



NEW YORK STATE SENATORS BRAD HOYLMAN & MICHAEL GIANARIS  
NEW YORK STATE ASSEMBLY MEMBER DEBORAH GLICK

## **PUBLIC FORUM ON LEGISLATION** **BARRING SEXUAL ORIENTATION CHANGE** **"THERAPY" FOR MINORS**

Thursday, May 15, 2014, 10:00 A.M.  
250 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007

### **Panel 1: Personal Stories**

- Mathew Shurka
- Jane Shurka
- Melanie Shurka

### **Panel 2: Personal Stories**

- Mordechai Levovitch
- Dean Dafis
- Ryan Kendall
- Jacob Rudolph

### **Panel 3: Elected Officials**

- The Honorable Tim Eustace, *New Jersey Assembly*

### **Panel 4: Mental Health Professionals**

- Dr. Dinelia Rosa, *New York State Psychological Association*
- Dr. Jack Drescher, *New York State Psychiatric Association*
- Dr. Andrew Livanis, *New York Association of School Psychologists*

### **Panel 5: Mental Health Professionals**

- Dr. Ariel Shidlo, *Research Institute Without Walls*
- Dr. Tamara Sullivan, *American Counseling Association-NY*

### **Panel 6: Members of the Clergy**

- Rev. David Starbuck Gregory, *United Church of Christ*
- Pastor Chad Tanaka Pack, *Middle Collegiate Church*
- Rev. Pat Bumgardner, *Metropolitan Community Church of New York*

### **Panel 7: Legal Experts**

- David Dinielli, *Southern Poverty Law Center*
- Hayley Gorenberg, *Lambda Legal*
- David Castleman, *Trevor NextGen*
- Maya Rupert, *National Center for Lesbian Rights*

### **Panel 8: Advocates**

- Nathan Schaefer, *Empire State Pride Agenda*
- Thomas Krever, *The Hetrick-Martin Institute*
- Jason Cianciotto, *Gay Men's Health Crisis*
- Jason Daniel Fair, *The Trevor Project*



**Panel 1:**  
**Personal Stories**

May 13, 2014

Ten years ago I knew exactly I what I wanted in life. There was not a single constraint that could have stopped me from all the possibilities that lay before me. In the summer of 2004 I fell in love with a boy for the first time. Love is the human experience which drives us all. The licensed professional who attempted to treat me out of my homosexuality told me I suffered from an obsessive behavior, and that there is no such thing as love between two men, nor such a thing as homosexuality. He knew better, right? When I was 16 years old, I told my father about my attraction to other boys. My father countered my statement, pointing out that I had dated girls. I explained to him that my attraction toward women never rivaled my attraction toward men. As I tried to describe my sexual orientation, I confessed to him that I had strong feelings for a boy I knew from my hometown. My father couldn't have given me a better answer as I wept and told him about my fears of possibly being humiliated at school and about my confusion around my feelings for this particular boy. He told me he loved me no matter what and would be there by my side always. His words comforted me; those words made me trust that he had my best interest in mind.

That following week, my father consulted my mother and two sisters. He feared what could happen to me if I grew up to live a life as a gay man living the "gay lifestyle." At the time, my parents knew very little of the gay community. There was not one gay member of my family and not one openly gay person in my town to relate to, or none that they knew of. My mother felt naive about the issue and thought it best to just leave me be. She was able to accept me as I was, whatever my orientation might be. My father, however, could not let go of his fears. He met with a dozen therapists -- some gay, some straight, and some who practiced "conversion" therapy. When my father offered me the idea of seeing a therapist who could possibly help me overcome "living the gay lifestyle," I was willing to try it. The idea that I might not actually be gay or might be able to resist my attraction to other boys was a relief. If it worked, I would never have to face my fears of coming out or being humiliated and rejected by society. My father's eagerness to get me "help" fed my fears that maybe my father wouldn't accept me if I did not at least try to change.

I would not describe my family as religious, so I can't blame these fears on religious convictions. We were more of a traditional Jewish family. My father's fears were based in the belief that our society is not very accepting of gay men and that a gay lifestyle would interfere with my ability to live my life to the fullest capacity. My father figured: if there really is something to this so-called "conversion therapy" and there is a possibility that his son may be truly straight, perhaps just suffering from a delusion, then why not give it a try? So I did. I went to therapy because I wanted my family's approval, and because I feared being rejected by society.

I began my five years of "conversion" therapy among four different therapists. The first who attempted to "help" seemed ineffective as he searched for my "disconnect" with my masculinity. My father then received another recommendation through an organization known as JONAH (Jews Offering New Alternatives to Homosexuality). I was recommended to a therapist known in the industry of "conversion" therapists as "one of the best." I will refer to him as "John" to keep his name anonymous. My father and I met with John first. Even though the recommendation came from JONAH, John was Christian, and as I learned over time, all religious figures worked together in supporting "conversion" therapy for their youth. John was a university professor with his own practice. He believed I would be an easy case considering my age and the fact that I had not been involved in many sexual experiences with men at that point. He believed that I would start to see results in as few as six weeks.

"Conversion" therapists believe there is no such thing as being gay. As the theory goes, men experience these attractions because they are suffering from a condition, not because they are gay. "Conversion" therapists call this condition "a void in their masculinity." They believe this "condition" is triggered by and rooted in early childhood experiences. These experiences can be as subtle as a father and his son not getting along or an overbearing mother, but can be attributed to something as severe as a child being raped or molested by an elder. From this broad range of experiences, the young man supposedly creates this so-called void in his own masculinity. They neither feel as though they belong with the other boys, nor do they feel close to their father. When the young boy reaches his age of puberty this void becomes sexualized and the young man will seek "homosexual" activity to fill this void. Conversion therapists call this SSA, short for "Same-Sex Attraction." The condition and symptoms that these young men "suffer" from (sexual and romantic attraction to other young men) is actually just their psyche attempting to fill the void. Young gay men then grow to become adults, spending their entire lives seeking homosexual activities in order to heal their wounds from childhood. This is then posed as the dramatic, loveless, and lonely life "conversion therapists" are here to save you from.

To cure a person of homosexuality, conversion therapists believe the young boy needs to be saturated with "healthy" male bonding. By healthy I mean nonsexual. This bonding takes place to fill the void the young man is experiencing. Through this supposedly natural process of male-bonding, the young man will start to regain his attractions for the opposite sex. These therapists believe that attraction to the opposite gender is natural and innate, and as such, those attractions will return as the healing of the psyche is completed.

When I began my therapy with John, I was subjected to this saturation of male-bonding and was told to

avoid having relationships with the girls at school. As my father consulted with the therapist they believed it also was wise for me to limit any conversations or interactions with my mother and sisters. Because of this theory, I had minimal to no conversation with my mother and sisters for two years, as advised by my therapist. I lived with my mother and father, while my older sisters lived on their own. Never in my life had I gone without talking to my mother and sisters. Every morning I woke up to find that my mother had made me breakfast, but I would leave our home without even talking to her. Throughout this process I became closer to my father; it seemed as though the therapy was working as I began to experience resentment toward my mother and sisters for possibly creating this void in me. There was a constant tensions between us, yet being closer to my father meant progress.

As I feared a loveless and lonely life, I gave this therapy my most sincere efforts, my mother would at times attempt to speak to me more than the usual "good morning" and "have a nice day;" I would enforce my detachment and remain estranged. As the time went on, and as I learned how to become closer with the other boys in school, I became popular, and was beginning to fit in more than I had ever before. However, my attractions towards men never weakened. Instead, I experienced an extreme form of denial, which led to depression. Becoming popular at school became an act of living a double life. My grades began to drop significantly, I started to find ways to avoid attending school and I became ever more distant from my family. Since the therapy claimed my homosexuality may be rooted from the detachment between my father and I, I kept looking for more reasons to blame him, as I realized my attraction for boys was not 'phasing' away. First I looked for reasons to blame my mother, then more so of my father. I was running down the rabbit hole, and ironically the therapy caused me to become distant from my father, and ever more resentful toward him. All along, I was taught to use masturbation and pornography as tools to stay away from homosexuality and practice my heterosexuality. This was the loneliest time I had ever felt and I experienced constant thoughts of suicide.

When I turned 18 I began my first romantic relationship with another young man, Jacob. I was more than willing to give it try, as it was my strongest desire. I experienced a tremendous amount of guilt and shame as I shared this news with my father and my therapist. I was told by my therapist that if I wanted to stay in a gay relationship then I was welcome to do so, and that if I was ever interested in changing, that was an option as well. I never believed my therapists' intention, that it was alright for me to be in a gay relationship. The fact that there was always an option that I could change who I was implied to me there was something wrong.

I was in a constant dilemma as I fell more in love with Jacob. Constantly blaming myself, I experienced levels of anguish and anxiety. When I had told my therapist I was experiencing love, he explained I was suffering from an obsession and that it was not love. Several months into my relationship, without my knowledge and with John's permission, my father told Jacob to stay away from me for a minimum of two years. Jacob himself never knew I was seeing a 'conversion' therapist, nor did he know that I was acknowledging my sexuality to my family, for he was still closeted. For seven months I continued to receive therapy while expressing despair for my missing lover, which my therapist claimed he knew nothing about. During that time I did my best to experience sexual intercourse with women. The experiences were torturous. I was not interested and felt overwhelmed and anxious. Anxiety is not sexy, and does not have me want to participate in sexual activities. I began to experience erectile dysfunction with every woman. I felt more embarrassed as I believed it was a sign of relapse. It was then that my father, again with permission from my therapist, began to give me Viagra pills for those moments. I was only 18 years old and felt more disabled than ever before. After attempting to use Viagra pills two to three times, I eliminated all sexual activities. I no longer wanted to have sex. I felt more confused. I did not know what I liked or didn't like.

Just before my 19th birthday I learned from Jacob of my father's and John's motives to keep him away from me. I was heartbroken and enraged with anger. I immediately ended my therapy sessions with John and cut my ties with my father. I felt that I was conspired against. I no longer knew who to trust or who was "in" on controlling my life.

With my mother's support, I attempted to continue my education. I continued to see therapists, one who practiced general psychotherapy and then two who practiced "conversion" therapy. I continued to believe I failed the "conversion" therapy, and I reapplied myself. One of those "conversion" therapists was also a middle school guidance counselor. This fact deeply disturbs me: That a person of guidance for young adolescents may also be a "conversion" therapist.

I also attended "Journey into Manhood," a weekend of activities also promising to change gay men. I encountered the same feelings over and over again: I was not trying hard enough and I would live an empty life because there was no such thing as love between two people of the same gender. I gained 60 pounds during those two years as I used food to medicate my mood swings. I suffered from depression where I would not leave my apartment for days on end. The only communication I had with my family was with my mother and two sisters.

In 2009 at 21 years old, I dropped out of school, stopped seeing therapists altogether and began to work. For the next two years I became more and more comfortable with myself. I worked in an environment with other gay employees and a gay boss. I started to experience acceptance in my life for the first time. As I met supportive

friends, mentors and role models, I became comfortable to come out. At age 23 in January of 2012 I came out of the closet to all my friends, family and employer. I no longer was hiding, however, I still held on to some regret, that I had maybe made a mistake by coming out as I was experiencing being openly gay for the first time.

October 2012 was the first time I heard the news of Governor Jerry Brown of California signing a ban on 'conversion' therapy for minors among licensed therapists. It was the single most affirmative action taken by a government official I had ever witnessed and experienced for myself. It gave me the clarity and acceptance I was seeking. My past no longer had to be some horrible nightmare. I'm not alone and my country is willing to take a stand for people like me and other LGBT youth.

I am in support of the "conversion" therapy ban for minors among licensed therapists in New York State. I have always known who I am and who I am attracted to. During my adolescence I did not get to experience embracing my sexuality and experiencing love without hesitation. I lost years of what would have been time spent with my family and loved ones, on my education and on my career. I am 25 today, a full-time student for the first time since high school -- no longer using the imagery of pornography to find my heterosexual self, no longer estranged from my parents' love, and no longer fearing the world. A lot of work has been put into my "conversion" therapy. I've discovered something I already knew: I know exactly what I want in life and I have every possibility ahead of me. What makes today different is my peace of mind. Being alive today to tell you my story is a miracle of its own.

In 1973 the American Psychiatric Association declassified homosexuality as a disease. Since then numerous organizations have nonetheless attempted to "cure" gay people. To this day I've never met a single person who has been changed. The closest I've come across is abstinence. I believe it is necessary for government to enforce this ban. Allowing this bill to pass will protect minors from undergoing so-called "conversion" therapy. It will have parents think twice before considering taking a child to a "conversion" therapist. It will help parents accept their children and do what is best for them, along with the medical and educational professionals who adolescents seek throughout their childhood. There is no scientific basis for "conversion" therapy. There is not a single school or university that includes "conversion" therapy in their curriculum in the United States, and there is an enormous amount of evidence of the horrifying impact it has had on its patients. I believe it is a complete outrage that recent graduates with a license in psychotherapy have the right to advertise themselves as a creditable person to conduct "conversion" therapy. It is out of line with the entirety of accepted psychological practice and our educational standards. It is also complete misinformation to the consumer seeking psychological help.

Thank you for providing me with the opportunity to share my experience with you. I share this appreciation and honor of my story with great triumph over my past. I am requesting that the legislators of New York State take it upon themselves to approve this bill, to protect our youth from psychological and physical harm, protect the standards and integrity of the medical and educational system, and lastly to end the notion that homosexuality is a disease. Affirming the APA's declassification from 1973 will bring our society closer to ending homophobia and will support bringing love and acceptance to all Americans. Your time and efforts are greatly appreciated, and the consideration for this bill has my upmost gratitude.

Thank You.

Mathew Shurka  
May 13, 2014

## TESTIMONY OF JANE SHURKA

I am a mother of a gay man who had five years of conversion therapy. I am often asked what impact has conversion therapy had on me personally. As a mother seeing her son very unhappy, in it of itself makes my existence unbearable.

Let's go back to when my son Mathew went into conversion therapy. Mathew came to my husband and told him that he was confused about his sexuality. Because of my husbands' upbringing and lack of education about sexual orientation, he felt his son would have a better life if he were not gay. He was worried that being gay meant he would have a bleak future.

I went along with my husband not because I shared his concern, but because Mathew wanted help and I thought now is the time to do it while he is young. I was also ignorant about sexual orientation. I went along with my husband to get a conversion therapist. My husband with my daughter searched gay organizations on the internet and found a conversion therapist in Los Angeles.

My husband and son flew to LA for the day to meet this therapist. The therapist told my husband and son he has no problem, he will be straight in six weeks. I thought, "Ok this doctor knows what he's talking about!" Mathew was corresponding with the therapist two or three times a week. I observed my son and watched a bright young man fall apart. When I say fall apart, I mean he started having anxiety, mood swings, and not communicating with me at all. Mathew was a good student, but his grades were suffering and he did not want to be involved in school. I started to realize that Mathew is not going to change and that he is gay. But the therapist told my husband that we had to be patient and Mathew would change. My husband respected the therapists' knowledge better than his own judgment. I wanted my son to see another therapist.

After three years with the first therapist, I found him a general psychotherapist. However, since he felt so inadequate for not successfully becoming straight, he left the psychotherapist and went to another conversion therapist. This turned out to be a disaster for Mathew. Communicating with my son was an ordeal. He was so unhappy. He just couldn't accept himself. Try to imagine waking up every day and not knowing or accepting who you are; A part of you that we take for granted. Mathew was in such turmoil, he deep down knew he was gay, and because of conversion therapy he was not allowed to be himself. Being himself is not the right thing to do according to conversion therapy.

It took Mathew at least another two years to face himself. With the support of family and friends and our changing society Mathew realized he can be happy as a gay man. Today I look at my son and see a man who is free. Trying to change his sexuality was a tragedy, and having a licensed professional encourage us to do it was even more of a tragedy, not just for him but for our whole family.

Thank you for allowing me to share my testimony. Your time and efforts are greatly appreciated.

Jane Shurka  
May 13, 2014





## **Panel 2: Personal Stories**

**TESTIMONY OF MORDECHAI LEVOVITZ, MSW**  
**Co-Executive Director, JQY**

My name is Mordechai Levovitz. I come from a very religious Jewish community and grew up in an Orthodox Jewish family. I have both personal experience with being sent to therapists as a minor to try to change my orientation and gender expression, and experience dealing with this issue as the co executive director of JQY, a non profit org that helps support LGBT Jews and their families in the Orthodox Community. I have seen and felt the harmful consequences of SOCE (Sexual Orientation Change Efforts), and the risks that this process poses to minors.

When I was about six years old my parents brought me to a therapist because they were concerned that I was acting too feminine. I played with Barbie's, wanted cabbage patch kids, pretended I was a princess, and told people that I was really a girl. My parents, devout Orthodox Jews were horrified, confused and embarrassed. They wanted desperately for someone to tell them that I could be changed into a quote unquote "normal boy". In their search for answers, they were told by religious leaders and even some doctors that I was something called a "Pre-Homosexual" and that "detecting" this early, is actually a good thing, because this was the time (when I was six) that "therapy" could be effective. Helpful Therapy to them, meant preventing me from ever turning gay, and making me into a normal masculine boy. So from the age of six I was sent to Dr after Dr. in the hopes of curing me from my "femininity" and wrong gender identification.

Obviously these forced interventions did not end up working. I grew up to be the gay man I am today and still have some feminine characteristics. But even now, I can not seem to shake the message that was inculcated to me when being sent to these therapists. This was that the 'professional mental health' opinion was that there was something very wrong with who I was. Because of an innocuous limp writs or subtle lisp, I was made to feel by licensed doctors that there was something wrong with me. I was made to think that for me to be healthy, I must play sports, speak in a lower voice, never cross my legs and keep my wrist from ever going limp. I didn't want to do any of this. I was happy with the way I was. But in the name of professional mental health and the licensure of the state, I was made to feel shame and engage in a fruitless labor that left me sad and broken.

As I became an adult I promised that I could not stand idly by while this happened to other youth. I met other LGBT people who came from Orthodox communities like mine, many who also had the experience of being pressured into so called "reparative therapy". We decided that we had to be there for each other. We started a group called JQY. JQY is a safe space where Jewish youth can come and feel support and acceptance for who they are. JQY now has over 700 members. As JQY grew, more and more Orthodox Jewish youth came forth to tell their stories.

What I heard and saw were many kids being pressured by their parents, schools and other therapists into organizations like JONAH, NARTH and Journey into Manhood, that promise to change gay people straight. Often these minors were given ultimatums to

engage in sexual orientation change efforts, or else they would be cut off, stripped of social privileges, or worse, kicked out of their homes, schools and communities.

What was obvious is that there certainly was no real consent. Let's be real, conversion therapists target this population because they are low hanging fruit. LGBT Minors from religious families are targeted because they are easy targets. They have no choice, and they have no power. What is worse is that they seemingly have nobody to protect them.

Researcher Dr Caitlin Ryan found that gay and lesbian youth who come from highly rejecting religious families are 8.4 times as likely to have attempted suicide. This is a population at risk at extreme risk and vulnerability. It is this desperation that the conversion therapy movement takes advantage of. But who is protecting these minors? Do Parents or religions have the "Freedom" to torment and harm children?

I am a social worker. I was taught that "Protection of vulnerable populations from harm" is the essence of professional health intervention. And make no mistake, Sexual Orientation Change Efforts, especially those forced on minors by therapists, can cause real harm. The truth is that there is no best practice or standards for what is mistakenly called "reparative" therapy. There are only therapists literally making things up in the name of an arbitrary process.

JQY members report being pressured to do terrible things by therapists in the name of conversion. Many were sent by their families to weekends like Journey Into Manhood, where they report being pressured into strange behaviors like naked wrestling, name calling, forced red-rover, and the beating of effigies meant to symbolize ones parents.

Jon, who testified last month before the senate committee, was outed in the 9<sup>th</sup> grade in his yeshiva high school by one of his classmates. He was 14 years old and sent to his licensed school therapist. The therapist and administrated decided that in order for Jon not to be kicked out of school, he must attend weekly therapy sessions with the counselor in order to turn straight. Every week for two years he was pulled out of class, made to sit in a room and asked to repeat and repeat biblical verses and religious punishments in therapy. He was shown pictures of AIDS victims and made to read CDC statistics and symptom descriptions of things like Anal Cancer. All this was not only sanctioned by the school and sanctioned by the therapist, by being done under the guise of licensed mental health, it is sanctioned by the state, by this body.

More horrific were the reports from kids who were sent to an organization called JONAH, where they were sent to therapists who pressured their clients to undress and touch their genitals in front of their therapists. JONAH calls this practice "body work", and defends it based on mental health principles. But their clients are left traumatized. They come to JQY depressed and sometimes suicidal. I worry most about the ones who don't make it to JQY. I know of to many young people who have taken their lives after years of orientation change efforts that never worked, and caused irreparable harm.

I remember one of the worst feelings associated with being a minor in reparative therapy, was being blamed when the therapy does not work. For the message was that you can only change if you are truly committed to the process. It only works if you really work hard enough at it. So when it does not work, the implication is simply that you didn't put the work in. Parents and schools get the impression that the youth is not really serious about change. In fact, he refuses to put in the effort in that is required. Because if not, he wouldn't still be gay! This causes the worst harm because it tears families apart. It positions mothers and fathers against their children, and strips youth of the allies that they need most.

Sending a minor to a therapist to work on changing orientation or gender identity is not a right. It is not consensual. It is not even an intervention. It is simply using professional licensure to tell perfectly healthy youth that there is something wrong with them. There is absolutely no demonstrated way to tell who will be traumatized, and how to avoid this trauma. While those who oppose this ban may bring one or two people who testify that this "Therapy" may have benefited them. I ask a very simple question. Should we help some on the backs of hurting many?

This ban is not a restriction on religious freedom. I rigorously support religious freedom. As an example, we must accept an Orthodox Jewish parent's right to teach their child that eating bacon is against their religion. However a parent can not insist that eating bacon is a mental illness or ailment that must be treated thusly by licensed medical or mental health professionals. Certainly religious freedom does not require the scientific and medical professional community to adopt a treatment based on religious dogma. Furthermore, religious freedoms do not justify harming children.

The RCA, the largest group of Orthodox Rabbis in America recently released this Nov 2012 statement on JONAH and Reparative therapy:

"As rabbis trained in Jewish law and values, we base our religious positions regarding medical matters on the best research and advice of experts and scholars in those areas...Based on consultation with a wide range of mental health experts and therapists who informed us of the lack of scientifically rigorous studies that support the effectiveness of therapies to change sexual orientation, a review of literature written by experts and major medical and mental health organizations, and based upon reports of the negative and, at times, deleterious consequences to clients of some of the interventions we (withdraw our support for such efforts)... The RCA believes that responsible therapists... should be able to work on whatever issues...clients VOLUNTARILY bring to their session." -RCA, 2012

A minor brought to conversion therapy by his parents is simply NOT voluntary.

As Toikko Kleppe from the United Nations Office of the High Commissioner stated in an event at the UN last year on SOCE. "Professionalized Sexual Orientation change Efforts aimed at Minors is a violation of international Human rights." It violates our medical ethics of "first do no harm". It violates our values of informed consent, scientific integrity, professional responsibility, and any semblance of accountability. It continues to violate minors in my Orthodox community, and it violated me. Please do the most

basic thing that your role in govt allows you to do, enact laws to protect vulnerable children from harm.

May we build a world where no child is made to feel like there is something wrong with them simply because of who they are.

Thank you,  
Mordechai Levovitz MSW

## TESTIMONY OF KONSTANTINOS DEAN DAFIS

Good Morning, thank you for having me. It is reassuring seeing so many of you here. My sincerest gratitude and warmest regards go first and foremost to dear Senator Brad Hoylman and his amazing staff, as well as to the other co-sponsors of this most important bill. I am also incredibly grateful that so many of our medical professionals are here to support us. Their feedback and clinical assessment is also critical in this.

I became a reparative therapy patient at the ripe, young, and most impressionable age of 13. I had just come out to my first generation greek immigrant parents. First, we marched to church of course, to seek counsel from the priest, to exorcise the demons, by worshipping icons, praying the gay away, and the weekly confessional sessions about my what was called immoral and unpure thoughts.

But my family's friends including ironically a family member who was a newly minted therapist, suggested that conversion therapy was the way to go. So I underwent this therapy for the first time during this period in my life for a year by a licensed psychotherapist affiliated with the University of Pennsylvania in Philadelphia and then again later for another year and a half.

My treatment consisted at first of behaviorial therapy where my predetermined effeminate mannerisms, thoughts, or actions, could and would I was told with time eventually adapt to standard or common masculine norms. I was told I wasnt as gay acting as some, that I fell somewhere in the middle of the gay spectrum, so with practice and commitment, it was possible to change or convert myself and my behavior. For me this was welcome especially since back at home my father was rather abusive towards me or because at school I was taunted & bullied for the same reason.

But while I could adapt my behaviors, act straight, even convincingly at times, my sexual fantasies were more difficult to curb or avoid. So several months into that first year, I began undergoing what they called aversive conditioning, which consisted of the use of light repetitive electric shocks (initially to the palms of my hands and then eventually to my testes) to condition me against my admitted homosexual desires or longings. This remains the hardest thing I have ever had to go through in my life. To be prodded like that, to give access to your most intimate thoughts and parts of your body, at such a young age, it was humiliating. Thought the shock wasn't particularly physically hurtful and the porn was admittedly welcome, psychologically I felt I was being violated, I felt abused, I felt I was being manipulated into arousal only to be punished for what seemed so natural to me. But what else could I do. Everywhere else around me being gay was wrong, dangerous in fact. It was the early 80s after all and AIDS was in the news and it was facing me in the face everytime I had a homosexual thought or feeling. The shame and fear constantly reinforced with every shock. At home every failure to walk or talk like a man or every discovered homoerotic magazine led to more abuse. At school the anti-gay bullying led to more shame and depression.

I was always a very congenial and easy going kid, a good reader, a good student, but now I became increasingly angry, rebellious, truant, this is when I began drinking & coming home

drunk, smoking, acting out as much as I could. I started missing treatment appointments and refused to continue being an altar boy.

So my parents packed my brother and I and off we all went back to Greece, back to the old country where everything will be cured. Through my high school years there however, all was not cured, because I became a regular drunk, a terrible student, a very sexually promiscuous adolescent with older men in seedy & dangerous situations which always led to dark depression.

Routinely suicide was something I considered. After a ragging fight with my parents, I would run away, and off to a nearby cliff near our apartment in the outskirts of Athens and think about jumping off. Or I would sneak into a chapel to destroy or deface the iconography. I just hated myself. I was really bitter and out of control.

As I completed my senior year of high school, my dad signed me up to compulsory military service to straighten me out, but I left the country sneaking out with his credit card and back to the States on a one way ticket to JFK. When my family joined me a few months later, they convinced me to return to therapy with the same doctor for another year and a half which I did. I was lost and tired of fighting, perhaps it was time to truly become cured of this disgusting gay part of me. I wanted to be saved. I was almost 18 at this point. So back I was in treatment but I also continued being rebellious with drug & alcohol, getting arrested for minor offences, developing a strong sense of body dysmorphia with yo-yo dieting or fasting. I was conflicted, on the one hand rebellious on the other determined to make this conversion work, including dating girls, going to the gym to grow muscles, having sex with the female waitresses my dad paid for (yes we the greek family fit the greek diner stereotype) ... Years later into my mid twenties after college and law school, I was married to a woman, became admitted to practice law and moved to NYC to work on Wall Street to be among all those straight men, all those powerful straight men. I wanted to be like them. I wanted to be them not me. But I wasn't them, I was still me, living a deceitful and duplicitous life.

Today I am here to share with you all this because I survived. I have been lucky. Today I am stronger. Today I am a proud gay man. Today I am open. Today I am an active LGBT community advocate. Today I am in a healthy loving long term relationship. But when I walked in here today, I still stopped and checked myself, do I sound too gay, do I look too gay, my mannerisms, my voice, my appearance, will I pass, will I connect or will they make fun of me.

Because you see the therapy doesn't convert it subverts, it conditions you into permanent insecurity rather than affirmation, denial rather than acceptance, it conditions you to hide, to lie, to deceive, to be angry or depressed, it causes destructive behavior, suicide and death in some patients. For society at large, this practice underscores homophobia. It condones violence against us. And just as it has subverted us it has subverted our bosses into thinking they should not promote us. It has subverted our arbiters of justice into accepting our equality isn't natural or protected by the same human principles of fairness afforded the rest of us. This therapy strips us of our dignity and identity.

Thank you for listening and please do what you can to get behind this bill so that no child goes through this again.

Ryan Kendall Statement to the New York State Assembly, May 15, 2014.

In a few short days, I will be graduating at the top of my class from New York's most prestigious school, Columbia University. This is nothing short of a miracle, because as a young teen the anti-gay practice of so-called conversion therapy destroyed my life, tore apart my family, and nearly killed me. You see, my parents sought out the services of a conversion therapist to make me straight. At the age of 16, I had lost everything. My family and my faith had rejected me, and the damaging messages of conversion therapy, coupled with this rejection, drove me to the brink of suicide. In order to stop the conversion therapy that misled my parents into believing that I was sick and needed to be fixed, I was forced to run away from home, surrender myself to the local department of human services, and legally separate myself from my family.

For the next decade I struggled with depression, periods of homelessness, and drug abuse. There are no words to adequately describe the horrific impact conversion therapy had on me. I still remember the helplessness I faced as a young teen merely for being who I am. The difficulty faced by LGBT adolescents, coupled with the abhorrent consequences of so-called conversion therapy, make banning this vile practice an urgent moral act.

It is time to call this shameful practice what it is: child abuse. Conversion therapy is a political weapon used to justify discrimination against LGBT people — it is a cornerstone of anti-gay prejudice and inequality, and we are sacrificing the lives of children to its impermissible aims. Conversion therapy hurts people, destroys lives, ruins families, has no basis in fact, and it needs to stop. We would not tolerate this type of practice for any other group in society. We would not send black children to racial conversion therapy, women to gender conversion therapy, or Christians to atheist conversion therapy. We cannot tolerate conversion therapy for vulnerable LGBT adolescents. New Yorkers are better than this.

New York already recognizes the equal worth and dignity of LGBT lives, and I am proud to live in a state where I can marry the person I love. This legislature has a duty to stamp out intolerance, discrimination, and child abuse wherever it finds them. Today, this assembly has an opportunity to take a stand that will uplift the lives of millions here and abroad. At a time when anti-gay sentiment is at a fevered pitch, New York can send a message to world that LGBT lives are morally identical to those of all other people.

Today, you have the power to save lives and to stand for justice. Your actions on this bill will send a message about what kind of society we are and what kind of society we want to be. Please, do the right thing. Pass this bill out of committee and send it to the floor for a vote. Thank you.



**Panel 3:**  
**Elected Officials**

**TESTIMONY OF THE HONORABLE TIM EUSTACE**  
**New Jersey Assemblyman**

Thank you Senators and Assemblymembers for having this important hearing. I am honored to be able to attend and speak with you today.

I am Assemblyman Tim Eustace and I represent 13 municipalities in New Jersey, just across the George Washington Bridge in Bergen County. With our close proximity, I'm sure we have represented many of the same people over the years. Our residents flow back and forth between New York and New Jersey regularly via bridges, tunnels, trains and buses. We have family living in both States, we visit friends in both States, we take vacations within each others states. It is because we are so connected that we need to have similar laws that protect our residents. This is especially true amongst our youngest residents, residents that can not protect themselves from harm done by others. And that is why we are all here today, to protect children from harmful practices.

One of the most harmful practices that children have been subjected to is Sexual Orientation Change Efforts. A practice that has been derided for years as junk science and child abuse. It is a practice that needs to stop now and stop forever and stop across all fifty states. So, I am hear to whole heaterdly endorse your legislation S4917 and A6983, that would ban this practice in the State of New York. I am proud to say that in New Jersey I was the sponsor of identical legislation in the New Jersey State Assembly. We had legislative bipartisan support and our Republican Governor signed the ban into law on August 19, 2013.

Since the law was enacted New Jersey has been subjected to lawsuits regarding the legislation. In November 2013, a federal judge upheld the ban.

Protecting our children is not a partisan issue. It is an issue that must be addressed legislatively when such horrific practices are occurring within our borders. Mostly, I am here today to thank you for proceeding with this legislation. For the children of New Jersey to be completely protected we need our bordering states to follow our lead. I hope that once you accomplish a ban for New York we can work together to get legislative approval in Connecticut and Pennsylvania as well.

Once again, thank you for the invitation to speak and the opportunity to work together.

**Panel 4:**  
**Mental Health Professionals**

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May 9, 2014

New York State Assembly Member Deborah Glick  
New York State Senators Brad Hoylman & Michael Gianaris

Public Forum on Legislation Barring Sexual Orientation Change “Therapy” for Minors

Honorable Assembly Member Glick, and Honorable State Senators Hoylman and Gianaris:

My Name is Dr. Dinelia Rosa, President of the New York State Psychological Association.

The New York State Association (NYSPA) has reviewed S.4917-B/A.6983-B – “An act to amend the education law, in relation to prohibiting mental health professionals from engaging in sexual orientation change efforts with a patient under the age of eighteen years and expanding the definition of professional misconduct with respect to mental health professionals.”

The NYSPA supports the spirit and intent of this bill. Towards that, NYSPA is submitting the following supportive comments.

Homosexuality is not a mental or medical disorder

Since the 1970s, the longstanding consensus of the behavioral and social sciences, and the health and mental health professions is that homosexuality and bisexuality are *per se* normal and positive variation of human sexual orientation.<sup>[1][3]</sup> The research consistently failed to provide any empirical or scientific basis for regarding homosexuality or bisexuality as a disorder or abnormality.<sup>[4][5]</sup>

Because of this, the major mental health professional organizations do not encourage individuals to try to change their sexual orientation from homosexual to heterosexual. For these reasons, no major mental health professional organization has sanctioned efforts to change sexual orientation and virtually all of them have adopted policy statements cautioning the profession and the public about treatments that purport to change sexual orientation.<sup>[6][7][8]</sup> The Royal College of Psychiatrists shares the concern of both the American Psychiatric Association and the American Psychological Association that positions espoused by bodies like the National Association for Research & Therapy of Homosexuality (NARTH) in the United States are not supported by science and that so-called treatments of homosexuality as recommended by NARTH create a setting in which prejudice and discrimination can flourish.<sup>[7][9]</sup>

In 2008, a publication titled, “*Just the Facts about Sexual Orientation and Youth*” was issue to serve as a primer for principal’s and school personnel. The purpose of this publication was to provide school personnel with accurate information that would help them respond to recent upsurge in promotion of



efforts to change sexual orientation through therapy and religious ministries. This primer was developed by a coalition of education, health, mental health, and religious organizations that share a concern for the health and education of students in schools, including lesbian, gay, and bisexual students. This effort was supported and endorsed by:

- American Academic of Pediatrics
- American Association of School Administrators
- American Counseling Association
- American Federation of Teachers
- American Psychological Association
- American School Counselor association
- American School Health Association
- Interfaith Alliance Foundation
- National Association of School Psychologists
- National Association of Secondary School Principals
- National Association of Social Workers
- National Education Association
- School Social Work Association of America

In 2009, our national association the American Psychological Association (APA), captured in the resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts the following, *"...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."*

#### There is Lack of Empirical Evidence for Conversion or Sexual Orientation Change Efforts (SOCE)

Recent studies of participants in Sexual Orientation Change Efforts (SOCE) identify a population of individuals who experience serious distress related to same sex sexual attractions. Most of these participants are Caucasian males who report that their religion is extremely important to them (Beckstead & Morrow, 2004; Nicolosi, Byrd, & Potts, 2000; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Shidlo & Schroeder, 2002; Spitzer, 2003). These individuals report having pursued a variety of religious and secular efforts intended to help them to change their sexual orientation. To date, the research

has not fully addressed age, gender, gender identity, race, ethnicity, culture, national origin, disability, language, and socioeconomic status in the population of distressed individuals.

There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person's sexual orientation. Scientifically rigorous older work in this area (e.g., Birk, Huddleston, Miller, & Cohler, 1971; James, 1978; McConaghy, 1969, 1976; McConaghy, Proctor, & Barr, 1972; Tanner, 1974, 1975) found that sexual orientation (i.e., erotic attractions and sexual arousal oriented to one sex or the other, or both) was unlikely to change due to efforts designed for this purpose. Some individuals appeared to learn how to ignore or limit their attractions. However, this was much less likely to be true for people whose sexual attractions were initially limited to people of the same sex.

Although sound data on the safety of SOCE are extremely limited, some individuals reported being harmed by SOCE. Distress and depression were exacerbated. Belief in the hope of sexual orientation change followed by the failure of the treatment was identified as a significant cause of distress and negative self-image (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002).

#### Argument whether SOCE is “free speech” or “medical treatment that can be regulated by the government”

Sexual Orientation Change Efforts (SOCE) has been controversial due to tensions between the values held by some right-wing faith-based organizations, on the one hand, and those held by LGBT rights organizations, human rights and civil rights organizations, and other faith-based organizations, as well as professional and scientific organizations, on the other. Some individuals and groups have, contrary to global scientific research and consensus, promoted the idea of homosexuality as symptomatic of developmental defects or spiritual and moral failings and have argued that SOCE, including psychotherapy and religious efforts, could alter homosexual feelings and behaviors.<sup>[1][3]</sup> Such efforts are potentially harmful because they present the view that the sexual orientation of lesbian, gay, and bisexual youth is a mental illness or disorder, and they often frame the inability to change one's sexual orientation as a personal and moral failure.<sup>[10]</sup> Many of these individuals and groups appeared to be embedded within the larger context of conservative religious political movements that have supported the stigmatization of homosexuality on political or religious grounds.<sup>[1][3]</sup>

There is a population that undergoes sexual orientation change efforts (SOCE) and tends to have strongly conservative religious views that lead them to seek to change their sexual orientation.<sup>[2]</sup> Co-founder and other former Exodus International leaders issued a public and formal apology for their work as ex-gay leaders and the harm they caused to those they tried to help.<sup>[11]</sup>

In February 2007, the American Psychological Association (APA) established the Task Force on Appropriate Therapeutic Responses to Sexual Orientation with a charge that included three major tasks:



1. Review and update the Resolution on Appropriate Therapeutic Responses to Sexual Orientation (APA, 1998).
2. Generate a report that includes discussion of the appropriate application of affirmative therapeutic interventions for children and adolescents who present a desire to change either their sexual orientation or their behavioral expression of their sexual orientation, or both, or whose guardian expresses a desire for the minor to change. The appropriate application of affirmative therapeutic interventions for adults who present a desire to change their sexual orientation or their behavioral expression of their sexual orientation, or both. The presence of adolescent inpatient facilities that offer coercive treatment designed to change sexual orientation or the behavioral expression of sexual orientation. Education, training and research issues as they pertain to such therapeutic interventions. Recommendations regarding treatment protocols that promote stereotyped gender-normative behavior to mitigate behaviors that are perceived to be indicators that a child will develop a homosexual orientation in adolescence and adulthood.
3. Inform APA's response to groups that promote treatments to change sexual orientation or its behavioral expression and support public policy that furthers affirmative therapeutic interventions.

After an extensive review of the recent literature on psychotherapy and the psychology of sexual orientation, it was found a growing body of evidence concluding that sexual stigma, manifested as prejudice and discrimination directed at non-heterosexual sexual orientations and identities, is a major source of stress for sexual minorities. This stress, known as minority stress, is a factor in mental health disparities found in some sexual minorities. The minority stress model also provides a framework for considering psychotherapy with sexual minorities, including understanding stress, distress, coping, resilience, and recovery. For instance, the affirmative approach to psychotherapy grew out of an awareness that sexual minorities benefit when the sexual stigma they experience is addressed in psychotherapy with interventions that reduce and counter internalized stigma and increase active coping.

The task force, in recognition of human diversity, conceptualized affirmative interventions within the domain of cultural competence, consistent with general multicultural approaches that acknowledge the importance of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status. We see this multiculturally competent and affirmative approach as grounded in an acceptance of the following scientific facts:

- Same-sex sexual attractions, behavior and orientations per se are normal and positive variants of human sexuality — in other words, they do not indicate either mental or developmental disorders.
- Homosexuality and bisexuality are stigmatized, and this stigma can have a variety of negative consequences (e.g., minority stress) throughout the life span.
- Same-sex sexual attractions and behavior occur in the context of a variety of sexual orientations and sexual orientation identities, and for some, sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) is fluid or has an indefinite outcome.
- Gay men, lesbians and bisexual individuals form stable, committed relationships and families that are equivalent to heterosexual relationships and families in essential respects.



- Some individuals choose to live their lives in accordance with personal or religious values (e.g., telic congruence).

We NYSPA, representing psychologists in NYS support the undeniable interest of protecting the physical and psychological well-being of minor lesbian, gay, bisexual, and transgender (LGBT), and protecting them against exposure to serious harm caused by sexual orientation change efforts (SOCE). We support S.4917-B/A.6983-B.

Cautionary Statement

NYSPA would also like to create awareness that our support to S.4917-B/A.6983-B does not disregard to our general concerns about legislating prohibitions or limitations on specific psychological treatments, as this can have significantly negative impact on the future practice of psychology and the patients we serve.

Sincerely,

Dinelia Rosa, Ph.D.

President, New York State Psychological Association



**TESTIMONY FOR A NEW YORK STATE PUBLIC FORUM IN SUPPORT  
OF LEGISLATION (S.4917-A/A.6983-A) WHICH WOULD PROHIBIT  
LICENSED MENTAL HEALTH PROFESSIONALS FROM ENGAGING  
MINORS IN SEXUAL ORIENTATION CHANGE EFFORTS.**

**Thursday, May 15th, 2014**

**Jack Drescher, MD**

**440 West 24 Street, Suite 1A**

**New York, NY 10011**

**Clinical Professor of Psychiatry and Behavioral Sciences,**

**New York Medical College**

**Member, New York State Psychiatric Association**

**Distinguished Fellow, American Psychiatric Association**

Good Morning,

I'd like to begin by thanking Senators Hoylman and Gennaris and Assembly Member Glick for sponsoring their respective bills and for holding this hearing.

My name is Dr. Jack Drescher. I am a psychiatrist. For almost two decades, I have written and lectured about sexual orientation change efforts (SOCE). I have edited two scholarly books dealing with the subject. I personally support this bill to prohibit SOCE with minors. I've also been asked by the New York State Psychiatric Association, of which I am a member, to speak on its behalf in support of this bill.

I am a Clinical Professor of Psychiatry at New York Medical College. I am a past President of the New York County District Branch of the American Psychiatric Association. I served on the American Psychiatric Association's DSM-5 Workgroup on Sexual and Gender Identity Disorders and presently serve on the World Health Organization's ICD Working Group on Sexual Disorders and Sexual Health.

I also drafted the American Psychiatric Association's 2000 position statement on SOCE, which is cited in the bills, and served on the American Psychological Association's Task Force on Appropriate Therapeutic Responses to Sexual Orientation whose 2009 report is referenced in the bill as well.

It is the consensus of most professional organizations that SOCE is outside the mainstream of mental health practice. The theories upon which SOCE practices are based have no scientific basis. SOCE theories and practices are not taught in accredited training programs for psychiatrists, clinical psychologists, social workers or other mental health professionals. In fact, the mainstream belief since 1973 is that homosexuality is not a mental disorder and that it does not and should not require treatment.

Also, SOCE practices can cause harm to individuals in a number of ways.

For example, SOCE practitioners tell people that client motivation or faith (rather than therapist skill or treatment technique) is mainly what leads to change. However this is a con artist's set up for "patient blaming," as most clients *don't* change. After much time, energy and money spent, many feel worse when treatment fails—which it does in most cases, leading to increased depression, increased anxiety, and even suicidal thoughts, feelings and attempts.

Many SOCE practitioners have no selection criteria. They take on all comers, regardless of the chances of change. This is consistent with the faith healing model many SOCE practitioners use, but not a suitable approach for licensed mental health professionals.

Some SOCE practitioners encourage clients to marry and have children. They regard the *appearance* of change as the same as *actual* change. They appear to show little regard for what happens to those families when the person doesn't change and cannot stay in the marriage.

SOCE practitioners regularly overstate their "success" rates and dismiss cases where their approaches fail, creating the impression they don't care how many gay people they hurt as long as they create a few straight ones in the process.

Also, contrary to popular belief, talk therapy is not without risks. Therapists can say things that hurt vulnerable individuals. For example, a poorly managed talk therapy with a depressed patient can precipitate a suicide attempt.

SOCE practitioners often speak hurtful untruths to their clients. They have been known to say things like, "You have a mental disorder, no matter what the APA says." Or "You are a homosexual because your parents didn't raise you right." Or "If you come out gay you will die early and live an unhappy and unhealthy life." Or "God will not love you if you are gay." Words can hurt, particularly when spoken by a misguided authority figure delegated to do so by a child's parents

In regard to the rights of parents to raise children as they see fit, sometimes presented as an objection to bills like these, states have intervened when parental beliefs lead to harmful outcomes for children. This may include withholding blood transfusions or needed medications from a sick child—even for religious reasons. The state has an interest in protecting children when misguided parental beliefs about human sexuality, even those shared by equally misguided professionals, threaten the child's well-being.

I will conclude by reading from the New York State Psychiatric Association's "Memorandum in Support [of this bill] with Recommendations":

"New York State Psychiatric Association (NYSPA), the medical specialty society of more than 4,000 psychiatrists practicing in New York State, would like to express its strong support for this bill. This bill would prevent mental health professionals from providing sexual orientation change efforts to minors under eighteen by defining such activities as professional misconduct.

"NYSPA strongly supports the spirit and intent of this legislation. This bill well represents the position of many professional and medical societies against sexual orientation change efforts. American Psychiatric Association (APA) published a 2013 position statement entitled 'Issues Related to Homosexuality,' in which it confirmed that APA *'does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change*

*sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.'*

“Although we [NYSPA] strongly support the bill, we would like to suggest an amendment to the language of the bill in order to expand the definition of professional misconduct to include *offering* to provide sexual orientation change efforts as well as the actual provision of such services. Therefore, we would suggest revising Section 2 to read: ‘*It shall be professional misconduct for a mental health professional to engage in **or offer to engage in** sexual orientation change efforts . . .*’ The definition of professional misconduct should include offering to provide treatment to change the sexual orientation of minors as well as actually engaging in such activity.

“NYSPA strongly supports the protection of all LGBT minors by prohibiting sexual orientation change efforts and recommend further strengthening the bill by adding to the definition of professional misconduct offering to engage in sexual orientation change efforts.”

Thank you.

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**Testimony of Dr. Andrew Livanis**

**New York Association of School Psychologists**

Good Afternoon Assemblymember Glick, Senator Hoylman, and Senator Gianaris. My name is Dr. Andrew Livanis and I am Chair of the Counseling and School Psychology Department at LIU/Brooklyn. I am also a constituent of Senator Gianaris.

I am pleased to offer these brief remarks on behalf of the New York Association of School Psychologists, which supports the New York State Legislatures' efforts to prohibit mental health professionals from engaging in sexual orientation change efforts with a patient under the age of eighteen years.

Sexual orientation change efforts with youth create a perception that there is something wrong or "disordered" within the individual. Among numerous documents, the National Association of School Psychologists' *Safe Schools for Transgender and Gender Diverse Students* position statement acknowledges that neither having a transgender identity, nor being perceived as gender diverse is a disorder, and that efforts to change a person's gender identity are ineffective, harmful, and discriminatory. Indeed, not only are school psychologists banned from doing harm, they are obliged to advocate for the needs of LGBTQ youth.

Efforts to change sexual orientation have been shown to cause harm and do not adhere to NASP policies regarding supporting youth in developing their identity. School psychologists agree with the Pan American Health Organization's statement which indicates that while every expression of homophobia is regrettable, harms caused by health professionals as a result of ignorance, prejudice, or intolerance are absolutely unacceptable and must be avoided by all means. Not only is it fundamentally important that every person who uses health services be treated with dignity and respect; it is also critical to prevent the application of theories and models that view homosexuality as a "deviation" or a choice that can be modified through "will power" or supposed "therapeutic support".

School psychologists are often the first mental health professional that youth encounter when faced with life challenges. LGBTQ or other gender diverse youth are often faced with additional difficulties beyond those of their heterosexual peers. School psychologists play a critical role in supporting these youth.

Therefore, the New York Association of School Psychologists would welcome further conversation with legislators regarding non-discriminatory and effective therapeutic interventions for LGBTQ youth who may need support in coping with life challenges, as well as supporting the development of resiliency strategies. In addition to these comments, I have offered a support memo from the New York Association of School Psychologists and two position statements on LGBTQ and Gender Diverse Youth from the National Association of School Psychologists.

Thank you.





**Panel 5:**  
**Mental Health Professionals**

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May 15, 2014

Good morning, my name is Vanessa Haney. My colleague Dr. Ariel Shidlo has asked me to read his statement to the New York State Assembly and Senate "Public Forum On Legislation Barring Sexual Orientation Change 'Therapy' For Minors," because his stuttering slows down his public speaking.

Here is Dr. Shidlo's statement:

My name is Ariel Shidlo. I would like to thank Senator Brad Hoylman, Senator Michael Gianaris, and Assembly Member Deborah Glick for the opportunity to testify at this forum today. I would also like to thank my colleague and friend Vanessa Haney for reading my statement today. After Vanessa reads my statement, I will be happy to respond to questions directly.

I hold a PhD in clinical psychology and am licensed in the State of New York as a psychologist. I am a Clinical Assistant Professor of Psychology in Psychiatry at Weill Cornell Medical College, where I teach at the human rights clinic. I am co-director of the Research Institute Without Walls, an NGO that studies the effects of human rights violations on the mental health of LGBT asylum seekers and refugees.

I am past president of the NYS Psychological Association Task Force on AIDS, past member of the Executive Committee of the American Psychological Association's Society for the Psychological Study of LGBT Issues, and was a member of the first Joint Task Force on Psychotherapy Guidelines with Lesbians, Gay Men, and Bisexuals, at the American Psychological Association. I have co-edited a book on sexual orientation change interventions. In today's testimony I will refer to these interventions as "SOCIs".

I am co-researcher of a study that interviewed 202 persons who went through sexual orientation change interventions. This was the

first study to evaluate the kinds of damage that SOCI can cause. The study was published in 2002 in a peer-reviewed journal of the American Psychological Association.

I want to speak briefly today about the results of that study. I hope that it may shed light on the issues under consideration in this Public Forum.

One of the important findings of the study is that the damage of SOCI occurs across two domains: (1) psychological and (2) social functioning.

In the psychological domain we found that when consumers of SOCI fail to change, they blame themselves and often experience depression and even suicidal ideation. Many consumers are told by their SOCI clinician that if they try hard enough – they can change their sexual orientation. Failure is framed as the result of the client not trying hard enough, not of a defective and fraudulent intervention.

Because SOCI clinicians associate a homosexual orientation with a multitude of undesirable psychological and social factors, once their intervention has failed to change sexual orientation, they have little to offer their clients. Imagine how devastating it would be for a SOCI consumer to have their therapist shift from telling them that their homosexual orientation is the cause and result of their unhappiness and that it can be changed with hard work, to telling them at the end of years of therapy, when SOCI has failed: “Never mind. You’ll be ok even if you are stuck with this undesirable affliction.”

SOCI theorists and clinicians have written with great contempt and venom about lesbians and gay men. They have depicted them as psychologically disturbed, their relationships as characterized by betrayal, dysfunction and violence, and as dangers to public health who spread HIV.

Many participants in our study of SOCI consumers reported that the damage to their self-esteem resulted from their therapist devaluing their homosexual orientation, same-sex relationships, and the lesbian and gay community---core aspects of themselves that they felt stuck with after a failed intervention.

In recent years, in a social climate of growing acceptance of LGBT persons, SOCI clinicians' publicly expressed contempt toward lesbians and gay men has been toned down a bit. These clinicians' most recent argument has been that they are not against lesbians and gay men's right to be who they are or equality in civil rights. Now, SOCI clinicians present themselves as advocates who champion the freedom of individuals who struggle with their homosexual orientation to obtain psychological help to reject it. They claim they are for freedom of speech and consumer choice.

SOCI works by encouraging clients to believe that there is scientific evidence that their homosexual orientation is associated with psychological and interpersonal dysfunction, and that it is changeable.

Since in reality there is no such scientific evidence, SOCI clinicians offer an intervention that is based on fundamentally fraudulent information. Our society does not allow physicians to offer interventions based on fraud and pseudo-science just because we value freedom of speech and consumer choice. We outlaw "snake oil" cures because we, as a society, believe that vulnerable patients who are in distress need to be protected from false and harmful interventions.

It seems incontrovertible that an intervention that frames a homosexual orientation as undesirable and sick and even evil will have harmful effects by virtue of exacerbating self-hatred and internalized homophobia. Failed conversion therapy reinforces consumers' attachment to the idea that their only hope for happiness is to rid themselves of their homosexual orientation; after failing to change they have little to look forward to but being second rate human beings whose own therapist views them as psychologically defective.

I want to also say a few words about the harm that SOCIs cause in the area of social functioning. Many participants in our study spoke of having experienced significant harm to their relationship with their parents. These results should surprise no one: almost all SOCI theorists blame a homosexual orientation on a poor relationship with either or both parents. Participants spoke of anger, alienation,

rejection, and other negative emotions toward their parents as results of SOCI.

In considering the negative effects of SOCI, therefore, we need to consider not only their individual effects, but also recognize the negative effects on the family. Nothing good can come out of a psychological intervention that teaches clients to blame their parents for causing a sexual orientation that SOCI clinicians tell clients to associate with undesirable psychological traits. In these hearings, then, we must also consider the thousands of parents who have experienced unnecessary shaming, directly and indirectly, at the hands of SOCI clinicians.

The danger of SOCI harming parent-child relationships is especially acute when the client is a minor. Parent-teenager relationships can be a period of heightened emotions; introducing the explosive element of “your relationship with your same-sex parent is to blame for your homosexual orientation” can only result in damaging effects. This misinformation creates pressure on parents to “redeem” themselves by feeling that they have to get their children “cured”. When SOCI fails all that are left are mutual recriminations, alienation, hurt feelings, sadness, and anger.

Another area of damage that was identified in our study is that of lost time. Because SOCI takes consumers on a path that can extend into decades of a treatment course that ends up failing, it is not surprising that many participants in our study reported great distress at finding themselves facing the developmental tasks of coming out and forming a same-sex relationship a decade or two behind their peers. The lost time and missed life opportunities is something that cannot be refunded to SOCI consumers who have “failed” to change.

In closing I want to state that the American Psychological Association, along with every major mental health and medical association, has stated that there is no evidence that psychotherapy can be used to intentionally modify sexual orientation.

Inherent in SOCIs is the reinforcement of an attitude of contempt toward one’s homosexual orientation, and the disparaging of lesbians and gay men and the LGBT community. The unavoidable result of SOCI is that consumers will believe more strongly that there

is something about their core that is undesirable, unlovable, needs urgent repair, and is changeable if they only try hard enough. That is not a message that is healing to persons who struggle with their homosexual orientation.

Sexual minority youth need help and support in negotiating their sexual orientation, processing internalized homophobia, and integrating their sexual orientation identity into other identities. They need to be helped to feel that they are as worthy as their heterosexual peers. When bullied, they need the protection of adults who will ensure their safety. Their parents may need support in reducing their sense of guilt or shame so they can become empowered to provide the acceptance and love that all children need. Sexual minority youth and their families need to be protected from fraudulent and poisonous interventions that offer false promises to re-engineer human sexuality.

Thank you for the opportunity to share with you my thoughts about sexual orientation change interventions, reflections that are based on 25 years of working as a research and clinical psychologist with LGBT persons.

## PUBLIC FORUM ON LEGISLATION BARRING SEXUAL ORIENTATION CHANGE “THERAPY” FOR MINORS

### Testimony

Tami Sullivan, PhD, LMHC, NCC, RPT, Executive Board Member, American Counseling Association, New York (ACANY)

The American Counseling Association opposes the promotion of “reparative/conversion therapy” as a “cure” for youth who are homosexual (American Counseling Association Governing Council, March 1998) and identifies it as a treatment that has no empirical or scientific foundation (Action by American Counseling Association Governing Council, April 1999). Counselors who conduct this type of therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of “curing.” The American Counseling Association opposes portrayals of lesbian, gay, bisexual, and transgender youth as mentally ill due to their sexual orientation. According to the Diagnostic Statistical Manual (DSM-5), homosexuality is not a mental disorder in need of being changed. In fact, attempts to alter sexual orientation through therapy can cause harm and overall damage to youths’ well-being. (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009).

Counseling is a professional relationship designed to empower youth to accomplish mental health and wellness, attempts to prevent homosexuality through reparative/conversion therapy are clearly contraindicated. Homosexuality is not a choice, a disorder or a disease, treating it as mutable in a therapeutic relationship can cause the client harm by provoking guilt and shame, undermining self-esteem, and jeopardizing healthy development. Research has shown that depression is significantly higher among gay adolescents and that the suicide rate is double their straight counterparts (Kosciw, Greytak, Diaz & Bartkiewicz, 2009). Youth who have not accepted their sexuality or who struggle for acceptance with friends and family because of their sexual orientation are especially vulnerable to experience anxiety, depression, and possibly suicidal ideation and attempts.

In fact, to even refer a client to someone who engages in reparative/conversion therapy, communicates to the client that his/her same-sex attractions and behaviors are disordered and, therefore, need to be changed, this contradicts the dictates of the our profession’s Code of Ethics (ACA, 2009). All in all, the growing body of research and literature contraindicating “reparative/conversion” therapies as a valid approach to working with LGBT clients is clear, guiding forces in the field of therapy (i.e. APA, ACA, WHO), as well as overarching agencies that are involved in overseeing the quality of care (i.e. OMH, NIH) have all moved towards policies, practices and trainings that will prepare clinicians to practice in ways that recognize and address the mental health needs of LGBT clients and adhere to the ethical tenets of our practice. Counselors are committed to serving the LGBT community with integrity and professionalism, and adhere to codes of ethical behavior. Wouldn’t you want a counselor who accepts you for who you are? Where you can be yourself and not hide? And talk freely about all aspects of your life?





**Panel 6:**  
**Members of the Clergy**

## Remarks from the Rev. David Starbuck Gregory

Good morning. My name is David Starbuck Gregory and I am here today first of all to represent myself as a survivor of reparative therapy. I grew up in the midwest in a time and place where gender non-conformity was viewed as an aberration, an illness, and at times an outright evil. Pressures in school and in church to conform to a perceived heterosexual norm led me as a young person to marry at an early age in an attempt to fix the problem. It was a naive course of action, but I lacked the emotional maturity to admit my own orientation and make choices accordingly.

By my late thirties I was a married ordained minister with two pre-teen sons, severely depressed and at the point of a breakdown. I sought help from a religiously based counseling center in Rochester that offered one on one counseling and support groups for those who wished to change their sexual orientation. In a desperate attempt to keep my family together, I spent three years undergoing "counseling" aimed at doing just that. At the end of that three year period I became despondent and suicidal. The longer I underwent such so-called therapy, which by the way was completely unregulated and performed by unqualified individuals, my certainty increased that my orientation was not something I could or should change.

This was 18 years ago. Soon after this realization I was outed by my wife. I lost my home, my marriage, my family, and my vocation in a single day. I suffered a complete emotional breakdown. I know the life-long devastation caused by such efforts and it has taken many years of good and valid psychotherapy to heal those wounds. I was ultimately welcomed into a denomination that has accepted me fully as a gay man and has given me many opportunities to do important work, but I cannot help but think of the entire decade of my adult life that it took to find my equilibrium and emotional health.

These days as a faith leader and spiritual advisor, I often witness the devastating effects of the practice of "conversion therapy" still being practiced on adults and young people. Unfortunately, often under parental pressure, young people are at high emotional risk in these attempts at sexual reorientation. These types of practices do unbelievable damage to the mental and emotional health of adults and young people who feel pressured by one subculture or another to conform to the expectations of others.

The American Psychiatric Association long ago removed same sex attraction or gender non-conformity from it's list of mental disorders. So-called "conversion therapies" exist with no set of rules or guidelines like the ones that provide basic accountability in other therapeutic environments. No one should in any way be forced to undergo such a discredited practice.

As a survivor of conversion therapy, I call upon the New York State government to follow the lead of California and New Jersey to pass legislation that would protect anyone under 18 from being subjected to such coercive practices.

Thank you.

Chad Tanaka Pack, Minister, Middle Collegiate Church

Good afternoon. I'm Chad Tanaka Pack. I'm a minister at Middle Collegiate Church on the Lower East Side of Manhattan. Middle Church is rooted in Christian tradition as the oldest continuous Protestant Church in North America. Our church is almost four hundred years old. We are a celebrating, culturally diverse, inclusive and growing community of faith where all persons—all persons—are welcomed just as they are as they come through the door.

Our radical welcome extends to those who are lesbian, gay, bisexual, and transgender. At Middle Church, we support full equality for LGBT people. My clergy colleagues and I have the privilege of counseling these women and men. Most of our LGBT congregants were raised in churches where they were taught that homosexuality was an abomination, a sin, against the will of God. They grew up hearing preachers who took a handful of scriptural texts, ignored widely accepted academic biblical scholarship, and misappropriated these ancient writings to support an agenda of hatred against LGBT people.

At Middle Church, we honor the teachings of the Bible that celebrate the diversity of God's creation, including Psalm 139, which proclaims: "For it was you [God] who formed my inward parts; you knit me together in my mother's womb. I praise you, for I am fearfully and wonderfully made." Whether our skin is brown or white. Whether our hair is straight, or curly, or we are bald. Whether we love women, or men, or both, or are confused. We are all fearfully and wonderfully made in the image of God.

And yet, in spite of our preaching and teaching about a God who loves all of humanity, our congregants still struggle to reconcile their faith and their sexual orientation. Congregants like Chester, a white man in his forties, now happily married to another man, who to this day still tears up when he talks about attending a summer camp to convert gay teenagers. Congregants like Julia, a member of our church for many years, who deep in her heart believes she will go to hell because she is a lesbian. Congregants like Theo, an African American man in his forties, out as a gay man for decades, who still longs and hopes to someday change his sexual orientation.

And for every Chester who was subjected to conversion therapy as a teenager, there are hundreds more who grew up fearing they would be forced into such therapy. And for every Julia and for every Theo, there are hundreds more who have been so hurt by Christian churches, they will never walk through the door of a church again.

As a Christian minister, I urge you to support this legislation to prohibit licensed mental health professionals from engaging minors in sexual orientation change efforts. Not just for Chester. Not just for Julia or for Theo. For all of us. For when one of us is oppressed, we are all oppressed. We do need a change. A conversion. And the conversion that I long for and that Middle Church longs for is a conversion from oppression to freedom. A conversion from homophobia to justice. A conversion from hatred to kindness, and respect, and love.

On Sunday morning, on Second Avenue and Seventh Street, everyone—everyone—including you and you and you—is welcome at Middle Church. We are unlike any church you've experienced. Our congregation reflects the diversity of our society. We look like the Q train at rush hour. Except unlike a subway car full of strangers, we know each other and love each other. In all our diversity. We sing together. We pray together. We feed the hungry together. We care for the poor—some of whom are in our community—together. Together, we celebrate the amazing diversity of humanity. Together, we live out God's vision for justice, freedom, and love. Thank you.

Testimony re: S.4917-A/A.6983-A  
Presented May 15, 2014  
The Rev. Pat Bumgardner

Thank you Senate and Assembly Members for affording me this opportunity to offer testimony on the proposed legislative effort to prohibit licensed mental health professionals from engaging minors in sexual orientation change efforts, also known as "conversion" or "reparative" therapy.

I have been an ordained clergy person for twenty eight years, and currently serve as the Senior Pastor of Metropolitan Community Church of New York and Executive Director of our denomination's social justice efforts, the Global Justice Institute, also housed in New York City.

I have spent my adult life time and ministry supporting the efforts of LGBTI people and their families and loved ones to live full, equal and legally protected lives, and teaching what I and any number of reputable Biblical scholars have long known and taught ~namely, that God made us as we are and loves us as we are, straight or gay or bisexual or transgender or intersex. We are who we are by the grace and design of God.

My focus has been a positive one, but that means that I have daily come face to face with the realities of physical, emotional and spiritual abuse and trauma so many have and continue to undergo at the hands of not only spiritual guides, but licensed mental health professionals who, as many entrepreneurs are seeking to do in our nation, conflict personal dogmatic or faith-based views with social policy. Social policy should always be geared toward promoting the welfare of the whole community. What promotes the welfare of the whole is each and every unique individual being guaranteed the right and the privilege of living openly and honestly, building lives and relationships that contribute the best each person has to offer to the community.

The strong and founding principle of separation of Church and State is important not only for political reasons or to avoid coercion of belief, but to protect people from the kind of religiously based practice conversion therapy represents. --- I say religiously based with regret that anyone professing a belief in the Divine could or would advocate the destruction of the human spirit and personality in any way, shape or form, and in the firm conviction that there is absolutely no recognized scientific theory or conclusion to base this tortuous practice on.

Conversion therapy does not resolve adolescent conflicts that straight and gay children alike who are maturing go through. If a straight teenage girl is experiencing conflicts around the sexual maturation process for whatever reason, the solution is not to try to make her into a lesbian so that she can avoid dealing with whatever questions or issues have arisen for her --- because number one that would be impossible; number 2 it would be torturous and subject her to needless pain around her God-given identity; and number 3 be fruitless.

Conversion therapy produces only anger, guilt, shame, a sense of failure both socially and in the eyes of God. Long term, those feelings often lead to serious depression and other mental health issues. Long term those mental health issues often lead to addiction or worse ~ things like suicide. LGBTI teens in the United States take their own lives at a rate 3 to 4 times the rate of other teens. It is a senseless loss of life that we, as the adults responsible for public policy, cannot afford to promote. And as a leader of a faith community, I must urge you to stand up for what is just and fair for all of us, and the spiritual truth of creation.

I work with LGBTI people here and around the globe, and the majority lead productive, fulfilling lives, often under demoralizing and challenging circumstances, if not outright social hostility. Conversion Therapy only adds to that outward hostility, grounding it in an inward hatred of self. What makes for a better future for our city, our state and our world, is people believing in their own self-worth and that who they are is a gift of God to be shared responsibly and for the good of society as a whole, not promoting self-loathing and hatred, which is all conversion therapy produces in the end.

In conclusion, I want to share with you that just yesterday, a 57 year old man was in my office seeking a way out of a past filled with spiritual, emotional and physical abuse, all promulgated against him simply because God made him gay. He will spend the rest of his life trying to get over the pain of being himself, the pain of having tried to be someone he is not and failing, and feeling guilt and shame because of failing at an effort he should never have been led to engage.

You have a chance today to make sure that no one follows in his footsteps. And, I urge you to do so and vote in a way that ensures that New York State is conversion therapy free.



**Panel 7:**  
**Legal Experts**

Testimony of David C. Dinielli – 5/15/14  
Southern Poverty Law Center/Deputy Legal Director  
Regarding S. 4917-B/A.6983-B  
**SEXUAL ORIENTATION CHANGE EFFORTS**

Good morning. My name is David Dinielli. I appreciate the opportunity to participate in this public forum regarding New York's proposed bill regard Sexual Orientation Change Efforts.

I am the deputy legal director of the Southern Poverty Law Center – a nationally renowned civil rights organization based in Montgomery, Alabama, a city that bills itself both as the “Cradle of the Confederacy,” but also as the “Birthplace of the Civil Rights Movement.” The Southern Poverty Law Center is dedicated to fighting hate, teaching tolerance, and seeking justice.

I am gay. I have known this about myself for a very long time. It is a central part of who I am and how I experience the world.

Thankfully, I never tried to change this central fact about myself, any more than I might have tried to change the fact that my father's family is Italian-American, or the fact that I grew up in Southern California, or that I have one brother, or the fact that, because I am only 5'9" on a good day, I never will play in the NBA. As the saying goes, “I am who I am.”

But many people do try to change their orientation. And we are not talking a small number. According to research conducted by Caitlin Ryan of the Family Acceptance Project at San Francisco State University, more than one-third of young people who identify as LGBT report having been sent outside the home – to a licensed therapist or pastor – after revealing to their parents that they may be gay, bisexual, or transgender.<sup>1</sup> *One-third*. That is a lot of kids.

As I said, I was not one of those kids. I have no first-hand experience with what it feels like to undertake the daunting task of trying to change from gay to straight. But I do have extensive experience with SOCE, its futility, and its dangers from various of my community and professional commitments over the years. I would like to outline those for you.

- For nearly six years, I served as a volunteer helpline counselor at The Trevor Project, an organization that, among other things, operates the only 24-hour suicide prevention hotline for LGBT youth. During those years I took countless calls from desperate young people who believed that they would not be able to lead happy lives if they were gay. Many – many – of the suicidal kids I spoke with had been sent by their parents to counselors who promised the parents they could help “straighten” their child.
- In California, I helped draft the first state law prohibiting licensed mental health professional from engaging in SOCE with minors, and then defended the constitutionality of that law in two separate legal challenges in the federal district court and the Ninth Circuit. That law is the model for the law enacted in New Jersey, and other laws under consideration in states across the country, including here in New York.

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<sup>1</sup> See Declaration of Caitlin Ryan In Support Of Equality California's Amicus Brief, Case 2:12-cv-02484-WBS-KJN (E.D. Cal.) Document 41, filed 11/19/12.



- At the Southern Poverty Law Center, I am lead counsel in a consumer fraud action against a New Jersey organization that offers conversion therapy services. Our clients were young at the time they sought out these services; most of them were Orthodox Jews, and they were desperate to change who they were. They wanted to be straight and to conform to religious and family expectations. Our case is about the false hope the defendants pedaled to these vulnerable young people, and the unconscionable methods they employed.

I know my time is limited, and though I could speak for hours, I would like to share just three observations based on my broad engagement with SOCE.

***First: Loving Parents Often Send Their Kids To SOCE, Not Knowing That SOCE Is Discredited And Dangerous***

Parents often send their kids to SOCE not because they hate them, or because they are homophobic, but because they are scared for their kids. They think it will be difficult for the child to be both gay and happy. They know that gay kids are bullied; they perceive the purported gay lifestyle to be vapid and dangerous; they think their children will be lonely. Desperate to help their children, parents turn to people they perceive to be knowledgeable – psychologists, licensed counselors – who have fancy looking credentials and licenses on their walls and promise to help.

Some people portray the effort to prohibit SOCE as an interference with parents' rights to obtain assistance for their children. But I believe that well intentioned parents should not be duped by practitioners who choose to espouse beliefs about sexual orientation that directly conflict with the consensus views of all major mental health organizations. This bill will actually empower and protect parents, who should be able to have confidence that when they entrust their child to someone who has been licensed by the state to provide mental health services, that licensed professional will not embark on a course of treatment that has been proven ineffective, that may exacerbate feelings of shame, and that could lead to isolation, depression, and even suicide.

Parents are not the bad guys here; the practitioners and the industry they have created to lend themselves a false veneer of legitimacy, are.

***Second: States Routinely Regulate Licensed Professions, Even When Practice Of The Profession Involves "Speech"***

Proponents of SOCE often oppose restrictions on the purported grounds that patients and counselors have "free speech" rights to engage in SOCE.

This argument is wrong and has been soundly rejected by the federal courts that have addressed it. The Supreme Court and the lower federal courts have long held that the government has broad latitude to regulate the practice of licensed professions – including, for example, law and medicine – in order to ensure compliance with professional standards of competence and ethics, and to protect clients and the public. The FDA, for example, regulates and determines which medications and medical devices doctors may prescribe and pharmacies can distribute.

Contrary to what you may have been told, the state's power to regulate professions does not evaporate whenever the practice of the profession involves "speech." Consider the state's authority in connection with the practice of medicine, for example: Imagine a patient who shows up at a doctor's office and complains about pain in his hand. If the doctor says, "your hand is hurting because it has done evil deeds; you must go home and cut it off with a kitchen knife," surely she can be disciplined, and held liable in a malpractice action, even though her service to the patient consisted of "pure speech." Indeed, malpractice liability routinely flows from a doctor's saying, or not saying, something. Imagine, again, a doctor who says "ignore that mole; if you moisturize it will go away." Nobody would think that such advice enjoys First Amendment protection, despite that it was provided using "speech."

The same analysis holds true here. The professional consensus is that SOCE does not work, and poses the risk of severe harm, up to and including suicide. The state is well within its authority to prohibit this particular treatment, despite the fact that practitioners who attempt to change their patients' orientations use words, rather than surgery or pills.

***Third: Purported "Success" Stories Should Be Viewed With Suspicion; Marrying A Woman Doesn't Prove You Are Straight***

The third point I want to make has to do with those people who claim to have had success with SOCE. Practitioners of SOCE often claim to have helped countless men and women "change," but their claims should be viewed with suspicion. For the most part, these claims are not supported by data, let alone long-term studies of people who claim to have changed their orientation. Rather, proponents rely on anecdote, observation, and self-reporting. And when you actually dig down, the claims turn out to be false.

Again, I don't intend to cast aspersions on anyone who claims to have changed. But there are many reasons why someone who underwent SOCE might be inclined to want to believe that it has worked and to adopt the label, "heterosexual." Most of these people believe deeply – oftentimes because of religious doctrine – that homosexuality is disordered and shameful. So they want to believe that their efforts have borne fruit, and that they now are indeed healed of what they consider to be a stain, a mark.

In the conversion therapy case I am litigating in New Jersey, we recently took the depositions of around 20 people – all adult men – whom defendants claimed have successfully changed from gay to straight. The truth is that none of them have, even though many of them call themselves "heterosexual."

Once we put these people under oath, we learned that some of them have been able to reduce the frequency of their same-sex sexual encounters, but still occasionally "slip up," "act out," as it is called in the conversion therapy business. Some of them *have* been able to stop having sex with men, but still fantasize it and have to keep pornography blocks on their computers and smartphones to avoid looking at gay porn. Some of them claim they are heterosexual but really have just become celibate; they have never dated or had sexual intercourse with a woman. Some actually have married women, but admit that their "attractions" to their wives are spiritual rather

than sexual or physical; they still fantasize sexually exclusively about men, and some of the “heterosexual, married men” still slip-up and engage in extramarital sex with other men.

The point of this is not to make fun of or demean those who claim success, but only to contextualize the assertions and provide nuance. Adults of course should be permitted to lead whatever romantic and sexual lives they see fit, and to label themselves however they choose, but as you consider the arguments and testimony regarding this bill, you should remember that people who claim to be heterosexual as a result of SOCE may have a very different understanding of what that means that you or I likely do.

\* \* \*

I am happy to answer any questions.

## **Statement of the National Center for Lesbian Rights Public Forum on Legislation Barring SOCE for Minors**

Good morning. My name is Maya Rupert, and I am the Policy Director at the National Center for Lesbian Rights. Thank you for the opportunity to submit this testimony in support of SB 4917/A6983. NCLR is a national nonprofit legal organization dedicated to protecting and advancing the civil rights of lesbian, gay, bisexual, and transgender people and their families. NCLR's youth project was founded in 1993 specifically to address the mistreatment of LGBT youth in the mental health system. We have seen firsthand the devastating impact on parents and families when they are misled by therapists who give them false information that therapy can change a person's sexual orientation or gender identity. Tragically, based on our direct experience as well as that of others who serve this youth population, all of the youth who are subjected to these dangerous practices are harmed, but not all of them survive.

Nearly 40 years ago, the American Psychological Association determined that homosexuality is not a mental disorder. In 2009, the American Psychological Association convened a task force to review all the scientific data on efforts to change a person's sexual orientation, which concluded that there is no scientific evidence that such efforts are effective, and much evidence that they are harmful—especially for youth.

Since the Task Force completed its review, studies conducted by Dr. Caitlin Ryan, Director of the Family Acceptance Project at San Francisco State University, have further documented the destructive impact on lesbian, gay, bisexual and transgender youth when the adults in their lives engage in rejecting behaviors, including subjecting them to sexual orientation change efforts by therapists. The harms associated with this rejection are dramatic. Young adults who were subjected to these practices had dramatically increased rates of depression, illegal drug use, risky sexual behavior, suicidal ideation and attempted suicide.

Because these practices have no scientific basis, provide no benefits, and carry such high risks, the nation's leading medical and mental health associations have issued policy statements cautioning against their use. In particular, the American Academy of Pediatrics has advised parents to "[a]void any treatments that claim to be able to change a person's sexual orientation, or treatment ideas that see homosexuality as a sickness." The 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." The Pan American Health Organization, a regional office of the World Health Organization, has stated that these practices "constitute a violation of the ethical principles of health care and violate human rights."

NCLR helped defend laws like this in court in two circuits, both of which have concluded that medical regulations like this are entirely constitutional. This bill will not affect the ability of minors to seek any beneficial therapeutic treatment. It will only prohibit efforts to change a young person's sexual orientation and spare youth the damage and pain of having state licensed mental health professionals mislead and mistreat them.

## **Panel 8: Advocates**



## **EMPIRE STATE PRIDE AGENDA**

### **TESTIMONY OF NATHAN M. SCHAEFER** Executive Director, Empire State Pride Agenda

Thank you for your time today and the opportunity to talk about this important issue. The Empire State Pride Agenda is New York's statewide lesbian, gay, bisexual and transgender (LGBT) civil rights and advocacy organization.

Despite all of our community's victories over the years, we still face many hurdles. In particular, lesbian, gay, bisexual and transgender youth remain vulnerable to a dangerous practice that has no place in New York State in 2014. It's still perfectly legal in our state for licensed mental health professionals to practice conversion efforts on LGBT minors.

Mental health professionals who attempt to change a young person's true identity and use abusive tactics that make a youth ashamed of his or her gender identity or sexual orientation, are not only engaging in a practice long condemned by all major medical associations, but are causing serious psychological harm that leads to depression, drug abuse and suicide among their young patients. The legislation currently before the State Legislature would protect LGBT minors from such conversion efforts.

California and New Jersey have already ended this practice through laws passed with bi-partisan support. The District of Columbia, Maryland, Massachusetts, Minnesota, Ohio, Pennsylvania and Virginia are also proposing similar legislation, as is the United Kingdom. The American Psychological Association (APA) does not consider either same sex attraction or gender nonconformity to be a mental disorder. Further, the APA believes that transgender individuals should have access to gender-affirming care. The APA also warns of the negative effects of so-called "reparative therapy" such as anxiety, depression, and suicide.

By shaming young patients into believing they are defective and then blaming them when the treatment fails, these so-called therapists are causing lasting psychological harm and dividing families and communities. LGBT people who underwent this treatment report suffering lasting harm, both emotional and psychological.

This practice is reminiscent of mental health treatments used in the 1940s and 50s, when being gay was still considered a disease and medical professionals employed all sorts of harmful and counterproductive methods to try to "cure" people of non-existent ills.

A professional license from the State of New York bestows upon its carrier authority that most people recognize. By allowing mental health professionals who practice conversion efforts to carry such a stamp of approval, the state gives legitimacy to this discredited practice and misleads innocent parents and children.

The passage of this bill to protect LGBT minors from conversion efforts would clearly define which practices are prohibited and to whom it applies. It will also define the consequences that mental health professionals would face should they engage in efforts to change a child's gender identity or sexual orientation, including discipline by and sanctions from the their licensors.

This bill would protect LGBT minors and unsuspecting parents who are too often deceived by licensed professionals that homosexuality and gender-nonconformity are illnesses and can be cured. Just as important, the passage of this bill would send a strong message to our entire state and to the country that we're supportive of LGBT New Yorkers and guard our youth from outdated and harmful practices that threaten their wellbeing.

New York has long been considered a progressive state that has led the charge on many civil rights fronts, including women's rights and LGBT equality. Let us continue that legacy by passing this bill to protect our youth.

Thank you again for your time today.



# HETRICK-MARTIN INSTITUTE

EMPOWERMENT, EDUCATION & ADVOCACY FOR LGBTQ YOUTH

## **Testimony Prepared for the New York State Assembly & Senate on Conversion Therapy**

**Presented by:**

**Thomas Krever, MPA**

**Chief Executive Officer, Hetrick-Martin Institute**

**Thursday, May 15, 2014**

My name is Thomas Krever and I am the Chief Executive Officer of the Hetrick-Martin Institute (HMI), the nation's largest and oldest lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth serving organization and home to NYC's Harvey Milk High School. I appreciate the opportunity to give testimony today on the urgent issue of conversion therapy.

For the past 35 years, we at HMI have prided ourselves on creating a safe space for all young people, regardless of their sexual orientation or gender preference, where they may thrive and reach their full potential. All of our programming – from academic enrichment to health and wellness to arts and culture to homelessness services – are grounded in the model of Positive Youth Development and designed to build on the strengths and capacities of each youth – meeting them “where they are at” in their lives and respecting them for that. At HMI, we do not believe that LGBTQ youth have special needs, but rather special challenges that need to be addressed by programming that is both youth and culturally appropriate. HMI's Advocacy and Capacity Building department then shares the knowledge we have gained and our successful program models through workshops, trainings, seminars, webinars and publications.

At HMI and the world at large, we are all aware that LGBTQ youth are disproportionately impacted by many forms of harassment, intimidation and bullying in their daily lives, and one of the most pernicious threats facing LGBTQ young people is what is known as conversion therapy. My experience as a provider of comprehensive services to youth tells me that conversion therapy is a dangerous practice, rooted in myth rather than scientific fact. Conversion therapy claims to “cure” something that is not judged to be an illness. Rather than a sound medical treatment, conversion therapy is a social phenomenon driven by ignorance and prejudice, and it only serves to stigmatize LGBTQ people and make for a hostile world – a world that can have devastating effects on LGBTQ citizens, especially young people. Instead of creating a world that is affirming and inclusive of all its citizens, conversion therapy is a cowardly way of entrenching society in a destructive, harmful and frankly “old way of thinking” that has clear detrimental effects to our nation's young people.

The research data we have collected at HMI from the thorough mental health screening given to every youth who comes through our doors demonstrates the dire consequences that living in a non-supportive and “closed” society has upon our young people. Of nearly half a thousand youth surveyed last year at HMI,

28% report depression

36% report at least one suicide attempt

19% have been hospitalized for psychiatric reasons





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And these symptoms are present before the far-too-frequent episodes of violence our youth experience within their community exacerbate them.

Our youth do not need “conversion therapy,” but instead a caring society of adults who work to ensure that their needs – like the needs of all young people – are met in a culturally competent and comprehensive fashion. Our young people do not need to be changed, and we as adults must stop viewing them through the lens of pathology. Rather what is required is a commitment to providing safe, nurturing environments for all youth – LGBTQ or not – so that they may reach their full potential and become active, contributing members of society.

Thank you.



FIGHT AIDS. LOVE LIFE.

## Testimony in Support of S.4917-B/A.6983-B Barring Sexual Orientation Change "Therapy" for Minors

Jason Cianciotto, MPA  
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My name is Jason Cianciotto and I am the Director of Public Policy at GMHC. I testify today in support of legislation that would protect minors from so-called "ex-gay" therapy provided by state-licensed mental health professionals.

For over 12 years I have been working as a researcher, policy analyst and author focused on lesbian, gay, bisexual and transgender populations in the US, with a specialty at the intersection of public policy and LGBT youth. I am the co-author of *LGBT Youth in America's Schools*, published by the University of Michigan Press, and of *Youth in the Crosshairs: The Third Wave of Ex-Gay Activism*.

Throughout my career, the findings I have summarized from peer-reviewed research on LGBT youth are heartbreaking. For example:

- In a study of over 500 LGB youth in New York City, 72% reported that the first time they were verbally harassed because of their sexual orientation was at school.
- Nearly 30% of homeless youth in New York City ages 13 to 24 are gay or transgender. They become homeless at an average age of 14 and the majority are black or Hispanic.
- Among gay and bisexual New Yorkers, youth ages 13 to 29 are the only cohort to experience an *increase* in HIV incidence over the past decade.

The consequences to their physical and mental health and well-being are dire. LGBT youth are more likely to skip school, experience depression and report substance abuse. They are up to three times more likely to attempt suicide. Compared to 11% of high school students overall, 33% of LGBT youth in New York City attempted suicide.

It is critical to be clear that these negative outcomes for LGBT youth are not because of their sexual orientation or gender identity. Rather, they are linked to socio-cultural and familial environment in which these youth experience stigma, discrimination, and rejection, often from a very early age.

This is why these data have profound implications for public policy and what is perhaps the most noble and critical role of government: to protect its citizens, especially youth, from harm. That is what this bill is about: protecting vulnerable LGBT youth in New York State from being harmed by ex-gay therapy provided by state-licensed mental health professionals.

In the summer of 2005, 16-year-old Zachary Stark wrote a blog about being forced by his parents to attend Refuge, an ex-gay outpatient program for teens in Tennessee. "They tell me

that there is something psychologically wrong with me,” he wrote. “So I’m sitting here in tears... and I can’t help it.”

Zach’s cry for help led to a state investigation, which found that Refuge was administering medications and requiring youth to stay on premises without a proper license. His story raised many disturbing questions: How many minors are in ex-gay therapy? What are the legal and policy implications given the scientific consensus that homosexuality is not a mental illness that needs to or even can be changed?

In “Youth in the Crosshairs: The Third Wave of Ex-gay Activism,” I show that Zach’s experience is not unique. Rather, it is part of a coordinated shift in the “ex-gay” movement, which began in the early 1970s, from attempting to cure homosexuality in adults to purportedly treating “pre-homosexuality” in adolescents and children as young as five years old.

The research is clear that ex-gay programs do not convert someone from a homosexual to a heterosexual orientation. In a peer-reviewed study of 202 ex-gay therapy participants, only eight self-reported changing their sexual orientation. Of those eight, seven were providers of ex-gay therapy. Conversely the majority of participants reported psychological harm, including depression and suicidal ideation, social and interpersonal harm, which prevented them from forming long-term relationships, as well as spiritual harm that separated them from life-long connections to faith communities.

New York State has the opportunity to ensure that mental health practitioners operating under the privilege of a state license are prevented from providing treatment that is not only scientifically discredited and unnecessary, but also harmful to LGBT youth and their families. Thank you.



## **The Trevor Project**

### **Testimony for NY State Public Forum on Legislation Barring Sexual Orientation Change Efforts for Minors**

**Re: SUPPORT for NY A.6983 & S.4917 – Designating as professional misconduct, engaging in sexual orientation change efforts by mental health care professionals upon patients under 18 years of age.**

**May 15, 2014**

Good morning, Assembly Member Glick and Senators Hoylman and Gianaris. My name is Jason Daniel Fair, and I am the Major Gifts Officer for The Trevor Project, and I have personally counseled young people on conversion therapy issues through the Trevor Lifeline. Since 1998, The Trevor Project has been the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people under age 24. The Trevor Project saves young lives through its free and confidential lifeline, a secure instant messaging service providing live help, in-school workshops, educational materials, online resources, and advocacy. Through these services, The Trevor Project interacts with more than 100,000 LGBTQ young people each year. The Trevor Project is a leader and innovator in suicide prevention. Today, I am here to testify in support of A.6983 & S.4917, a vital measure that will protect young people from dangerous and discredited practices that falsely claim to change one's sexual orientation or gender identity or expression.

So-called "conversion therapy" or "sexual orientation change efforts" (SOCE) are practices, sometime performed by licensed mental health providers, which seek to change an individual's sexual orientation or gender identity or expression. This can include a range of practices which purport to change behavior or gender expression or eliminate or reduce sexual or romantic attraction toward individuals of the same sex. These practices are based on the false idea that being LGBTQ is a mental illness that needs to be cured, an idea which has been rejected by every major mental health group for decades. SOCE does not include therapies that provide acceptance, support, or understanding of LGBTQ identities; that facilitate coping, social support, or identity exploration; or that address unlawful conduct or unsafe sexual practices. This legislation enacts professional standards for state-licensed mental health providers to clarify that sexual orientation change efforts are not an acceptable or responsible professional practice when applied to young people under age 18.

There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity or expression, and it is abundantly clear that conversion therapy poses devastating health risks for LGBTQ young people. These dangerous practices can lead to

depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior, and for this reason the nation's leading mental health organizations have roundly decried it. Unfortunately, due to discrimination against LGBTQ people and the fact that professional rules have not kept up with this widespread understanding, some licensed mental health professionals continue to engage in conversion therapy. This legislation is necessary to bring mental health services in NY State into accordance with professional best practices.

Research shows that young people experience conversion therapy as a form of family rejection, and LGBTQ youth who experience family rejection face increased health risks. In one study, such youth were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs compared with peers who had not experienced such rejection.<sup>1</sup> This builds upon already elevated rates of suicidality for LGBTQ youth. LGB youth are four times more likely to attempt suicide than their straight peers, and questioning youth are three times more likely.<sup>2</sup> In one study of transgender youth, nearly half had seriously considered taking their lives and one quarter had made a suicide attempt.<sup>3</sup> On the other hand, family acceptance has been shown to be an important protective factor that can help to prevent suicide behavior and mental health issues. Providers who engage in conversion therapy under the veneer of state license can mislead families about the risks involved, leading to negative psychological outcomes and irreparable damage to family cohesiveness. This legislation is needed to protect families from these damaging practices.

The youth served by The Trevor Project are at a heightened risk for harming behaviors, including attempting suicide, because they often face rejection, prejudice, fear and hate from peers or family, and as a result tend to lack appropriate access to mental health care. The Trevor Project's staff and paraprofessionals have observed the damaging impact of conversion therapy on LGBTQ youth, and the organization strongly supports A.6983 & S.4917.

Thank you for the opportunity to testify in favor of this critical bill. I would be happy to address any questions that you may have.

**Attached:**

The Trevor Project, So-Called "Conversion Therapy" and LGBTQ Youth Mental Health

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<sup>1</sup> Caitlin Ryan, et al., *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults*. PEDIATRICS 346 (2009).

<sup>2</sup> Laura Kann et al., *Sexual Identity Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 – Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009*, 60(SS07) MMWR 1 (2011), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm> (last visited Mar. 14, 2013).

<sup>3</sup> Grossman and D'Augelli. *Transgender youth and life-threatening behaviors*. 37(5) SUICIDE LIFE THREAT BEHAV. 527-37 (2007).