

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

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

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

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

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

The APA task force reported, “There is a lack of published research on SOCE among children”¹ under age 12. It went on to say, “We found no empirical research on adolescents [age 12-18] who request SOCE.”² Regarding adult clients, the APA reported *anecdotal* evidence of both benefits and harms, but ultimately declared that “the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm.”³

¹ “Report of the American Psychological Association Task Force on the Appropriate Therapeutic Responses to Sexual Orientation,” American Psychological Association, [“APA Task Force”], p. 72. <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

² “APA Task Force,” p. 73.

³ “APA Task Force,” p. 42.

⁴ Ritch C. Savin-Williams, “Who’s Gay? Does It Matter?” *Current Directions in Psychological Science* 15 (2006): 42.

⁵ J. Richard Udry and Kim Chantala, “Risk Factors Differ According to Same-Sex and Opposite-Sex Interest,” *Journal of Biosocial Science* 37, Issue 4 (July 2005): 486.

Keith Agaran3 - Ashlee

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 25, 2016 10:29 PM
To: JDLTestimony
Cc:
Subject: Submitted testimony for SB2615 on Feb 26, 2016 10:00AM

SB2615

Submitted on: 2/25/2016
Testimony for JDL on Feb 26, 2016 10:00AM in Conference Room 016

Table with 4 columns: Submitted By, Organization, Testifier Position, Present at Hearing. Row 1: Joshua Alameda, Individual, Support, No

Comments: My name is Joshua Kamakauli Alameda and I am in strong favor of Senate bill 2615 - as we the people of this great state of Hawaii need to protect our youth. I have been openly bisexual/gay for my entire life and as a youth I was deeply involved with a four square church here on the Big Island called New Hope. It was there at New Hope that I was called a faggot, a queer, and told constantly that I would burn in hell for simply being who I am. As most could imagine this left me feeling incredibly sick and repulsed with myself which even lead to suicidal feelings. The pastors at this church often prayed with me as they believed that being gay was a choice. I was a virgin at the time and despite that fact I was still told I was choosing to be homosexual. Our pastors wife went so far to tell me I was possessed by a demon that was making me gay. I eventually was asked to no longer be a member of the church as I was not worthy for the kingdom of God. A very close friend of mine which I cannot name (due to possible retaliation from his family) killed himself after talking to a pastor about conversion therapy. I only know this because I talked to him a week before he went to see our pastor. My friend was a bright young man and was so kind and talented. I think of him often. This past year I have had to sue the Department of education as it fostered a hostile environment for my son's as they were harassed for nearly 5 years about their perceived sexual orientation. My oldest son came home one day to tell me that a teacher told him maybe these things wouldn't happen to you if you believed in God. It's obvious to me that a heavy discrimination is prevalent in our society when it comes to being gay, bisexual, Transgender, lesbian or even questioning ones sexual orientation. I believe that the state shares a responsibility with society in protecting the best interest of all of Hawaii's children. Conversion therapy kills (period) sexuality is natural, homosexual or otherwise and to deny this is simply ludicrous. My friend died and it haunts me still to this day as I can't imagine what he felt in the moments before he took his life. I urge all who read this to please understand that it is so important that we ban conversion therapy here in the state of Hawaii.

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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Keith Agaran3 - Ashlee

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 26, 2016 7:38 AM
To: JDLEstimony
Cc:
Subject: Submitted testimony for SB2615 on Feb 26, 2016 10:00AM

SB2615

Submitted on: 2/26/2016
Testimony for JDL on Feb 26, 2016 10:00AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas A. Dickey	Individual	Comments Only	No

Comments: I support enactment of SB2615. I am opposed to sexual orientation change efforts. I believe that efforts to change sexual orientation are harassment bordering on cruel and unusual punishment. The best thing that parents and teachers can do is to learn to love their gay children and students as much as they love their straight ones.

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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Keith Agaran3 - Ashlee

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 25, 2016 7:07 PM
To: JDLEstimony
Cc:
Subject: Submitted testimony for SB2615 on Feb 26, 2016 10:00AM

SB2615

Submitted on: 2/25/2016
Testimony for JDL on Feb 26, 2016 10:00AM in Conference Room 016

Table with 4 columns: Submitted By, Organization, Testifier Position, Present at Hearing. Row 1: Laura A. Haynes, Ph.D, Individual, Oppose, No

Comments: Re: Psychologist urges the Hawaii legislature to vote NO on HB1675 that would ban sexual orientation change efforts and advertisement for services Dear Honorable Members of the Hawaii Legislature, I am a California licensed psychologist with forty years experience. My state, unfortunately, was the first to ban therapy for unwanted same-sex attraction. Thank you for the opportunity to share my concerns. I urge you to uphold the right of adolescents who experience unwanted same sex attraction to have the therapy of their choice. Sixteen states and the United States House of Representatives have rejected legal bans or allowed them to die. I further urge you not to ban advertisement of sexual orientation change efforts, and I assure you that such a legal ban would lead to a lawsuit. Generally, sexual orientation change efforts (SOCE) is not a form of therapy but openness to facilitating a client's goal of change during any form of contemporary talk therapy. It is not "pray away the gay." Some opponents say SOCE therapists force therapy goals and use aversive methods. If that were true, all such concerns would have been adequately dealt with through existing professional guidelines and state regulatory boards. Indeed the lack of any ethics complaints against such therapists suggests that their professional conduct is not the problem but rather their willingness to entertain the possibility of change for some clients. The American Psychological Association (2011) officially recognizes that sexual orientation is fluid, or changes. Abundant excellent research has now established that sexual orientation—including attraction, behavior, and identity—is fluid for both adolescents and adults and for both genders, and exceptions for LGBTQ individuals are a minority (research reviewed at youtube Diamond sexual fluidity Cornell). One study of non-heterosexual college students found, unsurprisingly, that a majority had experienced fluidity, or change, in their sexual attraction (Katz-Wide & Hyde 2014). Interestingly, it also looked at their beliefs about whether sexual orientation can change. Those who experienced sexual attraction fluidity were more likely to believe sexual attraction can change, while male non-heterosexuals who had not experienced change were the most likely to believe homosexuals are "born that way," contrary to modern science. Those who still believe sexual attraction is in-born may be more likely to believe that changing sexual attraction is trying to change a person's immutable essence, hence a violation of the person or dangerous. But research overwhelmingly does not back up such a view (youtube Diamond sexual fluidity Cornell). Highly regarded research (Savin-Williams & Ream 2007) found that 98% of exclusively same-sex attracted 16 and 17 year old adolescents, by one year later, had shifted toward heterosexuality (75 percent were exclusively opposite sex-attracted, plus 23 percent were attracted to both genders, for a total of 98 percent shifted toward heterosexuality). Young people from age 17 to 22 also experienced a similar shift toward heterosexuality (Savin-Williams, Joyner, and Rieger 2012). SOCE is more congruent with the sexual orientation development of most exclusively same-sex

Keith Agaran3 - Ashlee

From: mailinglist@capitol.hawaii.gov
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Submitted on: 2/26/2016

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Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments: Nobody should be forced to be something that they are not. Everbody deserves to be themselves regardless of what it is.

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