

**Testimony of Gerard Lawson, President of the American Counseling Association**  
**Before the Virginia House of Delegates Committee on Health, Welfare, and Institutions**

**February 1, 2018**

Good afternoon, Chairman Bell and members of the Committee. Thank you for giving me the opportunity to address you this afternoon to express the support of the American Counseling Association for HB 363, which would prohibit the practice of conversion therapy on minors within the Commonwealth of Virginia.

As the world's largest association representing professional counselors—an organization based in Virginia representing more than 54,000 professional counselors—the American Counseling Association has a duty to voice support and concern for legislation that deals with the mental health of Virginia's children and youth.

There are 5,112 Licensed Professional Counselors in Virginia, according to the Virginia Board of Counseling.

Today, we join other organizations in expressing support for this bill. We do so because the American Counseling Association has adopted an unequivocal policy against conversion therapy. Conversion therapy is not congruent with the American Counseling Association Code of Ethics—the ethical code for the profession of counseling—because the effects of efforts to change sexual orientation have been found to cause damage to individuals who have been exposed to them.

Research shows that "compared with LGBTQ young people who were not rejected or were only a little rejected by their parents because of their gay or transgender identity, highly rejected LGBTQ young people were eight times more likely to have attempted suicide."

A basic principle across all health professions, including mental health, is nonmaleficence. You may be familiar with this principle from medicine's Hippocratic Oath: "First, do no harm." Children and young people, in particular, are among our most vulnerable populations and they need to be protected from the harm caused by efforts to change sexual orientation.

The definitive document that provides evidence that conversion therapy is both ineffective and harmful is provided by the American Psychological Association (APA) report titled *Appropriate Therapeutic Responses to Sexual Orientation*. For this report, APA conducted a systematic review of the available research on sexual-orientation-change efforts—83 studies in all. The report concluded that: "efforts to change sexual orientation are unlikely to be successful and involve some risk of harm." In fact, the report documented that up to 50% of participants in conversion-therapy practices reported harmful effects from the attempt to change their sexual orientation.

The APA report went on to state several scientific facts: that, "same-sex sexual attractions, behavior and orientations per se are normal and positive variants of human sexuality—in other words, they do not indicate either mental or developmental disorders." All mental-health professions, including counseling, psychiatry, psychology, social work, and marriage and family therapy have endorsed this position. As such, there is nothing to "convert" or "repair" in an individual with same-sex attraction.

Some would argue that this is a freedom-of-choice issue. However, for professional counselors, there is no choice. The principle of nonmaleficence, or “do no harm,” which is supported by Section C.7.c of the ACA Code of Ethics, prevents the implementation of practices and interventions that are harmful. Professional counselors in Virginia would be violating their professional ethics by agreeing to engage in sexual-orientation-change efforts with a minor, even if requested to do so by a parent.

One other important and particular point that I would like to make today is that the word “therapy” should really not be used when talking about sexual-orientation-change efforts. “Therapy” is a clinical word and refers to a mental-health intervention. “Conversion therapy” is not a mental-health intervention since it does not address the diagnosis of a mental disorder. As mentioned previously, the mental-health profession has concluded that same-sex attraction is not a deficit and therefore homosexuality is not categorized as a psychiatric disorder in the Diagnostic and Statistical Manual (DSM).

Rather than being related to mental health, sexual-orientation-change efforts are mostly religious in nature. The American Psychological Association report points out that virtually all sexual-orientation-change efforts have been implemented on white men from a conservative Christian background. Mental-health clinicians are venturing outside the appropriate boundaries of their scope of practice if they attempt to change a client’s sexual orientation.

In conclusion, when we take all of the facts into consideration, what we are left with is the reality that efforts to change sexual orientation from homosexuality to heterosexuality do not work, have the potential to do great harm to young people, and are aimed at treating a mental-health problem that does not exist. In some cases, conversion therapy amounts to a fraudulent business practice.

The mental-health community has spoken in a clear voice that this practice should not be condoned. By passing this bill, the Committee can prevent children and young people from being subjected to a very painful and damaging experience.

I want to thank you again for allowing me the time to voice the American Counseling Association's support for HB 363. I am happy to answer any questions that you may have.