

House Bill 716

By: Representatives Waites of the 60th, Jones of the 53rd, Gardner of the 57th, Kendrick of the 93rd, Mitchell of the 88th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 39 of the Official Code of Georgia Annotated, relating to minors, so as to
2 provide for findings; to provide that a person licensed to provide professional counseling
3 under Title 43 of the Official Code of Georgia Annotated, including but not limited to
4 psychiatrists, psychologists, professional counselors, social workers, marriage and family
5 therapists, or certain other persons, shall not engage in sexual orientation change efforts with
6 a person under 18 years of age; to provide for related matters; to repeal conflicting laws; and
7 for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Title 39 of the Official Code of Georgia Annotated, relating to minors, is amended by adding
11 a new chapter to read as follows:

12 "CHAPTER 6

13 39-6-1.

14 The General Assembly finds and declares that:

15 (1) Being lesbian, gay, or bisexual is not a disease, disorder, illness, deficiency, or
16 shortcoming. The major professional associations of mental health practitioners and
17 researchers in the United States have recognized this fact for nearly 40 years;

18 (2) The American Psychological Association convened a Task Force on Appropriate
19 Therapeutic Responses to Sexual Orientation. The task force conducted a systematic
20 review of peer-reviewed journal literature on sexual orientation change efforts and issued
21 a report in 2009. The task force concluded that sexual orientation change efforts can pose
22 critical health risks to lesbian, gay, and bisexual people, including confusion, depression,
23 guilt, helplessness, hopelessness, shame, social withdrawal, suicide, substance abuse,
24 stress, disappointment, self-blame, decreased self-esteem and authenticity to others.

25 increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal,
26 loss of friends and potential romantic partners, problems in sexual and emotional
27 intimacy, sexual dysfunction, high-risk sexual behaviors, feelings of being dehumanized
28 and untrue to self, loss of faith, and a sense of having wasted time and resources;

29 (3) The American Psychological Association issued a resolution on Appropriate
30 Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which
31 stated: '[T]he American Psychological Association advises parents, guardians, young
32 people, and their families to avoid sexual orientation change efforts that portray
33 homosexuality as a mental illness or developmental disorder and to seek psychotherapy,
34 social support, and educational services that provide accurate information on sexual
35 orientation and sexuality, increase family and school support, and reduce rejection of
36 sexual minority youth';

37 (4) The American Psychiatric Association published a position statement in March of
38 2000 in which it stated:

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

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

55 Therefore, the American Psychiatric Association opposes any psychiatric treatment
56 such as reparative or conversion therapy which is based upon the assumption that
57 homosexuality per se is a mental disorder or based upon the a priori assumption that a
58 patient should change his or her sexual orientation;

59 (5) The American School Counselor Association's position statement on professional
60 school counselors and lesbian, gay, bisexual, transgender, and questioning (LGBTQ)
61 youth states: 'It is not the role of the professional school counselor to attempt to change

62 a student's sexual orientation or gender identity but instead to provide support to LGBTQ
63 students to promote student achievement and personal well-being. Recognizing that
64 sexual orientation is not an illness and does not require treatment, professional school
65 counselors may provide individual student planning or responsive services to LGBTQ
66 students to promote self-acceptance, deal with social acceptance, understand issues
67 related to coming out, including issues that families may face when a student goes
68 through this process, and identify appropriate community resources';

69 (6) The American Academy of Pediatrics in 1993 published an article in its journal,
70 Pediatrics, stating: 'Therapy directed at specifically changing sexual orientation is
71 contraindicated, since it can provoke guilt and anxiety while having little or no potential
72 for achieving changes in orientation';

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

79 (8) The National Association of Social Workers prepared a 1997 policy statement in
80 which it stated: 'Social stigmatization of lesbian, gay, and bisexual people is widespread
81 and is a primary motivating factor in leading some people to seek sexual orientation
82 changes. Sexual orientation conversion therapies assume that homosexual orientation is
83 both pathological and freely chosen. No data demonstrate that reparative or conversion
84 therapies are effective, and in fact, they may be harmful';

85 (9) The American Counseling Association Governing Council issued a position
86 statement in April, 1999, in which it stated: 'We oppose the promotion of "reparative
87 therapy" as a "cure" for individuals who are homosexual';

88 (10) The American Psychoanalytic Association issued a position statement in June, 2012,
89 on attempts to change sexual orientation, gender identity, or gender expression, in which
90 the association stated:

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

95 Psychoanalytic technique does not encompass purposeful attempts to "convert,"
96 "repair," change, or shift an individual's sexual orientation, gender identity, or gender
97 expression. Such directed efforts are against fundamental principles of psychoanalytic

98 treatment and often result in substantial psychological pain by reinforcing damaging
99 internalized attitudes;

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

112 (12) The Pan American Health Organization, a regional office of the World Health
113 Organization, issued a statement in May, 2012, stating: 'These supposed conversion
114 therapies constitute a violation of the ethical principles of health care and violate human
115 rights that are protected by international and regional agreements.' The organization also
116 noted that reparative therapies 'lack medical justification and represent a serious threat
117 to the health and well-being of affected people';

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

128 (14) Georgia has a compelling interest in protecting the physical and psychological
129 well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in
130 protecting its minors against exposure to serious harms caused by sexual orientation
131 change efforts.

132 39-6-2.

133 (a) As used in this Code section, the term 'sexual orientation change efforts' means the
134 practice of seeking to change a person's sexual orientation, including but not limited to
135 efforts to change behavior, gender identity, or gender expression, or to reduce or eliminate
136 sexual or romantic attractions or feelings toward persons of the same gender; except that
137 sexual orientation change efforts shall not include counseling for a person seeking to
138 transition from one gender to another, or counseling that:

139 (1) Provides acceptance, support, and understanding of a person or facilitates a person's
140 coping, social support, and identity exploration and development, including sexual
141 orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual
142 practices; and

143 (2) Does not seek to change sexual orientation.

144 (b) A person who is licensed to provide professional counseling under Title 43, including
145 but not limited to psychiatrists, psychologists, professional counselors, social workers,
146 marriage and family therapists, or any person who performs counseling as part of the
147 person's professional training for any of these professions, shall not engage in sexual
148 orientation change efforts with a person under 18 years of age."

149 **SECTION 2.**

150 All laws and parts of laws in conflict with this Act are repealed.