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**Testimony Re: S-267 An Act Relating to Health and Safety – Conversion Therapy
Senate Committee on Health and Human Services**

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Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its support for Senate Bill 267, which prohibits conversion therapy by licensed health care professionals with respect to children under age eighteen.

According to the 2015 *Youth Risk Behavior Survey*, 10% of Rhode Island high school students described themselves as lesbian, gay, or bisexual. This does not include students who responded “not sure” when asked about their sexual orientation. When questioning high school youth are included, the percentage total increases to 13%. While data regarding transgender youth or gender identity are not readily available, they will be in future due to modifications of the *Youth Risk Behavior Survey*.¹

Lesbian, gay, bisexual, and transgender (LGBT) adolescents follow developmental pathways that are both similar to and different from those of heterosexual adolescents. They face similar development challenges, such as developing social skills, achieving academic success, thinking about career choices, and fitting into a peer group. However, many LGBT youth also experience family rejection, conflicts at home, and bullying and harassment in school due to their gender identity or sexual orientation.

A recent analysis conducted by the Rhode Island Department of Health regarding sexual orientation and health risks among Rhode Island high school students found that lesbian, gay, or bisexual (LGB) students are a vulnerable population displaying a higher prevalence of health risks across numerous measures when compared to their heterosexual peers. LGB high school youth in Rhode Island reported more mental health issues, with emotional disability being three times more common (33% versus 12%), depression being twice as prevalent (55% versus 23%), and attempted suicide being three times higher (33% versus 10%) than their straight peers. Rhode Island LGB high school youth also reported higher rates of violence; they are more likely to engage in physical fighting (33% versus 22%), three times more likely to experience dating violence (22% versus 7%), and four times more likely to be a victim of sexual assault (25% versus 6%) than their heterosexual peers. LGB youth also reported higher rates of tobacco, alcohol, and substance use and sexual activity than their heterosexual high school peers.²

Reducing these health disparities requires a concerted effort in identifying the prevention needs and susceptibilities of LGBT youth. Strategic interventions, such as increased access to physical/mental health services and prevention, are needed to change negative social behaviors and to help avoid negative health outcomes and victimization.

A number of medical, health, and mental health professional organizations have issued public statements about the dangers of conversion therapies. The American Academy of Pediatrics has stated that conversion therapy can provoke guilt and

anxiety, while having little or no potential for achieving changes in orientation.³ The American Psychological Association has also found that efforts to change sexual orientation can pose critical health risks including, but not limited to, depression, substance abuse, social withdrawal, decreased self-esteem and suicidal thoughts.⁴ Exposing LGBTQ children to these health risks does not support their healthy development.

Rhode Island KIDS COUNT supports efforts to prohibit licensed health professionals from practicing potentially harmful conversion therapies on children under age 18 relating to their sexual orientation and gender identity. We urge this committee to support this bill and join the five other states that prohibit this practice for minors (CA, DC, IL, OR, & VT).⁵ Thank you for the opportunity to submit testimony today and for your continued leadership on children's health.

References

1 Rhode Island Department of Health, *Youth Risk Behavior Survey*, 2015.

2 Cryan, B. (2014). Sexual orientation and health risks among Rhode Island high school students. *Rhode Island Medical Journal*.

3 Committee on Adolescence. (1993). Homosexuality and Adolescence. *Pediatrics*, 92(4), 631-634.

4 Just the Facts Coalition. (2008). *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel*. Washington, DC: American Psychological Association.

5 Movement Advancement Project. (2017). *Conversion therapy laws*. Retrieved February 15, 2017, from www.lgbtmap.org