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H. CON. RES. 141

Expressing the sense of Congress efforts by mental health practitioners to change an individual's sexual orientation and gender identity or expression are dangerous and harmful and should be prohibited from being practiced on minors.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 28, 2012

Ms. SPEIER (for herself, Mr. DEUTCH, and Mr. CICILLINE) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

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CONCURRENT RESOLUTION

Expressing the sense of Congress efforts by mental health practitioners to change an individual's sexual orientation and gender identity or expression are dangerous and harmful and should be prohibited from being practiced on minors.

Whereas being lesbian, gay, bisexual, transgender, or gender nonconforming is not a disorder, disease, illness, deficiency, or shortcoming;

Whereas the American Psychological Association, American Psychiatric Association, National Association of Social Workers, American Counseling Association Governing Council, and American Psychoanalytic Association have

not found ''conversion'' or ''reparative'' efforts to be effective and have found evidence that they are harmful;

Whereas the American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 480,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to be or can be ''cured'';

Whereas the American Psychological Association's 2009 resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts ''concludes there is insufficient evidence to support the use of psychological interventions to change sexual orientation'';

Whereas the American Psychiatric Association has opposed since 2000 ''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 homosexual orientation'';

Whereas the American Psychological Association's Task Force on Appropriate Therapeutic Responses to Sexual Orientation's systematic review of peer-reviewed journal literature on sexual orientation change efforts 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;

Whereas the American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009 advising 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'';

Whereas the American Academy of Child and Adolescent Psychiatry published an article in 2012 in the 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.'';

Whereas 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.'';

Whereas the American Counseling Association Governing Council issued a position statement in April of 1999 stating: ''We oppose 'the promotion of ''reparative therapy'' as a ''cure'' for individuals who are homosexual.' '';

Whereas the American Psychoanalytic Association updated its 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. 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.'';

Whereas research by Caitlyn Ryan et al. entitled ''Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Adults'' published in 2009 demonstrates that minors who experience family rejection based on their sexual orientation face especially serious health risks and that such youth were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs compared with peers from families that reported no or low levels of family rejection; and

Whereas several States have enacted or are considering legislation and other measures to address these ineffective and dangerous efforts: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring),

SECTION 1. SHORT TITLE.

This resolution may be cited as the ''Stop Harming Our Kids Resolution''.

SEC. 2. SENSE OF CONGRESS REGARDING SEXUAL ORIENTATION AND GENDER IDENTITY OR EXPRESSION CHANGE EFFORTS DIRECTED AT MINORS.

(a) IN GENERAL.—It is the sense of Congress that sexual orientation and gender identity or expression change efforts directed at minors are discredited and inef-

fective, have no legitimate therapeutic purpose, and are dangerous and harmful.

(b) STATE ENCOURAGEMENT.—Congress encourages each State to take steps to protect minors from efforts that promote or promise to change sexual orientation or gender identity or expression, based on the premise that homosexuality or transgender identity is a mental illness or developmental disorder that can or should be cured.

(c) SEXUAL ORIENTATION AND GENDER IDENTITY OR EXPRESSION CHANGE EFFORTS DEFINED.—In this resolution, the term ''sexual orientation and gender identity or expression change efforts'' means any practice by a licensed mental health provider, health care provider, or counselor that seeks or purports to impose change of an individual's sexual orientation or gender identity or expression. Such term—

(1) includes efforts—

(A) to change behavioral expression of an individual's sexual orientation or gender identity or expression; or

(B) to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex; but

(2) does not include culturally competent, affirmative therapy that—

(A) provides acceptance, support, and understanding of an individual's sexual orientation, gender identity, or gender expression and the facilitation of an individual's coping, social support, and identity exploration and development, including interventions to prevent or address unlawful conduct or unsafe sexual practices; or

(B) provides acceptance, support, or understanding of an individual's gender expression or the facilitation of an individual's coping, social support, and identity exploration and development.

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