

# ASSEMBLY, No. 3371

## STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED OCTOBER 15, 2012

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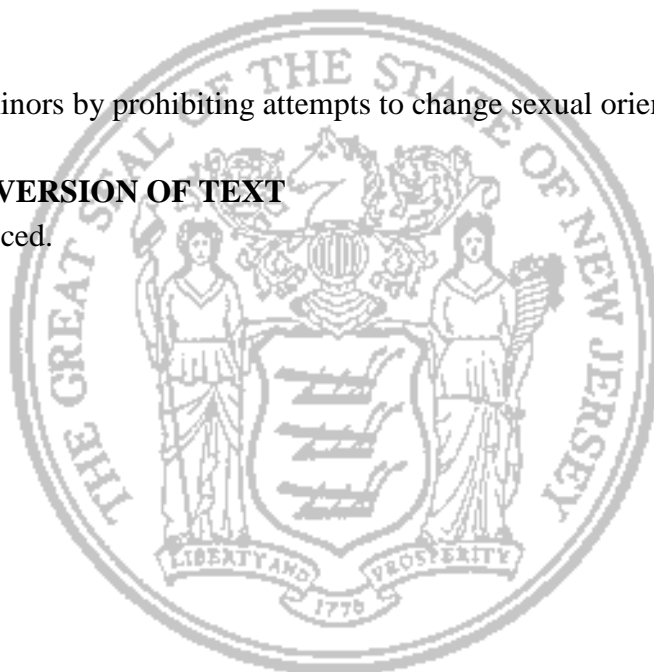
**Assemblywomen Vainieri Huttel, Lampitt, Tucker, Assemblyman Wisniewski, Assemblywomen Caride, Mosquera, Jasey, Senators Lesniak, Sweeney, Weinberg, Buono and Ruiz**

**SYNOPSIS**

Protects minors by prohibiting attempts to change sexual orientation.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 6/28/2013)

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

4

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

7

8 1. 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  
45 rigorous scientific research to substantiate their claims of cure.  
46 Until there is such research available, [the American Psychiatric  
47 Association] recommends that ethical practitioners refrain from  
48 attempts to change individuals’ sexual orientation, keeping in mind  
49 the medical dictum to first, do no harm;

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

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

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

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

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

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

1 data demonstrates that reparative or conversion therapies are  
2 effective, and, in fact, they may be harmful”;

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

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

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

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

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

44 m. Minors who experience family rejection based on their  
45 sexual orientation face especially serious health risks. In one study,  
46 lesbian, gay, and bisexual young adults who reported higher levels  
47 of family rejection during adolescence were 8.4 times more likely to  
48 report having attempted suicide, 5.9 times more likely to report high  
49 levels of depression, 3.4 times more likely to use illegal drugs, and

1 3.4 times more likely to report having engaged in unprotected  
2 sexual intercourse compared with peers from families that reported  
3 no or low levels of family rejection. This is documented by Caitlin  
4 Ryan et al. in their article entitled Family Rejection as a Predictor  
5 of Negative Health Outcomes in White and Latino Lesbian, Gay,  
6 and Bisexual Young Adults (2009) 123 Pediatrics 346; and  
7 n. New Jersey has a compelling interest in protecting the  
8 physical and psychological well-being of minors, including lesbian,  
9 gay, bisexual, and transgender youth, and in protecting its minors  
10 against exposure to serious harms caused by sexual orientation  
11 change efforts.

12  
13 2. a. A person who is licensed to provide professional  
14 counseling under Title 45 of the Revised Statutes, including, but not  
15 limited to, a psychiatrist, licensed practicing psychologist, certified  
16 social worker, licensed clinical social worker, licensed social  
17 worker, licensed marriage and family therapist, certified  
18 psychoanalyst, or a person who performs counseling as part of the  
19 person's professional training for any of these professions, shall not  
20 engage in sexual orientation change efforts with a person under 18  
21 years of age.

22 b. As used in this section, "sexual orientation change efforts"  
23 means the practice of seeking to change a person's sexual  
24 orientation, including, but not limited to, efforts to change  
25 behaviors, gender identity, or gender expressions, or to reduce or  
26 eliminate sexual or romantic attractions or feelings toward a person  
27 of the same gender; except that sexual orientation change efforts  
28 shall not include counseling for a person seeking to transition from  
29 one gender to another, or counseling that:

30 (1) provides acceptance, support, and understanding of a person  
31 or facilitates a person's coping, social support, and identity  
32 exploration and development, including sexual orientation-neutral  
33 interventions to prevent or address unlawful conduct or unsafe  
34 sexual practices; and

35 (2) does not seek to change sexual orientation.

36  
37 3. This act shall take effect immediately.  
38  
39

40 STATEMENT

41  
42 This bill prohibits counseling to change the sexual orientation of  
43 a minor.

44 Under the provisions of the bill, a person who is licensed to  
45 provide professional counseling, including, but not limited to, a  
46 psychiatrist, licensed practicing psychologist, certified social  
47 worker, licensed clinical social worker, licensed social worker,  
48 licensed marriage and family therapist, certified psychoanalyst, or a  
49 person who performs counseling as part of the person's professional

1 training, is prohibited from engaging in sexual orientation change  
2 efforts with a person under 18 years of age.

3 The bill defines "sexual orientation change efforts" as the  
4 practice of seeking to change a person's sexual orientation,  
5 including, but not limited to, efforts to change behaviors or gender  
6 expressions, or to reduce or eliminate sexual or romantic attractions  
7 or feelings toward a person of the same gender. The term, however,  
8 does not include counseling for a person seeking to transition from  
9 one gender to another, or counseling that: provides acceptance,  
10 support, and understanding of a person or facilitates a person's  
11 coping, social support, identity exploration and development,  
12 including sexual orientation-neutral interventions to prevent or  
13 address unlawful conduct or unsafe sexual practices; and does not  
14 seek to change sexual orientation.