

Testimony in Opposition to House Bill 902

(regarding practices to change sexual orientation or gender identity in minors)

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Advocates of legislation like this make two central claims about so-called “conversion therapy” (which is known more accurately as sexual orientation change efforts, or SOCE). First, they claim it is ineffective, and second, they claim that it is harmful.

The preamble to the bill contains a long list of quotations from *policy* statements (not scientific studies) by various organizations that have sought to discourage (not prohibit) this type of therapy. But what is the scientific evidence proving these claims?

The answer is that there is none—particularly with respect to minors, the population addressed by this bill. The American Psychological Association’s 2009 task force report is the first source cited in the bill. Yet it actually came up empty in its search for an empirical foundation—beyond mere anecdotal evidence—for these two key arguments against SOCE.

The task force reported, “There is a lack of published research on SOCE among children”¹ under age 12. It went on to say, “We found no empirical research on adolescents [age 12-18] who request SOCE.”² Regarding adult clients, the APA reported *anecdotal* evidence of both harms and benefits, but ultimately declared that “the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm.”³ In reality, there are many clients and mental health providers and who have reported success in overcoming unwanted same-sex attractions—including Nicholas Cummings, a former *president* of the American Psychological Association.⁴

You may also not realize that although the scientific evidence on this type of therapy is not as strong as one might like, there is no scientific doubt about a different key point—sexual orientation can change, especially in youth. Ritch Savin-Williams, who is the nation’s leading expert on homosexual teenagers, wrote that in one major study, “[O]f the . . . boys who indicated that they had exclusive same-sex romantic attraction, only 11 percent reported exclusive same-sex attraction one year later . . .”⁵

This bill infringes upon privacy, confidentiality, and client self-determination; and upon free speech and, in some cases, the free exercise of religion. Such infringements would require the weightiest of scientific evidence to support them—evidence that is completely absent.

I urge you to oppose House Bill 902.

¹ “Report of the American Psychological Association Task Force on the Appropriate Therapeutic Responses to Sexual Orientation,” American Psychological Association, [“APA Task Force”], p. 72.

<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

² “APA Task Force,” p. 73.

³ “APA Task Force,” p. 42.

⁴ Nicholas A. Cummings, “Sexual reorientation therapy not unethical: Column,” *USA Today*, July 30, 2013, accessed on March 19, 2014, <http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientationtherapy-not-unethical-column/2601159/>

⁵ Ritch C. Savin-Williams, “Who’s Gay? Does It Matter?” *Current Directions in Psychological Science* 15 (2006): 42.