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SENATE, No. 2278

STATE OF NEW JERSEY
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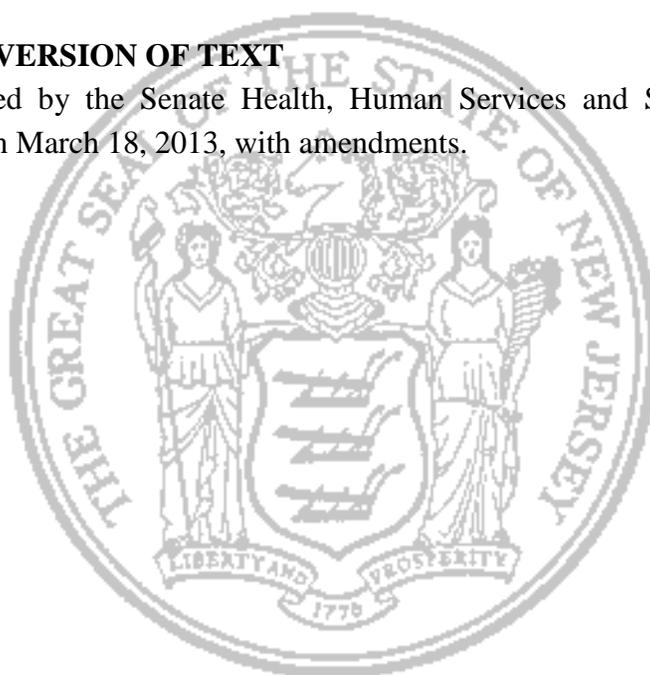
Senators Buono and Ruiz

SYNOPSIS

Protects minors by prohibiting counseling attempts to change sexual orientation.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on March 18, 2013, with amendments.



(Sponsorship Updated As Of: 5/31/2013)

1 AN ACT concerning the protection of minors from counseling
2 attempts to change sexual orientation and supplementing Title 45
3 of the Revised Statutes.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 ¹1. The Legislature finds and declares that:

9 a. Being lesbian, gay, or bisexual is not a disease, disorder,
10 illness, deficiency, or shortcoming. The major professional
11 associations of mental health practitioners and researchers in the
12 United States have recognized this fact for nearly 40 years;

13 b. The American Psychological Association convened a Task
14 Force on Appropriate Therapeutic Responses to Sexual Orientation.
15 The task force conducted a systematic review of peer-reviewed
16 journal literature on sexual orientation change efforts, and issued a
17 report in 2009. The task force concluded that sexual orientation
18 change efforts can pose critical health risks to lesbian, gay, and
19 bisexual people, including confusion, depression, guilt,
20 helplessness, hopelessness, shame, social withdrawal, suicidality,
21 substance abuse, stress, disappointment, self-blame, decreased self-
22 esteem and authenticity to others, increased self-hatred, hostility
23 and blame toward parents, feelings of anger and betrayal, loss of
24 friends and potential romantic partners, problems in sexual and
25 emotional intimacy, sexual dysfunction, high-risk sexual behaviors,
26 a feeling of being dehumanized and untrue to self, a loss of faith,
27 and a sense of having wasted time and resources;

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

38 d. (1) The American Psychiatric Association published a
39 position statement in March of 2000 in which it stated:
40 “Psychotherapeutic modalities to convert or ‘repair’ homosexuality
41 are based on developmental theories whose scientific validity is
42 questionable. Furthermore, anecdotal reports of ‘cures’ are
43 counterbalanced by anecdotal claims of psychological harm. In the
44 last four decades, ‘reparative’ therapists have not produced any

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted March 18, 2013.

1 rigorous scientific research to substantiate their claims of cure.
2 Until there is such research available, [the American Psychiatric
3 Association] recommends that ethical practitioners refrain from
4 attempts to change individuals' sexual orientation, keeping in mind
5 the medical dictum to first, do no harm;

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

17 (3) Therefore, the American Psychiatric Association opposes
18 any psychiatric treatment such as reparative or conversion therapy
19 which is based upon the assumption that homosexuality per se is a
20 mental disorder or based upon the a priori assumption that a patient
21 should change his or her sexual homosexual orientation”;

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

36 f. The American Academy of Pediatrics in 1993 published an
37 article in its journal, Pediatrics, stating: “Therapy directed at
38 specifically changing sexual orientation is contraindicated, since it
39 can provoke guilt and anxiety while having little or no potential for
40 achieving changes in orientation”;

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

1 h. The National Association of Social Workers prepared a 1997
2 policy statement in which it stated: “Social stigmatization of
3 lesbian, gay, and bisexual people is widespread and is a primary
4 motivating factor in leading some people to seek sexual orientation
5 changes. Sexual orientation conversion therapies assume that
6 homosexual orientation is both pathological and freely chosen. No
7 data demonstrates that reparative or conversion therapies are
8 effective, and, in fact, they may be harmful”;

9 i. The American Counseling Association Governing Council
10 issued a position statement in April of 1999, and in it the council
11 states: “We oppose ‘the promotion of “reparative therapy” as a
12 “cure” for individuals who are homosexual”;

13 j. (1) The American Psychoanalytic Association issued a
14 position statement in June 2012 on attempts to change sexual
15 orientation, gender, identity, or gender expression, and in it the
16 association states: “As with any societal prejudice, bias against
17 individuals based on actual or perceived sexual orientation, gender
18 identity or gender expression negatively affects mental health,
19 contributing to an enduring sense of stigma and pervasive self-
20 criticism through the internalization of such prejudice; and

21 (2) Psychoanalytic technique does not encompass purposeful
22 attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual
23 orientation, gender identity or gender expression. Such directed
24 efforts are against fundamental principles of psychoanalytic
25 treatment and often result in substantial psychological pain by
26 reinforcing damaging internalized attitudes”;

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

42 l. The Pan American Health Organization, a regional office of
43 the World Health Organization, issued a statement in May of 2012
44 and in it the organization states: “These supposed conversion
45 therapies constitute a violation of the ethical principles of health
46 care and violate human rights that are protected by international and
47 regional agreements.” The organization also noted that reparative

1 therapies “lack medical justification and represent a serious threat
2 to the health and well-being of affected people”:

3 m. Minors who experience family rejection based on their
4 sexual orientation face especially serious health risks. In one study,
5 lesbian, gay, and bisexual young adults who reported higher levels
6 of family rejection during adolescence were 8.4 times more likely to
7 report having attempted suicide, 5.9 times more likely to report high
8 levels of depression, 3.4 times more likely to use illegal drugs, and
9 3.4 times more likely to report having engaged in unprotected
10 sexual intercourse compared with peers from families that reported
11 no or low levels of family rejection. This is documented by Caitlin
12 Ryan et al. in their article entitled Family Rejection as a Predictor
13 of Negative Health Outcomes in White and Latino Lesbian, Gay,
14 and Bisexual Young Adults (2009) 123 Pediatrics 346; and

15 n. New Jersey has a compelling interest in protecting the
16 physical and psychological well-being of minors, including lesbian,
17 gay, bisexual, and transgender youth, and in protecting its minors
18 against exposure to serious harms caused by sexual orientation
19 change efforts.¹

20

21 ¹**[1.] 2.**¹ a. A person who is licensed to provide professional
22 counseling under Title 45 of the Revised Statutes, including, but not
23 limited to, a psychiatrist, licensed practicing psychologist, certified
24 social worker, licensed clinical social worker, licensed social
25 worker, licensed marriage and family therapist, certified
26 psychoanalyst, or a person who performs counseling as part of the
27 person’s professional training for any of these professions, shall not
28 engage in sexual orientation change efforts with a person under 18
29 years of age.

30 b. As used in this section, “sexual orientation change efforts”
31 means the practice of seeking to change a person’s sexual
32 ¹**[persuasion] orientation**¹, including, but not limited to, efforts to
33 change behaviors ¹, gender identity,¹ or gender expressions, or to
34 reduce or eliminate sexual or romantic attractions or feelings
35 toward a person of the same gender; except that sexual orientation
36 change efforts shall not include ¹counseling for a person seeking to
37 transition from one gender to another, or¹ counseling that:

38 (1) provides acceptance, support, and understanding of a person
39 or facilitates a person’s coping, social support, and identity
40 exploration and development, including sexual ¹**[persuasion-**
41 **neutral] orientation-neutral**¹ interventions to prevent or address
42 unlawful conduct or unsafe sexual practices; and

43 (2) does not seek to change sexual ¹**[persuasion] orientation**¹.

44

45 ¹**[2.] 3.**¹ This act shall take effect immediately.