



Anne Paulk
Executive Director
Restored Hope Network

April 26, 2015

Senator Sara Gelser, Chair
Senate Committee on Human Services and Early Childhood
900 Court St. N.E.
Salem, OR 97301

Re: HB 2307

Dear Chair Gelser and Members of the Committee:

Thank you for the opportunity to testify regarding HB 2307.

I am deeply concerned about the content of this bill, which clearly does not seek to eliminate and criminalize a particular method of therapy, but a counseling goal for minors and their families. If banning a therapy technique were the goal of this bill, it would have been suitable to ban a specific modality rather than a client goal of talk therapy.

As to methods or techniques, one such example is aversion therapy, which seeks to create a negative association with an undesirable behavior through various means. This bill does not seek to ban such a thing as aversive therapy, yet this was mentioned as a synonym of conversion therapy in an expert testimony in February 2015. Aversive therapy has not been relevant to sexual orientation change therapy since the 1980's at the latest. It was used by the psychological and psychiatric fields for any number of goals until then. Today, it is rarely used except in specific situations, such as chemical aversion therapy in drug and alcohol addiction treatment.ⁱ

Instead of seeking to ban a method, this bill clearly seeks to remove a minor's (and family's) counseling **goal** related to his or her unwanted homosexual feelings, thought, or identity. From the Oregon HB 2307 text:

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

My question is how would this bill impact para-church, pastoral, lay or non-licensed trained clinical care for those offering services to youth seeking to mitigate or change their sexual orientation, behavior or feelings towards persons of the same gender? Secondly, how would this bill impact licensed professionals operating within a church, temple, mosque or other religious institution?

For the young victims of individuals like Jerry Sandusky or Terry Bean, identity confusion can arise in a boy or girl who has been sexually abused by a same-sex adult. Such feelings can be quite distressing to the minor. But if this bill passes, what would happen to these victims? Their distress and confusion would not be allowed to be paired with their strong desire of resolving or diminishing unwanted same-sex feelings that arose from an already abusive situation. Shall the state take part in prolonging and magnifying this child's distress by banning talk and/or EMDR therapy for traumatized kids? Shall the state then enable the child to continue to be groomed for such abuse?ⁱⁱ

From minimal studies with statistically biased data setsⁱⁱⁱ, an arm of the American Psychological Association GLBT Task Force concluded that seeking to change ones feelings, thoughts or identity instead of embracing homosexuality is **potentially** harmful (Shidlo & Schroeder, 2002). At the same time, the APA backed away from the unproven claim that homosexuality is genetic and now states on the American Psychological Association website,

“There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.”^{iv}

Also according to the APA, the goal of reducing or eliminating same sex attractions has not been conclusively proved to be harmful. In fact, their website currently states that they “have officially *expressed concerns* about therapies promoted to modify sexual orientation.” And, “To date, there has been no scientifically adequate research to show that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective.”^v

Yet, “expressing concerns” and saying “there is no scientifically adequate research” to show effectiveness should not be adequate to ban care. Consider the 2011 longitudinal research published in *Journal of Sex and Marital Therapy* that concluded there was effective change in over 30% of persons seeking care and did not show harm via religiously mediated change efforts.^{vi} Yet, the 2002 “consumers report” is considered significant even though more recent and thorough data is available. (Shidlo & Schroeder, 2002). Perhaps they have also not considered the decades of research and reports on this subject that show significant degrees of change through many different treatment modalities.^{viii} Beyond this, enormous and uncompromised data sets show that youth can experience same-sex attractions at the age of 16 and a year later identify as heterosexual (75%) according to researchers Savin-Williams and Ream (2007).^{ix} Even lesbian, feminist, University of Utah professor Dr. Lisa Diamond, asserts degrees of sexual fluidity for men and women who are same-sex attracted.^x Particularly, powerful is her presentation at Cornell University.^{xi}

These are important reasons to re-examine and vote “No” on HB 2307. Above all this, I ask that you would keep the door of counseling and care open for individuals like myself. I dealt with same sex attraction from my early teen years and had the privilege of sorting out where I wanted to end up. From embracing my same-sex attractions as an identity to later desiring to change my feelings and

identity, professional counseling, Christian lay and pastoral care was very helpful. It was helpful dealing with my early childhood sexual abuse and the layers of pain that had caused me. Care options were very important to me, particularly moving into heterosexual relating, feelings and identity.

I appeal to you, Senators, for minors and adolescents to retain the right of goals in therapy, especially for those who have been traumatized by a sexual predator. They do not need the added trauma of having their counseling goal options reduced or eliminated, nor do they need counselor care criminalized. Instead, where professional ethics violation of modalities or techniques are suspected, I respectfully recommend psychological and psychiatric ethics boards to review the individual cases and complaints in each field—whether it be psychology, clinical counseling, social work, occupational therapy, or marriage and family counseling. This would be an appropriate outcome instead of trampling the self-determination rights of the minor, the licensure of compassionate therapists helping them, and the rights of parents to seek qualified and compassionate care for a child who is considering his or her options, whether they be sought through licensed professional or religiously-mediated care given by pastoral or unlicensed professionally trained counselors.

Respectfully submitted,

Anne Paulk

PO Box 22281
Milwaukie, OR 97269
(503) 927-0869
anne@restoredhopenetwork.org

ⁱ [http://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2006.00013.x/abstract?icid\[master\]=vid~6fffc709-874e-45e0-b666-29c27d706279&icid\[jil726\]=rlt~1430123059~land~2_4755_seo_3a157923e86c4cad8c9fa85af800ba28](http://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2006.00013.x/abstract?icid[master]=vid~6fffc709-874e-45e0-b666-29c27d706279&icid[jil726]=rlt~1430123059~land~2_4755_seo_3a157923e86c4cad8c9fa85af800ba28)

ⁱⁱⁱ <http://www.nsopw.gov/en-US/Education/CommonQuestions?> US Department of Justice National Sex Offender Public Website

ⁱⁱⁱ "Changing sexual orientation: A consumers' report." Shidlo, Ariel; Schroeder, Michael *Professional Psychology: Research and Practice*, Vol 33(3), Jun 2002, 249-259

^{iv} <http://www.apa.org/topics/lgbt/orientation.aspx>

^v <http://www.apa.org/topics/lgbt/orientation.aspx>

^{vi} <http://www.sexualidentityinstitute.org/archives/1079>

^{vii} "A longitudinal study of attempted religiously-mediated sexual orientation change." *Journal of Sex and Marital Therapy*, Volume 37, pages 404-427; <http://www.tandfonline.com/doi/abs/10.1080/0092623X.2011.607052#>

^{viii} Phelan, James E. MSW, Psy D. Successful Outcomes of Sexual Orientation Change Efforts (SOCE), 2014, Practical Application Publications.

^{ix} Savin-Williams, RC and Ream, GL (2007), "Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood," *Archives of Sexual Behavior*, 36, 385-394.

^x [http://www.feministvoices.com/lisa-diamond/;](http://www.feministvoices.com/lisa-diamond/)

^{xi} <https://www.youtube.com/watch?v=m2rTHDOuUBw>