

# **Testimony In Opposition to H.B 272**

**Given before the Juvenile and Family Law Committee  
Ohio House of Representatives  
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**On Behalf of the Ohio Psychological Association**

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Good afternoon Mr. Chairman and Members of the Committee. Thank you for the opportunity to speak to you today in opposition to H.B. 272.

My name is Dr Vanessa K. Jensen. I am a heterosexual, married, white mother of two who was fortunate to be born and raised in Ohio. My husband of 12 years and I have chosen to raise our daughters here, where they can live in a community that supports families and helps to teach them compassion, respect for others, confidence in themselves, and the importance of standing up for what one believes in.

I am also a licensed pediatric psychologist. For the last 13 years, I have been on the medical staff in the Division of Pediatrics at the Cleveland Clinic, where I am Chair of the Section of Pediatric Psychology and Executive Director of the Cleveland Clinic Center for Autism. Today, however, I come to you in my role as Past-President and current member of the Board of Directors of the Ohio Psychological Association, the primary professional association for psychologists in Ohio, representing over 1600 psychologists. While we have varied specialties and work settings, we are bound together by our training as scientists and as health professionals. As such, we are ethically and professionally bound to base our actions and decisions not simply on our own beliefs or experiences, but to learn from others and to use research and science to guide us.

As psychologists, we must challenge policies and perspectives within our society that are invalid, out of date, or based solely on anecdotes and assumptions, especially those with the potential for harm or that fuel misunderstanding, divisiveness and intolerance. It is with that commitment that I am here today, urging you to oppose House Bill 272. This bill is not only unnecessary -- it has the potential to harm Ohio and its citizens, to hurt key business interests, to drive away the most competitive industries that are known for their encouragement of diversity, and, most importantly, to increase the already too powerful diseases of bigotry, prejudice, and hate.

Let me start by offering a context for my testimony and the testimony you have already heard. The arguments for and against this bill are *not* about science. The science is quite clear. Objective, non-biased reviews of the current literature by reputable professional organizations such as the American Academy of Pediatrics and the American Psychological Association consistently conclude that research persuasively demonstrates that sexual orientation is largely biologically driven, that homosexuality is not a disease or moral failure, and that same-sex relationships do not pose a threat to children. This discussion, this very emotional and very important debate, is about fairness and prejudice, acceptance and bigotry, doing right and hating. It is a discussion about who gets to decide what is moral.

This committee has already heard testimony by Dr. Warren Throckmorton, testimony in which he selectively reported "research" that supports his view regarding the ostensible "danger" of raising children in homosexual households. He told you that more children reared by gay parents would themselves consider being in a same sex relationship. What he did *not* tell you is that those same individuals were *not* more likely to identify themselves as homosexual as adults. Being raised by same sex parents does not make children homosexual. Some studies do show differences in the attitudes and beliefs of children raised by gay parents, such as being more accepting of others and less likely to identify with traditional masculine and feminine gender role stereotypes. Dr Throckmorton also did *not* tell you that children raised by gay parents were more accepting of homosexuality, indeed of other types of diversity, a value that many of us would wish for our children. There is simply no convincing evidence showing any

disadvantage for children raised by gay parents. When taken in total, the data are clear and overwhelming – a stable family life is essential for the well-being of children, heterosexual orientation of parents is not.

I could spend a great deal of time reviewing the misleading statements Dr. Throckmorton made in his testimony, statements that he claims are scientific. I could provide you voluminous peer-reviewed and validated research refuting each of his claims. I could raise questions about his scientific sources, which include an ABCNews interview with Rosie O'Donnell. Instead, I will simply urge you, as intelligent and educated individuals, to review the information yourselves and not to rely on individual opinions, even mine.

Let me next talk with you quite directly about this issue of sexual orientation, even though the topic may be a little uncomfortable. I need to talk to you about this topic because, at its core, this bill is about sexual orientation, even though it is presented as a “defense of marriage.” Sexuality in our culture is a sensitive subject, with sexual orientation often becoming a lightning rod for a range of reactions and beliefs. To talk most clearly, we need to make some clarifications. *Sexual orientation*, a person's attraction to a males or females, is quite different than *sexual behavior*. We know that part of normal adolescent development is to discover and explore one's sexuality, through talking, questioning, learning, and often through one's *sexual behavior*. We know that some teens and young adults experiment with the same sex partners out of a developmental uncertainty regarding their *sexual orientation*, with approximately 10 to 30% of all individuals reporting some form of same-sex *behavior* prior to age 18. The vast majority if these persons are not homosexual. In fact, many homosexual individuals engage in no *sexual behavior* during adolescence. We know that there are even some situations that individuals explore same-sex behavior out of curiosity, or even because it seems to be the “in” thing within that subculture. These *behaviors*, however, do not necessarily define a person's *sexual orientation*; they do not make a person homosexual.

Proponents of this bill often confuse sexual orientation and sexual behavior. There is substantial peer-reviewed research that *sexual orientation*, for most individuals, is determined at a very young age, resulting from a complex interaction of genetic, biological, and early hormonal influences. Viewed from this perspective, a person's *sexual orientation* is primarily a physical attribute, very much like a person's height. While both could be altered to some degree by environmental variables, especially in very extreme circumstances, they are primarily “hard-wired.” Sexual behavior, on the other hand, while likely influenced by some of the same biological variables, is likely more self-determined and subject to choice, although research shows that such a decision often comes with consequences. Someone who is extremely tall can habitually stoop their shoulders throughout life in an attempt to seem be less “different.” Similarly, some homosexual individuals choose to behave in a way that makes them appear less “different,” at times entering a heterosexual relationship to be afforded to opportunity to marry and bear children.

In his testimony, Dr Throckmorton argues that “*sexual orientation*” can and should be changed, but what he then talks about is *sexual behavior*. Changing *sexual orientation* is fundamentally different from changing *sexual behavior*. It is also different than the work that might be done in psychotherapy to help someone understand his or her sexual feelings and sexual behavior, work that might at times include behavior change. With what we now know about *sexual behavior* and *sexual orientation*, it is professionally inappropriate to advise a homosexual man who has been attracted to men his entire life that he should “act straight” for the good of society. It is equally inappropriate and unethical to tell a 16 year old girl who has always “liked boys” that she is homosexual and should begin dating females because she has started to experience some “sort of sexual” feelings for her female swim coach. Skillful, competent,

ethical therapists do not decide the sexual orientation of their clients nor do they tell them what to feel. Neither should this legislature.

Anti-gay groups and individuals argue that society should legislate against homosexuality, or at a minimum, should not “sanction” homosexual relationships. This position essentially asks those individuals to *behave* as if they were heterosexual if they want to be granted the same fundamental rights accorded to all others in our society. There was a time that a black person had to somehow try to “pass” for white to have a legal sanction to engage in a relationship with a white person; if too dark skinned to “pass,” it was expected that one’s choice of partners would be altered to fit societal expectation. Bi-racial relationships were certainly uncomfortable and even illegal at one time, challenging society’s visual and historical perception of what a “family” should be. Those opposing such relationships often framed their personal biases in the guise of concern that these unions were “damaging” to society and its children.

At the end, this decision is not really about science. It is about doing the right thing, about acceptance and clear headedness, even in the face of discomfort and old prejudices.

I want to close my testimony by sharing with you the words I spoke just over two years ago as I gave my presidential address to the membership of the Ohio Psychological Association.

*“Yesterday, I gave testimony before a committee of the Ohio House of Representatives opposing a bill before them that discriminates in a variety of ways against gay and lesbian individuals. Testifying was an opportunity to shine the light of hard-won, scientifically sound knowledge in an area where myths, misinformation, and misunderstanding abound. I spent an additional 30 minutes answering generally insightful and thoughtful questions from our legislators. I watched many of them grapple with the disparity between the research and data presented by OPA and testimony they had heard previously about the “pathology” of homosexuality and the dangerousness of the positions of groups such as OPA, APA, and nearly all professional medical and mental health associations.*

*After I testified, I was approached, in a room alone, by an individual unwilling to even consider the validity of well-accepted science. But it was not the factual information or the position that I represented he challenged; instead, I was viciously attacked personally, accused of being “evil”, “unethical”, “a liar”, “a fraud,” and “a danger to children.”*

*This experience clearly shook me, forcing me to use all of my well rehearsed skills to remain reasonably calm and professional, and not become a victim of his narrow-mindedness, his prejudice, and his need to not differ with my ideas, but to insult me personally. It was a harsh reminder of just how far we have to go before our children can grow up in a world where they are judged not by whom they love, but are known for their accomplishments, their character, and their compassion. “*

As an Ohioan, and, more importantly in this context, as a professional, I most strongly urge you to investigate these issues yourself, to not to rely on the interpretations of individuals whose agenda is based upon prejudice and hate, and to oppose House Bill 272.

Thank you most sincerely for your time and attention and I would be pleased to respond to any questions that you may have.

Dr. Vanessa K. Jensen