

SB2615

Measure Title: RELATING TO MINORS.

Report Title: Conversion Therapy; Sexual Orientation; Minors

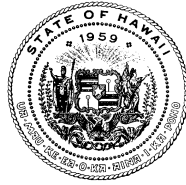
Description: Prohibits teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.

Companion: [HB1675](#)

Package: None

Current Referral: EDU/CPH, JDL

Introducer(s): KIDANI, BAKER, CHUN OAKLAND, ESPERO, HARIMOTO, NISHIHARA, RUDERMAN, Dela Cruz, Ihara, Shimabukuro, Wakai



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

Testimony in SUPPORT of SB2615
RELATING TO MINORS

SENATOR MICHELLE N. KIDANI, CHAIR
SENATE COMMITTEE ON EDUCATION

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: Friday, February 12, 2016, 12:30 p.m. Room Number: 229

1 **Fiscal Implications:** None

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

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

1 types of therapies violate current clinical practice by not protecting the client's autonomy and by
2 ignoring scientific information on sexual orientation.

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

9 **Offered Amendments:** None



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Corey Rosenlee
President
Justin Hughey
Vice President
Amy Perruso
Secretary-Treasurer
Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE COMMITTEE ON
EDUCATION and COMMITTEE ON COMMERCE, CONSUMER PROTECTION,
AND HEALTH

RE: SB 2615 - RELATING TO MINORS

FRIDAY, FEBRUARY 12, 2016

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Kidani and Committee members, and
Chair Baker and Committee members

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

Conversion therapy, often called “ex-gay” therapy, has no place in our society, and it should not be used for counseling purposed nor promoted in our schools.

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

Numerous medical, psychological, and mental health organizations have condemned conversion therapy as problematic, unscientific, and developmentally dangerous. The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009.

HSTA helped pass NEA Convention Item, NBI 86, in 2015 that states, “NEA will disseminate to educators through existing publications current information regarding the damaging effects of anti-gay “conversion/reparative therapies”. We need to protect our keiki, not harm them.



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Corey Rosenlee
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Wilbert Holck
Executive Director

Therefore the Hawaii State Teachers Association asks your committee to **support** this bill.



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

ONLINE TESTIMONY SUBMITTAL

Senate Committees on Education; Commerce, Consumer Protection, and Health; and Judiciary
Hearing on February 12, 2016 @ 12:30 P.M.
Conference Room #229

DATE: February 12, 2016

TO: Senate Committee on Education Senate Committee on Judiciary
Senator Michelle N. Kidani, Chair Senator Gilbert S.C. Keith-Agaran, Chair
Senator Breene Harimoto, Vice Chair Senator Maile S.L. Shimabukuro, Vice Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Roslyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

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

RE: Strong Opposition to SB 2615 Relating to Minors; Conversion Therapy; Sexual Orientation.

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

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

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

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

and requires counseling and/or therapeutic treatment. This we submit is a blatant infringement on parent's and children's constitutional rights to religious freedom.

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

Mahalo for the opportunity to submit our opposition.



ONLINE SUBMITTAL
Hearing on: Friday, February 12, 2016
Conference Room #229

DATE: February 10, 2016

TO: Senate Committee on EDU
Sen. Michelle Kidani, Chair
Sen. Breene Harimoto, Vice Chair

Senate Committee on CPH
Sen. Rosalyn Baker, Chair
Sen. Michelle Kidani, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to SB 2615 Relating to Minors

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

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

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

By prohibiting licensed professional counselors from treating same-sex attraction as anything but "acceptance, support, and understanding," the law unconstitutionally infringes on their freedom of religion. The term conversion therapy is so broad it could mean anything, and that is just not good public policy.

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



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

TESTIMONY FOR SENATE BILL 2615, RELATING TO MINORS

**Senate Committee on Education
Hon. Michelle N. Kidani, Chair
Hon. Breene Harimoto, Vice Chair**

**Senate Committee on Commerce, Consumer Protection, and Health
Hon. Rosalyn H. Baker, Chair
Hon. Michelle N. Kidani, Vice Chair**

**Friday, February 12, 2016, 12:30 PM
State Capitol, Conference Room 229**

Honorable Chair Kidani and committee members:

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

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

Conversion therapy involves a rejection of a child's sexual or gender identity. Minors who experience rejection based on their sexual orientation face especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported higher levels of rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with their peers. This is documented by Caitlin Ryan et al. in their article entitled “Family Rejection

as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,” (2009) 123 *Pediatrics* 346.

Numerous medical, psychological, and mental health organizations have condemned conversion therapy as problematic, unscientific, and developmentally dangerous. The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.

The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: "[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth."

The American Psychiatric Association published a position statement in March of 2000 in which it stated: "Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm. The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they

were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed. Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his or her sexual homosexual orientation."

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

The American Academy of Pediatrics in 1993 published an article in its journal, *Pediatrics*, stating: "Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

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

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

demonstrates that reparative or conversion therapies are effective, and, in fact, they may be harmful."

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

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

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

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

That said, we understand that school-based behavioral modification is often performed by behavioral health specialists and care coordinators under SBBH guidelines. While we note that teachers—of which our state definition includes counselors—should be subject to the bill's requirements to prevent against adverse interactions between educators and the students with whom they engage each day, we also feel that the protections of **this bill should be amended to cover behavior specialists, school psychologists, education officers (principals and vice principals).**

Finally, it is imperative to note that this measure in no way impacts the right of religious organizations to offer conversion counseling or “ex-gay” programs on their own grounds or under the supervision of churches. Rather, this bill merely prevents certified professionals from doing so, protecting the public from those who would misuse professional status to perpetrate medically inaccurate and psychologically unsafe practices—bullying—on our children and our shores.

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

Sincerely,
Kris Coffield
Executive Director
IMUAlliance



DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

**PRESENTATION OF THE
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE SENATE COMMITTEE ON EDUCATION

AND

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Friday, February 12, 2016
12:30 p.m.

TESTIMONY ON SENATE BILL NO. 2615, RELATING TO MINORS.

TO THE HONORABLE MICHELLE N. KIDANI, CHAIR,
TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEES:

My name is Celia Suzuki, Licensing Administrator for the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs ("Department"). The Department appreciates the opportunity to submit testimony on Senate Bill No. 2615, Relating to Minors.

The purpose of Senate Bill No. 2615 is to prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.

While the Department has no comments on the merits of the bill, the Department respectfully requests that SECTION 3 of the bill be removed from the measure.

Chapter 436B, Hawaii Revised Statutes ("HRS"), is the overall encompassing HRS chapter which applies to ALL of the professions and vocations within the Professional and Vocational Licensing Division. Chapter 436B, HRS, captures more than health care related professions, such as barbers, contractors, electricians, and plumbers, to name a few examples.

Should this bill move forward, the Department suggests that the language in SECTION 3 of the bill be placed in each of the respective chapters of the professions that are mentioned.

Thank you for the opportunity to provide comments on Senate Bill No. 2615.



Hawai'i Psychological Association

For a Healthy Hawai'i

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Testimony in SUPPORT of SB2615 Relating to Minors

COMMITTEE ON EDUCATION
Senator Michelle N. Kidani, Chair
Senator Breene Harimoto, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

Hearing Date: Fri. 2/12/16 12:30 pm Room Number: 229

The Hawaii Psychological Association strongly supports SB2615 to protect the physical and psychological wellbeing of minors against exposure to the potential harm that may be caused by Sexual Orientation Change Efforts (SOCE). In 2009, the American Psychological Association (APA) published a task force report on Appropriate Therapeutic Responses to Sexual Orientation which provided an exhaustive review of the research on SOCE. The report reviewed 83 studies and concluded that there is insufficient research evidence to demonstrate the efficacy of SOCE, and no evidence that providing SOCE therapies to children or adolescents has an impact on Adult sexual orientation.

The APA found SOCE therapies tend to do more harm than good. Not only do children and adolescents get misinformation, they also are at risk of increased self-stigma and psychological distress. Children and adolescents who participate in these types of therapies are given inaccurate scientific information regarding sexual orientation. These types of therapies often use fear based techniques and have the potential to increase stigma. Participants often report an increase in distress and depression, especially when such therapies do not work. SOCE

participants report negative consequences of SOCE therapies such as, anger, anxiety, depression, guilt, hopelessness, loss of social support, relationship problems with significant others and families, social isolation, suicidal thoughts, self-hatred, and sexual dysfunction. As such, these types of coercive therapies are contrary to current clinical and professional standards. These types of therapies violate current clinical practice by not protecting the client's autonomy and by ignoring scientific information on sexual orientation.

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

Respectfully submitted,

Lesley A. Slavin, Ph.D.

Lesley A. Slavin, Ph.D.

President, Hawaii Psychological Association (HPA)

On behalf of the Legislative Committee of HPA



National Association of Social Workers

Date: January 28, 2016

To: House Committee on Health

Chair, Representative Della Au Belatti

Vice-Chair, Representative Richard P. Creagan

The National Association of Social Workers, Hawaii Chapter (NASW) strongly supports Senate Bill 2615, relating to minors.

Introduction

California was the first state in the country to implement a law that prohibits conversion therapy and since then, several other states have begun introducing similar policies. Conversion therapy is defined as a type of therapy that aims to convert a homosexual person into a heterosexual person. Conversion therapy has been in existence since 1869 however the influx of new information has shown that this type of therapy is not only ineffective but also highly unethical. Minors who are given conversion therapy have a substantially higher rate of mental health issues as a result of the therapy including but not limited to: depression, social withdrawal and suicide.

Ethical Implications

There is always a risk for patients who obtain therapy but research has shown that those risks are exponentially higher with conversion therapy and the highest among minors given this type of therapy. In 1973, homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders as a pathology and it is now known that being homosexual is not a choice but rather simply part of one's genetic make-up. Knowing this, it becomes apparent how destructive it is to teach minors that their genetic make-up is somehow something that they can control. Supportive and accepting practices are positively correlated with healthy development among adolescents.

Legal Implications

This law does not aim to prevent consenting adults from obtaining therapy but rather protects vulnerable minors from psychological and emotional harm. According to the McGeorge Law Review, federal courts have found that a patient



National Association of Social Workers

does not have a constitutional right to obtain a particular type of treatment if the government has reasonably prohibited that type of treatment. Providing treatment is not covered under the First Amendment whereas providing advice and guidance are. This bill simply regulates conduct without eliminating the ability to discuss sexual orientation, and therefore does not violate the First Amendment protecting freedom of speech.

Conclusion

This bill will protect minors from subsequent harm as a result of conversion therapy. Current research shows that conversion therapy is both unethical and ineffective and this bill provides a legal standard that protects minors from potentially irreversible harm. Senate Bill 2615 is a necessary step in the right direction

Sonja Bigalke-Bannan, MSW, LSW

Executive Director

National Association of Social Workers, Hawai'i Chapter



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

February 10, 2016

TO: Senate Education Committee/Commerce, Consumer Protection & Health

RE: HB1675 Ban Conversion Therapy

IN SUPPORT

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

Aloha Sen. Chairs Kidani & Baker and members of the Senate Joint Committees,

Rainbow Family 808 wholeheartedly supports SB2615 to protect the minors from forcing unhealthy and cruel treatment that would enforce others' religious fear on them.

As a mother, Social Worker and founding President, I have decades of experience and training that stands on the firm belief that society needs to put the health and safety of our youth at the top of Hawaii's concerns and laws. SB2615 poses no danger to the youth and students or their families. In fact, not passing this bill would put youth at risk of personal anguish, mental turmoil and many times puts them on the road to suicide. Licensed, professionals with training would never counsel youth to change their gender orientation. The American Psychological Association bases this statement on the 2009 Report on the dangers of Conversion Therapy.

SB2615 is a Humanitarian Measure that needs to become law immediately to help bring justice and humanity to the forefront of our youth.

Mahalo nui loa,¹

Carolyn Martinez Golojuch, MSW

Founding President

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

TESTIMONY IN SUPPORT OF
SB 2615 – RELATING TO MINORS

by

Shaun Campbell and Joyce Charles, Honolulu Council of MoveOn.org

Senate Committee on Education
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 12, 2016, 12:30 p.m., Conference Room 229

Dear Chairs Kidani and Baker, Vice-Chair Harimoto, and Members of the Committees:

The Honolulu Council of MoveOn.org strongly supports S.B. 2615. We defer to the fields of medicine, science, and law within the U.S., specifically the American Medical Association, American Psychiatric Association, the American Association for Marriage and Family Therapy, the American Counseling Association, the National Association of Social Workers, the American Academy of Pediatrics, the National Association of School Psychologists, and the American Academy of Physician Assistants, as well the U.S. Ninth Circuit Court of Appeals that find it not only impossible, but also deeply unethical, and, in instances, mentally and physically torturous to try to change sexual orientations of individuals from homosexual to heterosexual.

We oppose pseudo-scientific “reparative” and “conversion therapies”, so called, which have been developed and claim to change, alter, or diminish intensity of an individual’s sexual orientation. We find application of such strategies to minors potentially deleterious and deeply disturbing during such vulnerable periods of youth. Indeed, no one should be forced to change their sexual orientation against their will, including children who are coerced by their parents. We call on this State to support the self-determination of all individuals, and to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making.

California, New Jersey, Illinois, Oregon, and the District of Columbia have all recently banned conversion therapy on minors. Last year, in a landmark ruling against JONAH, a Jewish, gay-conversion therapy group, the New Jersey Superior Court decided that advertising “conversion

therapy” services on the basis of a false description of homosexuality as being abnormal or a mental disorder and promising to change the sexual orientation of their clients amounted to consumer fraud and unconscionable business practices. These misrepresentations were found to violate the New Jersey Consumer Fraud Act.

Noting that there are no free speech or religious rights to engaging in consumer fraud, we additionally ask for any “conversion therapies” and all advertising that purports to alter one’s sexual orientation or gender identity to constitute and be classified as false advertising and fraud.

In view of the foregoing, we STRONGLY SUPPORT SB 2615. End conversion therapy now. Thank you for the opportunity to provide testimony.

Sincerely,

Shaun Campbell and Joyce Charles,

Co-Organizers
Honolulu Council of MoveOn.org
Honolulu, Hawaii
MoveOnHonolulu@gmail.com

February 9, 2016

COMMITTEE ON EDUCATION

Senator Michelle N. Kidani, Chair
Senator Breene Harimoto, Vice Chair
Senator Suzanne Chun Oakland
Senator Donovan M. Dela Cruz
Senator Gil Riviere
Senator Sam Slom

COMMITTEE ON COMMERCE, CONSUMER
PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair
Senator Will Espero
Senator Les Ihara Jr.
Senator Clarence K. Nishihara
Senator Russell E. Ruderman
Senator Sam Slom

NOTICE OF HEARING

DATE: Friday, February 12, 2016
TIME: 12:30pm
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

**RE: TESTIMONY IN SUPPORT OF SB2615
RELATING TO MINORS**

Dear Committee on Education and Committee on Commerce, Consumer Protection, and Health:

The Pacific Alliance to Stop Slavery is in strong support of SB2615 and kindly urge you to pass this protective measure to ensure the health and well-being of Hawaii's LGBTQ youth. Often times, these children do not receive support from their families or churches who unjustifiably condemn them for their sexuality. Conversion Therapy is cruel and *ineffective*. In reality, Conversion Therapy only infuses child abuse within the psychological profession by forcing an LGBTQ-identified child to conform to heterosexuality, resulting in serious harm to the child.

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

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

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

It is our priority, as a community, to ensure the protection, safety, and equal rights of all our people. Please review the statistics regarding LGBTQ youth attached to this testimony and pass this bill to protect our keiki. These statistics are attributable to the familial abuse youth suffer from parents who reject their childrens' sexual identities.

Sincerely,

Kathryn Xian
Executive Director
Pacific Alliance to Stop Slavery

Encl: statistical diagram

Healing Our Community by Recognizing Religious Homophobia



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

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

8x more likely to **ATTEMPT SUICIDE**

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

.....
Among LGBT YOUTH,

90% were **HARASSED** or **ASSAULTED**, ^[2] and

over **30%** **ATTEMPTED SUICIDE**. ^[3]

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

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

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

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

Sources Cited

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



February 9, 2016

Senate's Committees on Education as well as Commerce, Consumer Protection & Health
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, HI 96813

Hearing: Friday, February 12, 2016 – 12:30 p.m.

RE: **STRONG SUPPORT for Senate Bill 2615** – RELATING TO MINORS

Aloha Chairperson Kidani & Baker, Vice Chair Harimoto & Kidani and fellow committee members,

I am writing in STRONG SUPPORT for Senate Bill 2615 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. SB 2615 will prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.

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

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

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

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

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

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

Mahalo nui loa,

Michael Golojuch, Jr.
Chair

What Are Some Examples of Conversion Therapy?

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

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

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

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



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



Submitted: Online
Hearing on: Friday, 02/12/16
Conference Room: 229

DATE: February 11, 2016
TO: Senate Committee on EDU
Sen. Michelle Kidani, Chair
Sen. Breene Harimoto, Vice Chair
From: Walter Yoshimitsu, Executive Director
Re: Opposition to SB 2615 Relating to Minors
Senate Committee on CPH
Sen. Rosalyn Baker, Chair
Sen. Michelle Kidani, Vice Chair

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

We oppose this bill because it bans reparative therapy for minors, even if the minor themselves or the parents want the therapy. That is awfully invasive on the part of the legislature, which has no competence in this area. The wording in SB 2615 offers no exemption for clergy, religious or spiritual counselors who are licensed by the state, which we find problematic and a violation of religious freedom.

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

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

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

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

Mahalo for the opportunity to testify.

HAWAII CATHOLIC CONFERENCE

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

6301 Pali Highway, Kaneohe, Hawaii 96744-5224 Phone: (808) 203.6735 | www.catholicahawaii.org hcc@rcchawaii.org

From: mailinglist@capitol.hawaii.gov
To: [EDU Testimony](#)
Cc: CCRCAHAWAII@gmail.com
Subject: Submitted testimony for SB2615 on Feb 12, 2016 12:30PM
Date: Thursday, February 11, 2016 12:00:22 PM

SB2615

Submitted on: 2/11/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
CCRCA	Christian Counseling & Research Centers of America	Oppose	Yes

Comments: SUBMITTED INTO TESTIMONY Hawaii's Senate Bill SB2615: Today, 2-11-16, 11:30 a.m. Gay Conversion Therapies or Conversion EFFORTS ? ! Hawaii's Senate Bill SB2615 and House Bill HB1675 are Greatly Flawed: Bills brought to you (Introduced) by your State Senators: KIDANI, BAKER, CHUN OAKLAND, ESPERO, HARIMOTO, NISHIHARA, RUDERMAN, Dela Cruz, Ihara, Shimabukuro, Wakai. and, Representatives: BELATTI, CREAGAN, ING, C. LEE, LOPRESTI, LOWEN, SAIKI, TAKUMI, respectively. Scientific Opposition to Hawaii's House Bill HB1675, presented on 2-10-16, morning to House Committee on Health. [Submitted Testimony: 2-9-16, 9:50 a.m] Whereas the content of Hawaii's House Bill 1675 and Senate Bill 2615 restrict EFFORTS made by Hawaii's Teachers, and Licensed Professionals to Change Sexual Orientation vice any established and/or definable treatments, with the consequences of "disciplinary actions" against OUR Teachers and other Professions, having broad scope, is a DANGEROUS Precept. SIGNIFICANTLY ABSENT is ANY OBLIGATION to provide ANY References to the Psychological Studies, and "other studies". alluded to in these bills ! Deception Does Not Rule in Hawaii. > Is this more Legislative Smoke and Mirrors ?! We will NOT BE flimflammed ! ON THE CONTRARY, Scientists and Aericans for ETHICS in Science DEMAND The Following from our Education System: 1. Under the Food and Drug Administration rules, men who have had sex -- even ONCE -- with another man since 1977 are not permitted to give blood. The rule was implemented in 1983, sparked by concerns that HIV, the virus that causes AIDS, was tainting the blood supply. Screening tests to identify HIV-positive blood had not been developed. The policy was seen as a safety measure.* Source: * Medical Community's Epidemiology Statistics: [Retrieved from: [http://www.cnn.com/2010/HEALTH/05/25/gay.blood.donation.ban/index.html?](http://www.cnn.com/2010/HEALTH/05/25/gay.blood.donation.ban/index.html?iref=allse) arch] The "Prevalence of HIV in the community of men having sex with men, since 1978, is 60 TiMES HIGHER than in the General Population. * * 800 Times Higher than first-time blood donors. * * 8000 Times Higher than repeat blood donors." One study in the United Kingdom, showed that if the U.S. goes to a one (1) year deferral there will be a 60 % increase of HIV in the Blood Supply. No deferral, whatsoever, "it will be a 500 % increase of HIV in the Blood Supply.", Dr. Brooks,

Professor of Pathology at the University of Texas Health Science Center in San Antonio. 2. The OPTIMUM CHILD REARING MODEL: * Decades of Research: Shows that children need both a MOTHER AND a FATHER in order to grow into emotionally mature adults. In his paper, Dr. Byrd summarized the Research Results: Dr. A. Dean Byrd, "Gender Complementarity and Child-Rearing: Where Tradition and Science Agree", Geneva, Switzerland (August 23-25, 2004). Retrieved from: <http://www.narth.com/docs/needboth.html> 3. Fact: Sperm Donor Children DO NOT fair as well As Even Adoptive Children ! * 'My Daddy's Name is Donor', is a Pathbreaking Study of Young Adults Conceived Through Sperm Donation. The study's 15 Findings: Termed the black hole syndrome, Young adults conceived through sperm donation (or —donor offspringll) experience profound struggles with their origins and identities. [Retrieved from: http://www.familyscholars.org/assets/Donor_15findings.pdf] Elizabeth Marquardt, Norval D. Glenn, and Karen Clark, co- investigators Retrieved from: 4. We Demand the recently published CDC Guidelines for National Department of Education sex education be the standards in National and Hawaii's schools. The CDC's Goals look healthy at the outset, published as follows: CDC offers new guidelines for sex education in school. Source: <http://www.oneidadispatch.com/lifestyle/20160127/cdc-offers-new-guidelines-for-sex-education-in-schools> By: The Associated Press Wednesday, Jan. 27, 2016 - 6:53 a.m. Justin Pace reads along with classmates during a ninth-grade Teen Talk High School class at Carlmont High School in Belmont, Calif. Sex education in some American high schools is evolving beyond pregnancy and disease prevention to include lessons aimed at curbing sexual assaults. The federal Centers for Disease Control has identified 16 topics which it says should be included in sex education classes offered to high school students in the U.S. Fewer than half of high schools and only a fifth of middle schools teach all 16. - Benefits of being sexually abstinent. - How to access valid and reliable health information, products and services related to HIV, other sexually transmitted diseases, and pregnancy. - Influences of family, peers, media, technology and other factors on sexual risk behavior. - Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy. - Goal-setting and decision-making skills related to eliminating or reducing risks. - Influencing and supporting others to avoid or reduce sexual risk behaviors. - Importance of using condoms consistently and correctly. - Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy. [* IMPORTANT: Notice the omission of the use of condoms for the prevention of HIV. We seek emphasis on this as well.] - How to create and sustain healthy and respectful relationships. - Importance of limiting the number of sexual partners. - Preventive care that is necessary to maintain reproductive and sexual health. - How HIV and other STDs are transmitted. - Health consequences of HIV, other STDs, and pregnancy. - Effectiveness of condoms. - How to obtain condoms. - How to correctly use a condom. * Gay Conversion Therapies, do they work ? Are they legitimate Therapies practiced by Licensed Professionals ? 5. And, isn't this a mute issue as the U.S. Judiciary has called Gender Identification a Civil Right - right ? ! How can anyone Convert something that, hey, "you are born this way" - I mean it's written in stone isn't it ? ... NOT on our watch ! 'Gay "Marriage" is NOT a Civil Rights Issue, as there is NO BIOLOGICAL Marker that makes anyone Homosexual.' Our Concerns stem from the following: I. Homosexuality, and gender identity ARE NOT Civil Rights

Issues, as LEGISLATED by five U.S. Supreme Court Justices, [* Did you become HIV positive resulting from the influences of normalizing homosexual "marriage" by the U.S. Supreme Court ? Join Our Facebook Blog Class Action Claim and efforts toward possible Judicial Impeachment, against the U.S. Supreme Court Justices, President Obama, Former Secretary of State, and/or Mrs. Clinton and against any other political or role-model, for damages, for not notifying you of the repercussions of having man-on-man sex ONE (1) time, since 1978, is 60 times more likely to have HIV in the blood than the General Population ... We are looking at going after their personal purses.] and activist groups, and relentless media propaganda, which we refer to as " Oprah Winphery- ism" [Regretfully, Oprah Winphery Lady Gaga are not, perhaps trained Researchers ...) Scientific Fact provides: Fact: There is No Scientific Evidence for Homosexuality. So you were Born Homosexual ? How did your Doctor determine this ? Prove it. The homosexual community, researchers, scientists have failed to produce any scientifically definable variable (Marker), Biological, or otherwise, that makes a person homosexual. Human DNA identifies individuals as having African, Hawaiian, Irish, Korean, etc. origin. There is no definable variable for homosexuality. How can you discriminate against something you can not define ? * In fact, all but two (2), of our Gay and Lesbian friends have gone straight ! Facts from The Experts: * And, believe us when we say the experts would be toting any scientific finding of a biological marker for homosexuality, if one existed ! ... Dr. Dean H. Hamer's testimony, as lobbied, and his Peer-reviews, and his own documented studies do NOT substantiate his claims, while giving testimony, that he has detected genetic ties to homosexuality. In Fact, Dr. Dean H. Hamer Studied the effects of Women's Vagina fluids on Preventing HIV, and has admitted to ENVIRONMENTAL INFLUENCES and Homosexuality. Background: Dr. Dean H. Hamer, PHD from Harvard Medical School, and Genetics Researcher gave testimony at the Hawaii State Legislators' Same-sex "Marriage" Debacle. His testimony was that he had discovered positive findings reflecting a Homosexual Gene Discovery ! However, here is the truth about his findings, that His Peer-reviews do not substantiate his testimonial claims: Source:http://en.wikipedia.org/wiki/Dean_Hamer [* Important: It is not Our habit to publish excerpts from "Wikipedia", as entries are subject to non-expert edits, however, the Harvard Medical School PHD, Mr. Hamer, would have provided scholarly correction, if any were warranted in this case.] Human Behavior Genetics: In the 1990s Hamer began studies of the role of genes in human behavior. In 1993 he published a paper suggesting the existence of genes [Source: <http://en.wikipedia.org/wiki/Gene>] that influence homosexuality in males, and presented evidence that suggested one of these genes may be associated with the Xq28 [Source: <http://en.wikipedia.org/wiki/Xq28>] marker on the X chromosome [Source:http://en.wikipedia.org/wiki/X_chromosome [1], http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-pmid8332896-1] This finding was replicated in one other study in the United States that contained four subjects (identical twins) from two families. A study in Canada found contrary results; meta-analysis indicated Xq28 has a role but not exclusive effect. [2] [Sources:http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-pmid7581447-2 [3]http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-pmid10213693-3 [4]http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-4] * The results of Hamer's study are often misunderstood. *. Many believe that the study found an identical sequence (Xq28) on the X chromosome of all homosexual brothers in the study. In

reality, what it found was matching sequences in each set of brothers who were both homosexual. Research associate at the Albert Einstein College of Medicine, Dr. William Byne, M.D., Ph.D. stated in an interview with the AMCAP journal, "until Dean Hamer's recent linkage analysis studies, the genetic evidence consisted only of reports that homosexuality tends to run in families and that identical twins are more likely to share the same sexual orientation than are fraternal twins. Such studies are ABSOLUTELY USELESS in distinguishing between biological and environmental influences because related individuals share environmental variables as well as genes." [5] [Source:http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-5] "In order to prove anything by this study, Hamer would have had to examine the Xq28 sequence of homosexual men's heterosexual brothers. Hamer insisted that such an inclusion would have confounded his study. Byne responds: "In other words, inclusion of heterosexual brothers might have revealed that something other than genes is responsible for sexual orientation." [6] [Source:http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-6] In a later interview, Hamer said, "Homosexuality is not purely genetic. ... Environmental factors play a role. There is not a single master gene that makes people gay. ...I don't think we will ever be able to predict who will be gay." [7] [Source:http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-7] Subsequently, several additional linked regions on other chromosomes have been described but nothing conclusive has been found.[8] [Source:http://en.wikipedia.org/wiki/Dean_Hamer#cite_note-pmid15645181-8] The National CDC numbers for pre-teen HIV has hit record spikes in recent years, perhaps due to media influences for Gay sex ... Finally, we are incorporating the www.MassResistance.org booklet, entitled, "What Same-Sex "Marriage" Has Done To Massachusetts" ~ link to right of page has a .pdf download link.

~~~~~ \* And this isn't even half of the arguments found in our book: "Are You Smarter Than A U.S. Supreme Court Justice ? ~ You Can Be ! Scientific Opposition To Normalizing Gay "Marriage"". Excerpts are available FREE to the Public on our pages: Christian Counseling and Research Centers of America ( Facebook & assessable to the World ! ) Prayer America ( Facebook & assessable to the World : ) ) Our Anti-bullying Policy: We, as most sound minded people do, oppose bullying, but uphold freedom of speech and the FREEDOM to present the truth in science, and the truth of personal convictions. This is not a Communist Country where opposing views can and should be expressed, and if someone is so offended that some oppose their views, well get over it ~ Background: Our Keiki have the right to get help, too? Four states and the District of Columbia say they don't. They've banned "conversion therapy" or other Sexual Orientation Change Effort (SOCE) therapies. Now, some Legislators want Hawai'i to be the 5th state to deny therapy equality to keiki and parents who have unwanted sexual attractions. HB1675 Relating to Minors, prohibits teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change EFFORTS on students and persons UNDER 18 years of ages. Why is that bad? - Parents will be denied the right to seek a counselor for their children that aligns with their family values and spiritual beliefs on sexuality. - Research suggests that sexual orientation, especially in adolescence, is fluid and subject to change. Our keiki has the right to the best therapy possible. Because, The TRUTH Remains, and unbiased research points to the Truth. TM Respectfully brought to you by The Christian



Counseling and Research Centers of America, Scientists and Americans for Ethics in Science, and HIResistance.org

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**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [EDU Testimony](#)  
**Cc:** [metroben@me.com](mailto:metroben@me.com)  
**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Tuesday, February 09, 2016 8:48:08 PM

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**SB2615**

Submitted on: 2/9/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

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

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

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**Braddoc DeCaires**  
1131 Kupau Street  
Kailua, HI 96734-3643

February 9, 2016

Senator Michelle N. Kidani, Chair  
Hawaii State Legislature  
28<sup>th</sup> Legislature, 2016  
State of Hawai'i

Aloha Senator Michelle N. Kidani,

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

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

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

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

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

[Page 1 of 2]

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

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

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

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

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

I support SB 2615 and I hope you do, too.

Mahalo for your time,

Braddoc DeCaires

cc: SEN. KIDANI, SEN. BAKER, SEN. CHUN OAKLAND, SEN. ESPERO, SEN. HARIMOTO, SEN. NISHIHARA, SEN. RUDERMAN, SEN. DELA CRUZ, SEN. IHARA, SEN. SHIMABUKURO, SEN. WAKAI

[Page 2 of 2]

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [EDU Testimony](#)  
**Cc:** [carl@votecampagna.com](mailto:carl@votecampagna.com)  
**Subject:** \*Submitted testimony for SB2615 on Feb 12, 2016 12:30PM\*  
**Date:** Wednesday, February 10, 2016 10:54:35 PM

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**SB2615**

Submitted on: 2/10/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By  | Organization | Testifier<br>Position | Present at<br>Hearing |
|---------------|--------------|-----------------------|-----------------------|
| Carl Campagna | Individual   | Support               | No                    |

Comments:

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

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Date: February 11, 2016

To: **Senate Committee on Education & Senate Committee on Commerce,  
Consumer Protection and Health**

Chair, Michelle N. Kidani

Vice-Chair, Breene Harimoto

**I am writing in strong support of Senate Bill 2615, relating to minors.**

It continuously saddens me as a Christian when I hear about certain practices that remain legal despite tremendous data expressing how dangerous they are to the populations that they serve. I found it very disappointing to learn that conversion therapy was still being used in the state of Hawaii because of the overwhelming knowledge we now possess on its damaging effects on minors.

According to my Christian and social work principles, any act that causes serious psychological harm to children is something that we as a society should **adamantly oppose**. I am hopeful that after reading this blog post, my fellow Christians will begin to shift their thinking around the topic of conversion therapy and that my fellow social workers will submit testimony in support of a ban on this archaic type of therapy on vulnerable children.

For those who do not know what conversion therapy is, conversion therapy is a type of therapy that aims to convert homosexual individuals into heterosexual individuals. This type of therapy stems from the belief that homosexuality is not only a sin but a choice, that people have control over. Christians who support conversion therapy believe that because in the Bible it states that homosexuality is something that can be “changed” or “fixed”, a notion that we now know to be fundamentally incorrect.

Conversion therapy has been in existence since 1869 however the influx of new information has shown that this type of therapy is not only ineffective but also highly unethical. Minors who are given conversion therapy have a substantially higher rate of mental health issues as a result of the therapy, which include depression, social withdrawal and suicide. I can’t imagine someone telling me that the way I am as a human being is wrong. It is no surprise that these types of practices lead to self-hatred and severe insecurities.

The Bible is a book that I read almost every day and from it I look for messages from Jesus on acceptance, love and forgiveness. It is a beautiful book written during a much different period than we live in today, and because of this, in order to understand the Bible, it must be looked at contextually.

In today’s society, most of us (hopefully) acknowledge that women are equal to men but historically many men opposed women’s right to vote because of the

belief that it went against their religious beliefs. In my opinion, when the Bible was written, some of Jesus' loving teachings were overpowered by the incorporation of the values of men during that time. Slavery, subservient women and homosexuality were all things that during that time period were the "norm".

***Biblical literature became a tool that legitimated and furthered the priests' political and religious authority. (Schneidwind, 2008).***

With all of that being said, every parent should undeniably have the freedom and ability to raise their children how they see fit, so long that it does not cause their children to suffer from any psychological, physical, emotional or other harm. *Talking* to your children regarding whatever principles and values that are important to you, is much different from engaging in *practices or therapies that harm your child*.

According to a 2009 report of the American Psychological Association, the techniques therapists have used in conversion therapy include but are not limited to: "inducing nausea, vomiting, or paralysis while showing the patient homoerotic images; providing electric shocks; having the individual snap an elastic band around the wrist when aroused by same-sex erotic images or thoughts; using shame to create aversion to same-sex attractions; orgasmic reconditioning; and satiation therapy".

Many religious organizations who support conversion therapy claim that they only help people who want to live their lives in accordance with their religious beliefs, and that they only offer their programs for people who want to change. However, many participants in these programs are youth (minors) who are not in the program by choice but are forced into such programs by parents or religious authorities.

From a legal perspective, the law requesting to ban conversion therapy does not aim to prevent consenting adults from obtaining therapy but rather protects vulnerable minors from psychological and emotional harm. According to the McGeorge Law Review, federal courts have found that a patient does not have a constitutional right to obtain a particular type of treatment if the government has reasonably prohibited that type of treatment.

Providing treatment is not covered under the First Amendment whereas providing advice and guidance are. The bill to ban conversion therapy simply **regulates** conduct without eliminating the ability to discuss sexual orientation, and therefore does not violate the First Amendment protecting freedom of speech.

Current research shows that conversion therapy is both unethical and ineffective and it is my hope that Christians will begin to advocate for the protection of children as opposed to exposing them to irreversible harm. If you are in support of protecting children as well as supporting a bill that does not infringe on individuals' rights, please vote in support of **Senate Bill 2615**.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [EDU Testimony](#)  
**Cc:** [ggraulty@yahoo.com](mailto:ggraulty@yahoo.com)  
**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Thursday, February 11, 2016 12:38:12 PM

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**SB2615**

Submitted on: 2/11/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By    | Organization | Testifier Position | Present at Hearing |
|-----------------|--------------|--------------------|--------------------|
| Charlene Gaulty | Individual   | Support            | No                 |

Comments: I STRONGLY SUPPORT this bill. This therapy is discriminatory and inhumane. Thank you.

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

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**Testimony on S.B. 2615, Regarding Sexual Orientation Change**  
**Dean Hamer, PhD**  
**Scientist Emeritus, National Institutes of Health**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dean Hamer, PhD

Haleiwa, HI

February 11, 2016

Re: Testimony in support of SB 2615 Relating to Minors (Ban on Conversion Therapy for LGBT Youth)

Aloha Chair, Vice Chair and members of the House Education Committee:

I am writing in **strong support of SB 2615** for banning conversion therapy in Hawai'i.

In Hawai'i, the rights of gay, lesbian, bisexual, and transgender people have been recognized with the passage of non-discrimination bills for employment and public accommodations, as well as the recent passage of the marriage equality bill. The American Psychological Association has removed homosexuality from its list of mental illnesses and considers heterosexuality and homosexuality as normal expressions of sexuality. The American Psychiatric Association, in a statement from 2000, states that conversion or "reparative" therapy to change one's sexual orientation can cause further psychological harm to youth, leading to depression, self-destructive behavior since a therapists alignment with the societal prejudices against homosexuality would reinforce self-hatred already experienced by the patient.

I am a gay Catholic man in a committed relationship for over 25 years. I am president of Dignity Honolulu, an organization for lesbian, gay, bisexual and transgender Catholics. I am glad that my family and friends support me and that I was not subjected to conversion or reparative therapy. Organizations such as Exodus and other "ex-gay" ministries have not been successful in changing the sexual orientation of the people participating in their programs, and have actually caused more psychological harm instead. Hawai'i should follow the lead of 5 other U.S. states, and support the ban of this type of "therapy".

**Again, I urge you to support SB 2615 banning conversion therapy for LGBT youth in Hawai'i.**

Respectfully,

Gene Corpuz  
1139 9th Ave., #1602  
Honolulu, HI, 96816  
GCorpuz15@aol.com  
808-779-1965

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [EDU Testimony](#)  
**Cc:** [hrhsf@me.com](mailto:hrhsf@me.com)  
**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Wednesday, February 10, 2016 8:05:02 PM

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**SB2615**

Submitted on: 2/10/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By                               | Organization | Testifier Position | Present at Hearing |
|--------------------------------------------|--------------|--------------------|--------------------|
| Minister, Hector Hoyos<br>(aka) SisterFace | Individual   | Support            | No                 |

Comments: Comments: I as a LGBT community member and gay Minister & advocate denounce loudly! Any public person enthralling there will on a youth to direct, change there natural path to becoming an adult, no matter be it LGBT, Straight or Alien from another universe. I know personally all to well what harsh therapy can do to a growing child, I was one. My parents fought loudly themselves when they had friends when I was younger trying to change, mold there children into versions of them & many turned out not well, not good stories, bad ending's. I have many many friends, peers, and victims that I myself have consulted helped guide & let know... There is nothing wrong with you, you are who you are & know one can direct or change that what is your inner natural self & being. We may not be able to help youth in there homes behind closed doors with there un educated bigoted parents, relatives but we can prevent it from happening in our public schools and state institutions. I loudly say NO to any type of conversion therapy, Aloha

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

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Feb 10,2016

To : Committee on Education

Committee on Commerce, Consumer Protection and Health

Re : SB2615 Banning Conversion Therapy for Minors

I submit my testimony in strong support of SB2615 Banning Conversion Therapy for Minors

We don't allow physical child abuse to take place in our state so why should we allow the mental abuse and torture of a minor child at the hands of their parent or guardian. There is no path to justify this practice. It is not a medical disorder, a religious freedom argument doesn't work because being religious does not afford someone the right to abuse another human being.

How can you claim to psychologically treat something that is not considered a mental disorder by the medical community as a whole?

All of the nation's leading professional medical and mental health associations have rejected conversion therapy as unnecessary, ineffective, and dangerous. These groups have cautioned that the practices do not work and have warned patients that they may be harmful. For example, 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 and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth."

The American Psychiatric Association "opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation."

Conversion therapy doesn't solve any of these issues for our LGBT youth, it only intensifies it. You can go on line and see the endless links to articles of children that have committed suicide as a result of conversion therapy

I urge you to read the attachment titled "Organizational Positions on Reparative Therapy" where you can read the positions taken by 14 professional medical organizations and associations all disclaiming Conversion or Reparative Therapy.

Please vote with your conscious and protect our children, even if it is from the hands of their own parents and loved ones.

Mahalo Nui Loa,

James Vivian Mateo

Ewa Beach, HI 96706

## Organizational Positions on Reparative Therapy

### **American Academy of Child Adolescent Psychiatry**

"Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated." *Practice Parameter on Gay, Lesbian, or Bisexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents.*

### **American Academy of Pediatrics**

"Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality and might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation." *Homosexuality and Adolescence, Pediatrics.*

### **American Association for Marriage and Family Therapy**

"[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available." *AAMFT Position on Couples and Families.*

### **American College of Physicians**

"The College opposes the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBT persons."

*Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*

### **American Counseling Association**

"The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution

specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement 'opposing the promotion of reparative therapy as a cure for individuals who are homosexual.' . . .

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA's position and the Ethics Committee's statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics." *Ethical Issues Related to Conversion or Reparative Therapy*.

### **American Medical Association**

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

### **American Psychiatric Association**

"Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of "cures" are counterbalanced by anecdotal claims of psychological harm. In the last four decades, "reparative" therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm.

The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

Therefore, the American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual homosexual orientation." *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)*.

### **American Psychoanalytic Association**

"As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to 'convert,' "repair," change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological

pain by reinforcing damaging internalized attitudes.” *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression.*

### **American Psychological Association**

"THEREFORE, BE IT RESOLVED, That the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

BE IT FURTHER RESOLVED, That the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation..." *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts.*

### **American School Counselor Association**

"Lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth often begin to experience self-identification during their pre-adolescent or adolescent years, as do heterosexual youth. These developmental processes are essential cognitive, emotional and social activities, and although they may have an impact on student development and achievement, they are not a sign of illness, mental disorder or emotional problems nor do they necessarily signify sexual activity.

The professional school counselor works with all students through the stages of identity development and understands this development may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being." *The Professional School Counselor and LGBTQ Youth.*

### **American School Health Association**

"[T]he American School Health Association . . . expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research . . . [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by . . . insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience." *Quality Comprehensive Sexuality Education.*

### **National Association of Social Workers**

"People seek mental health services for many reasons. Accordingly, it is fair to assert that lesbians and gay men seek therapy for the same reasons that heterosexual people do. However, the increase in media campaigns, often coupled with coercive messages from family and community members, has



created an environment in which lesbians and gay men often are pressured to seek reparative or conversion therapies, which cannot and will not change sexual orientation. Aligned with the American Psychological Association's (1997) position, NCLGB [NASW's National Committee on Lesbian and Gay Issues] believes that such treatment potentially can lead to severe emotional damage. Specifically, transformational ministries are fueled by stigmatization of lesbians and gay men, which in turn produces the social climate that pressures some people to seek change in sexual orientation. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful." *Position Statement, "Reparative" and "Conversion" Therapies.*

**Pan American Health Organization (PAHO): Regional Office of the World Health Organization**

Services that purport to "cure" people with non-heterosexual sexual orientation lack medical justification and represent a serious threat to the health and well-being of affected people, the Pan American Health Organization (PAHO) said in a position statement launched on 17 May, 2012, the International Day against Homophobia. The statement calls on governments, academic institutions, professional associations and the media to expose these practices and to promote respect for diversity. *Statement, "Therapies" to change sexual orientation lack medical justification and threaten health.*

**Just the Facts Coalition** (American Academy 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)

"The most important fact about 'reparative therapy,' also sometimes known as 'conversion' therapy, is that it is based on an understanding of homosexuality that has been rejected by all the major health and mental health professions. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 477,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus there is no need for a 'cure.'" *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel.*

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [EDU Testimony](#)  
**Cc:** [jmadamsesq@gmail.com](mailto:jmadamsesq@gmail.com)  
**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Thursday, February 11, 2016 4:22:53 AM

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**SB2615**

Submitted on: 2/11/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By   | Organization | Testifier Position | Present at Hearing |
|----------------|--------------|--------------------|--------------------|
| Jo-Ann M Adams | Individual   | Support            | No                 |

Comments: Conversion Therapy has been shown to be ineffective and harmful. It is currently banned in four states and Washington, D.C. This bill protects minor children from being subjected to this quackery. Please pass this bill and allow the children of Hawaii the opportunity to grow to adulthood without the threat that they will shipped off to a hostile environment in a futile attempt to change their sexual orientation.

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

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To the Senate Committees on Education and Commerce, Consumer Protection and Health:

I write in STRONG SUPPORT of SB2615 and the proposal “to prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age.”

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

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

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

The legislature should also be aware of, and counter, the **malicious misinformation being circulated by Hawaii Family Advocates** in opposition to this bill. In an Action Alert HFA issued to prompt testimony from its followers on the House version (HB1675), it misrepresented the work of a prominent research scientist to support its claims that: *“Research suggests that sexual orientation, especially in adolescence, is fluid and subject to change.”*

When pointed out to **Cornell University Professor Ritch Savin-Williams**, he responded:

***“It baffles me how my research is twisted. I strongly condemn conversion therapy in many of my writings as one of the most severe detriments to young gay lives.”***

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

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

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

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

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

**Joe Wilson**

Haleiwa, HI 96712

Senate District 23

To: EDU/CPH

**Re: Support of SB2615, Relating to Conversion Therapy**

Date: Friday, February 12, 2016

Time: 12:30 PM

Place: Room 229

Dear Chairs Baker, Kidani and respective Committee Members:

My name is Joel Tapler. I am currently completing my final semester of graduate studies in social work at the University of Hawaii at Manoa. I have also served as a behavioral health crisis worker on the island of Maui for the past seven years, providing contracted services for both AMHD and CAMHD through State's Crisis Line.

I independently submit this testimony in support of SB2615, which would prohibit teachers and persons who are licensed to provide professional counseling from engaging in or advertising sexual orientation change efforts (SOCE) on students and persons under the age of eighteen.

I am supporting SB2615 for the following reasons:

- Neither the State nor I recognize LGBTQ as a disorder, disease or illness warranting such treatments.
- The American Psychological Association concluded in 2009 that there is no evidence to suggest that such therapies actually result in their intended outcome. More evidence exists to support negative consequences of such therapies.
- This bill does not hinder individual pursuit SOCE treatment if it is desired, nor does it prevent a licensed professional from providing or referring to such treatments if they choose to do so.

It is the unfortunate reality of my occupation that I am a regular witness to the negative consequences stemming from societal and familial rejection due to one's sexuality. All too often this leads to suicidal behaviors, acts, and other serious mental health issues. While I would likely support an outright ban of all SOCE practices, I will support any adult's right to pursue them if they choose to do so. I support SB2615 because it protects children and adolescents from unproven, potentially traumatic conversion therapies while, hopefully, contributing to a more accepting and supportive Hawaii.

Thank you for taking the time to consider my testimony.

Sincerely,  
Joel Tapler  
Senate District 5, Kahului  
Email: jtapler@hawaii.edu

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
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**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Thursday, February 11, 2016 4:00:28 PM

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**SB2615**

Submitted on: 2/11/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By   | Organization | Testifier Position | Present at Hearing |
|----------------|--------------|--------------------|--------------------|
| Joseph O'Brien | Individual   | Support            | No                 |

Comments: This alleged "therapy is a fraud. All of the major accredited health and psychiatric organizations in our country, such as the American Medical Association and legitimate Psychiatric organizations, have opposed this type of therapy as a wasteful, expensive effort at trying to change something that is almost always unchangeable, even with many years of exhaustive psychotherapy. This therapy can damage a child's physical and psychological health and well being. It raises false hope that a change of sexual orientation can be achieved through psychiatry, even when the overwhelming opinion in the scientific community is that this rarely, if ever, truly happens. Please stop this consumer fraud.

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

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**Joshua Kay**

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

**Testimony in STRONG SUPPORT of SB 2615**

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

**You can't pray the gay away!**

Sincerely,  
Joshua Kay

Katherine T. Kupukaa  
Mililani Town. HI 96789

COMMITTEE ON EDUCATION  
Senator Michelle N. Kidani, Chair  
Senator Breene Harimoto, Vice Chair

COMMITTEE ON COMMERCE .CONSUMER PROTECTION AND HEALTH  
Senator Rosalyn H. Baker, Chair  
Senator Michelle N. Kidani . Vice Chair

DATE: February 12, 2016  
TIME: 12:30 PM  
PLACE: Conference Room 229  
State Capitol  
415 South Beretania Street

RE: OPPOSE SB2615, RELATING TO MINORS

I oppose passing of SB 2615 because parents know and understand their children best, what is appropriate regarding receiving services from professional licensed counselor, social worker, psychologist, or pastors in keeping with their spiritual beliefs and family values and this bill would prohibit this. While their practices, principles and beliefs based upon finding that being transgender, bisexual, lesbian, or being gay is a sin, disorder and/or immoral and requires counseling and/or therapeutic treatment. This bill also infringes upon a parental's rights and responsibilities in raising their children without governments interference. I urge you not to pass this bill.

Thank you for allowing me to voice my concern.

Senator Michelle N. Kidani, Chair  
Senator Breene Harimoto, Vice Chair  
Members, Senate Committee on Education

Senator Rosalyn H. Baker, Chair  
Senator Michelle N. Kidani, Vice Chair  
Members, Committee on Commerce, Consumer Protection, and Health

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

Friday, February 12, 2016

Testimony in Support for SB2615, Relating to Minors

Thank you for the opportunity to provide testimony in **strong support** of SB2615, which would ensure that our youth are protected from the damaging effects of conversion therapy.

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

In addition, below are a number of professional associations that believe any type of reparative or conversion type therapy should not be practiced. They also find evidence of damage, such as depression, anxiety, and self-destructive behavior as a result of conversion therapy.

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

The amount of professional associations that are in support of ending any and all types of conversion therapies continue to grow, as does the mounting evidence that proves conversion or reparative therapy does more harm to a person. For the health and well-being of our youth I strongly urge the committee to pass SB2615. Thank you for this opportunity to testify.



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**Cc:** [LRKahihikolo@yahoo.com](mailto:LRKahihikolo@yahoo.com)  
**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Thursday, February 11, 2016 9:40:45 AM

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**SB2615**

Submitted on: 2/11/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By      | Organization | Testifier Position | Present at Hearing |
|-------------------|--------------|--------------------|--------------------|
| Leslie Kahihikolo | Individual   | Oppose             | No                 |

Comments: I OPPOSE the suggested ban on sexual orientation conversion therapy. The proposed legislation can be interpreted to include clergy, and would prohibit an individual - or the parents of children - from being counseled in a way that is consistent with their faith. This is an unnecessary and UNCONSTITUTIONAL intrusion into our freedom of religion, and a gross violation of church/state separation.

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Date: Wednesday, February 10, 2016 12:50:48 PM

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## **SB2615**

Submitted on: 2/10/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

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

Comments: Aloha and Good Morning Representatives. I am testifying in opposition to SB2615 to ban sexual orientation conversion therapy. Not only do I believe it is an attempt to SILENCE licensed therapists from sharing any opposing beliefs, it is also FORCING many to counsel in a way contradictory to their religion or faith – or even those who have NO faith, and do not agree with this. I am also VERY concerned about the language of this bill, which appears to be including CLERGY in its definition of “licensed therapists.” This is trying to set a very dangerous precedent. I am reminded of the book “Animal Farm,” with the line, “All are equal, but some are more equal than others.” With this bill, you are not even saying that others’ beliefs are equal. You’re saying your way is the only way. The exact same thing that you are accusing parents and clergy of, you are doing yourself! Let’s take faith completely out of the picture: - The FACTS are that health-wise, this is a very dangerous lifestyle - The FACTS are that drug and alcohol addiction for those in this lifestyle is very high - The FACTS are that the rate of suicide for those in this lifestyle is still high - The FACTS are that sexually-transmitted diseases are rampant among those engaged in this lifestyle Shouldn’t kids under the age of 18 at least be told this? What you are trying to do is say, “If only people would accept and celebrate this, \*poof\*, all thoughts of depression, confusion, guilt, shame, etc. would simply vanish. That is not true. The bill talks about children experiencing rejection. That is a reality of life. We ALL have to experience rejection in life. Children need to be taught that not everything they want is right! Also – have you considered that not every child or teenager WANTS these feelings, whether they’re raised in homes of faith or not? Imagine if a child or teen goes to a school counselor or trusted teacher and needs to talk. And that person replies, “This is great! This is a good thing! Let’s celebrate!” Now imagine this student’s confusion and despair. He knows this isn’t right. He doesn’t want it. The one person he actually felt he could talk to???.... This suggested ban says that anyone under the age of 18 can ONLY be told that the way to think and believe is that same-sex attraction is good and should be celebrated and anything else is wrong. Even if you take faith out of the picture, doesn’t common sense and reason say that in order for someone to make a choice, they have to know that there are other ways to think? Where’s critical reasoning in this? Making an informed decision? Again, this bill is attempting to silence any opposing beliefs – and actually forcing people to not truly counsel. They’re just puppets “saying the party

line.” Again, you’re accusing parents and clergy of doing this, but you’re doing exactly the same thing. You are attempting to INSERT government between parents and their children. Do you see how unfair this is to the students and the parents? Respectfully, do you see the hubris in this? How condescending it is, to say that you know what’s better for a child than the parents? You are also attempting to INSERT government in our churches, synagogues and mosques. Respectfully...do you see how arrogant this is? How dangerous a precedent this is? This is going to set things into motion here in Hawaii that the majority does not want, even if they’re NOT people of faith. Do not attempt to silence us. Please look at the big picture. This will bring chaos here. People will not bow down to this. I would like to end by sharing a quote by Martin Luther King, Jr.: “Our lives begin to end the day we become silent about things that matter.” I beg of you, do not pass this bill. Do not continue to go down this path. Think less of yourselves, and more of the desires of the majority of the people of Hawaii. Thank you.

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Aloha,

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

TESTIMONY to Senate Committee on Education and Commerce, Consumer Protection and Health

SB2615 RELATING TO MINORS

Friday, February 12, 2016 12:30 pm  
Conference Room 229

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

Chairs Kidani and Baker Vice-Chairs Harimoto and Kidani, and Members :

1. I most strongly **OPPOSE SB 2615**. This bill has a chilling effect on education and does an injustice to the consumer of therapy and counseling services and obliterates "freedom to choose" rights. Not all people are alike. People associate with the LGBT lifestyle for different reasons. According to the American Psychological Association (APA), there is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation.
2. Not all methods of therapy work on an individual. This legislation denies options to people who need, want, and would benefit from a particular type of therapy. This legislation imposes a [humanist/secular](#) ideology upon the general public as if it were [the mandated religion](#)/belief system. There are other belief systems that deem those behaviors as [disordered in regard to natural law](#). Homosexuality was taken out of the [Diagnostics and Statistical Manual](#) of the American Psychiatric Association based on a popular vote, not for a scientific reason. The notion of being "born that way" has never been proven and should not be the basis of any legislation. Under the banner of diversity, bills such as SB 2615 are stifling it by imposing inappropriate and overreaching bans and mandates.
3. Some doctors, religious, parents and licensed therapists believe in the benefits of therapy to help youth (and adults) resolve their unwanted same-sex attractions. Some people solicit their help. They are obligated by their consciences to give the best guidance possible. This may include helping the youth overcome unwanted same-sex attractions. There are many [positive stories of transformation](#) for anyone willing to do research. Counselors of any type, must be allowed to tell the truth to those soliciting their help and not forced to regurgitate the current pop culture propaganda espoused in this bill. Ex-gays submitted testimony against the companion bill, HB1675. I highly recommend you read their powerful testimonies.
4. This bill forbids sexual orientation change efforts. If applied consistently across the spectrum of orientations, that would exclude many of the comprehensive sex education programs in the schools, especially Pono Choices, which encourage experimentation with all kinds of sexual behaviors. The subtle undercurrent of these curricula entices youth to

stray from the respecting the unique relationship between a man and a woman to join and create new life, to sexual exploitation of others for physical pleasure with no consequences or responsibilities. If this bill passed, those sexually explicit curricula would need to be banned from the classroom.

5. There are many people who have [exited](#) the LGBT community. They are [harassed](#), [bullied](#), and [discriminated against](#) because their opinions are not politically correct. Many have gone on to have happy natural relationships only after receiving the assistance that this bill bans. If legislation like this had been passed, many may never have achieved the happiness they now enjoy. Dr. Nicholas Cummings, former President of the APA, said groups like the Southern Poverty Law Center that are working to ban conversion therapy are actually causing damage.

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

7. No bill is going to protect a minor from hurt feelings. Every child confronts conflict, disappointment, rejection, and feelings of inferiority. Depression erupts for many reasons, not just sexual orientation issues. Difficult encounters are the building blocks for giving them strength, perseverance, tenacity, commitment to face adversity during adulthood while on the job, in the neighborhood, on the battlefield, and even in the public square. This bill restricts someone with unwanted same-sex attractions from getting their needs addressed. They may want to seek an alternate view points but this bill does not allow that option.

8. Stop limiting a parent's ability to seek help for their minor children, prohibiting minors from getting the care services they desire, and penalizing counselors, teachers, doctors, therapists, etc. who assist them.

9. **Vote NO on SB2615.**

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**SB2615**

Submitted on: 2/11/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

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

Comments: I strongly support SB2615, prohibiting the use of "gay conversion therapy" on Hawaii youth. My support is based on peer-reviewed scientific research that finds "conversion therapy" ineffective--virtually no one has ever changed their sexual orientation as a result of this treatment. Furthermore, it has been shown to actually harm young gay people by encouraging shame and damaging their sense of self.

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Testimony of Michael A. Lilly on SB 2615

I strongly support the intent of this bill. Hawai'i needs an interisland ferry service as a cost-effective alternative to air travel. Such a ferry would also provide disaster relief in times of emergency that airplane might not be able to provide.

What I know of the last Superferry was that 88% of the public supported it. It was primarily used by locals, not tourists, who were able to travel to neighbor islands, some for the first time. It was also a boon to local businesses which provided jobs lost when the Superferry went out of business. Love's Bakery's costs were 40% less to transport bread products to Maui. I know Maui farmers used the ferry to ship goods from Maui to Oahu. A friend shipped recycled goods on a truck that was bringing products from Oahu but returning empty.

I have personally used ferries in Europe which I found to be extremely effective in moving people, cargo and cars efficiently from one port to another.

As a maritime state, Hawai'i desperately needs an interisland ferry. I just hope that we do more than just a feasibility study – that we move forward with the vision that Hawai'i needs a ferry system.

Sincerely,

Michael A. Lilly



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**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
**Date:** Tuesday, February 09, 2016 7:41:38 PM

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**SB2615**

Submitted on: 2/9/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

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

Comments: I strongly support SB2615. We cannot let children be tortured or abused because their sexual orientation is not liked for whatever reason by those who may have authority over minors. We need to protect our children and SB 2615 does this. Please pass this bill. Thanks for letting me state my view. Mike

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**Date:** Tuesday, February 09, 2016 4:43:02 PM

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**SB2615**

Submitted on: 2/9/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By   | Organization | Testifier<br>Position | Present at<br>Hearing |
|----------------|--------------|-----------------------|-----------------------|
| Patricia Blair | Individual   | Support               | No                    |

Comments: Please do not harm these children, support who they are instead.

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COMMITTEE ON EDUCATION

Senator Michelle N. Kidani, Chair  
Senator Breene Harimoto, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair  
Senator Michelle N. Kidani, Vice Chair

**Re: Support for SB 2615**

Hearing: 2/12/16 12:30pm Room 229

My name is Rebecca Stotzer (Senate District 11) and I am an Associate Professor at UHM with advanced training in both Social Work and Psychology, though my testimony reflects my own individual opinions and not those of UH. I am writing to convey strong support for SB2615, which proposes to ban conversion therapies that attempt to change any youth's sexual orientation or gender identity in Hawaii.

The empirical literature is quite clear – conversion therapies do not work. In addition to not being successful in changing a person's sexual orientation or gender identity, they have also been found to be harmful in a variety of domains, including psychologically, being potentially damaging to family relationships and other social supports, and can negatively impact sexual health and well-being. These findings are particularly concerning for youth, because of their vulnerability in the developmental stage they occupy and the potential damage to their attempts to build healthy adult identities. The highest quality, best designed, and most thorough studies have all demonstrated *conversion therapies do not work* and in fact cause additional harms, though there is still further research that is needed. While many youth can and do seek counseling as they are discovering their own sexualities, gender identities, and abilities to build meaningful relationships, that counseling should be supportive of their exploration and self-definition, not an attempt to force them along one proscribed path.

In closing, this bill represents a clear opportunity to protect Hawaii's youth from being exposed to harmful pseudo-therapies that have no evidence-based and in fact do more harm than good. I hope that you will vote in support of SB2615.

## SANDRA JOY EASTLACK MSCP. NCC. LMHC

DATE: February 12, 2016

TO: The Honorable Senator, Michelle N. Kidani, Chair, Committee on Education, The Honorable Rosalyn H. Baker, Chair Committee on Consumer Protection and Health and Committee Members

FROM: Sandra Joy Eastlack MSCP. NCC, LMHC

RE: SB2615 Relating to Minors

Thank you for the opportunity to provide testimony.

### **I am testifying in strong support of SB2615**

I would like to acknowledge the Hawaii legislature being willing to look at this important issue and be on the forefront of actual legislation to ban conversion therapy. Currently four states, California, Illinois, New Jersey and Oregon as well as the District of Columbia have passed legislation not to allow this practice. As of August 15, 2015, 21 other states have introduced legislation banning the practice of conversion therapy for minors. In 2015, Congress introduced two bills and one resolution in the House and one resolution in the Senate that include the banning of conversion therapy or require non-discrimination in the provision of services to sexual and gender minority minors. Additionally, the provinces of Manitoba and Ontario in Canada also have banned conversion therapy.

Section 1 of SB2615 explains the concerns well and I would like to add that this is not a new concern. For almost half a century mental health professionals have been aware that homosexuality is not a mental disorder. In 1973 the American Psychiatric Association declassified homosexuality from the Diagnostic and Statistical Manual of Mental Disorder (DSM). It takes a number of years to make changes to any DSM version so this process began well before changes were made. The Pan American Health Organization has noted that the global scientific and professional consensus is that homosexuality is a normal and natural variation of human sexuality.

Over twenty years ago in 1993 the American Academy of Pediatrics published an article in its journal, Pediatrics, stating "Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having no or little potential for achieving changes in orientation."

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

professional guidelines on affirmative practices when working individuals that relate to sexual orientation issues.

With all the major health organizations and the years of study and research into the needs of this population that has been done I have to believe that these experts know what they are talking about. I am hopeful that this will be taken into consideration and Hawaii will do the right thing to protect these children.

I have a concern with section 2 of the bill. Section 302A explains sexual orientation change effects and what counseling shall not include and what it does not include however it can be somewhat confusing. I respectfully suggest that it may be as simple as dividing lines 13 and 14 on page 3 to clearly show that sexual orientation change efforts do not mean:

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

I would suggest reorganizing (or rewording) the language in the manner of the Oregon Bill HB2307, enacted May 18, 2015, which provides clarity and bans conversion therapy.

A portion of the Oregon bill is quoted below.

“(2) As used in this section:

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

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

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

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

I encourage you to pass SB2615 with the suggested change.

## Testimony in Support of SB2615

My name is Stefanie Tagg Beaumont. I am a resident of Hawaii, and educator and hope to be a parent some day raising children in Hawaii. I am also a part of the LBBTQ community.

I am FOR SB2615

As a future parent and a member of the LGBTQ community, it really scares me to think that I could send my child to school and have adults in charge that would suggest what is right or wrong about any sexual orientation. The fact that that suggestion is currently legal disgusts me. LGBTQ youth are already more at risk for substance abuse, physical/emotional violence, and homelessness. It is very important to me that these vulnerable youth are protected from any kind of conversation therapy or sexual orientation change effort. The APA has recognized for decades that LGBTQ youth and adults are not suffering from any mental illness. Our educators should be expected to follow the guidance from mental health experts.

Please help protect LGBTQ youth. I am in support of SB2615.

Thank you for this opportunity,

Stefanie Tagg Beaumont  
Po box 1023  
Hana, HI

512-539-8290

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**SB2615**

Submitted on: 2/10/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By | Organization | Testifier<br>Position | Present at<br>Hearing |
|--------------|--------------|-----------------------|-----------------------|
| Teri Heede   | Individual   | Support               | No                    |

Comments: Conversion therapy is EVIL. There is no documentation or data to support this type of "therapy" as useful in ANY way.

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**SB2615**

Submitted on: 2/9/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

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

Comments: Aloha, Please support SB2615, which will protect Hawaii's keiki from psychological abuse. Gay conversion therapy is damaging and does not work simply due to the fact that sexual orientation is not a choice. Mahalo, Van Law

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**Subject:** Submitted testimony for SB2615 on Feb 12, 2016 12:30PM  
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**SB2615**

Submitted on: 2/9/2016

Testimony for EDU/CPH on Feb 12, 2016 12:30PM in Conference Room 229

| Submitted By    | Organization | Testifier Position | Present at Hearing |
|-----------------|--------------|--------------------|--------------------|
| Wayne R. Wilson | Individual   | Comments Only      | No                 |

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

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