

December 3, 2003

**Written Testimony of Howard R. Fradkin, Ph.D.
On behalf of the Ohio Psychological Association**

Prepared For The

Ohio House Juvenile and Family Law Committee

Regarding HB272

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to testify against HB 272. I am Dr. Howard Fradkin, and I am a Psychologist in Columbus, OH, and have lived in Franklin County and worked in private practice here for the past 23 years. I am the Co-Chairperson of the Ohio Psychological Association's Lesbian, Gay, Bisexual and Transgender Task Force, and I have been asked by OPA to testify against this bill on behalf of our organization. As a Psychologist in private practice, I have treated well over a thousand gay, lesbian, and bisexual people, as well as worked with many who have been confused and oftentimes profoundly distressed about their sexual orientation.

The Ohio Psychological Association has historically taken a strong position regarding the fundamental rights of all individuals, without regard to race, gender, age, ethnicity or sexual orientation. As a professional organization, we have been strong advocates for this position based on the **use of scientific knowledge and sound clinical practice**.

OPA believes that Psychologists must do all we can to help every person feel a part of this great nation. This duty includes trying to prevent divisive actions that would stigmatize, contribute to prejudice and intolerance, and produce psychological harm to any group. We believe that HB 272 will be divisive, because it ignores the needs of many Ohio families solely because they are not legally married couples as already defined by Ohio law. It also has the potential to cause psychological harm to the family members of gay, lesbian or bisexual children, who represent more than 10% of the families of our state. Further, we believe that HB 272 will cause psychological harm, both by adding to the societal prejudice toward some groups of people and by providing government sanction for intolerance and bigotry. We are especially concerned that HB 272 is not based on the well-established body of scientific findings about homosexuality.

In his proponent testimony, Dr. Warren Throckmorton spoke to you about what he purported are the views of the mental health community and the results of the scientific study of homosexuality. These views are neither mainstream, nor well informed, nor based in good science, nor representative of the views of organized psychology. As an Ohio Psychologist, I come to you today to present and clarify the professional and scientifically based views of the mental health community, with the hope that your vote on this bill will be based on scientific facts and professional experience, not on speculation and distortions.

First, all major American mental health associations have affirmed that **homosexuality is not a mental illness**. In 1973, based on decades of research, homosexuality was removed permanently from the list of mental disorders by the American Psychiatric Association. In 1975, the American Psychological Association stated that "Homosexuality *per se* implies no impairment in judgment, stability, reliability, or general social or vocational capabilities" (Conger, 1975, p. 633). Proponents have led you to believe homosexuality is a mental illness and caused by arrested psychosocial development – there is simply no scientific evidence to support such positions.

Second, Psychologists do not consider sexual orientation to be a conscious choice that can be voluntarily changed. Most psychologists agree that sexual orientation results from a complex interaction of environmental, cognitive and biological factors, and that in most people, sexual orientation is shaped at an early age. There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, plays a significant role in a person's sexual orientation (Byne W., & Parsons, B. 1993; Diamant, L., & McAnulty, R., 1995; Ellis, L., & Ebertz, L., 1997). Sexual orientation emerges for most people in early adolescence without any prior sexual experience (Cass, V., 1979; Cohen, K. M., & Savin-Williams, R.C., 1996; Coleman, E., 1982). Contrary to Dr. Throckmorton's testimony, sexual orientation has not been found to be directly related to a parents' sexual orientation, and parenting styles have not been found to be associated with a child being gay or straight.

Third, Psychotherapy has not been shown to be effective in changing a gay sexual orientation. Conversion therapy is based on an understanding of homosexuality that has been rejected by ALL the major health and mental health professions, who represent more than 477,000 health and mental health professionals. A number of scientific studies have claimed to show success with conversion therapies. However, "methodological flaws, including sampling problems, inadequate outcome measures, lack of follow-up, and questionable ethics are pervasive in the empirical literature evaluating conversion therapy" (Tozer, 2001). Further, many health and mental health professional organizations have issued public statements about reparative therapy describing such therapies as contraindicated, posing great risks to clients, and/or unethical (Haldeman, D., 1994). In fact, people who have undergone such "therapy" most often report significant harm as a result of conversion therapies; only a very small minority reported change (Shidlo, A. & Schroeder, M., 2002).

Fourth, the scientific literature has found no significant difference between different sex-couples and same-sex couples that justifies discrimination (Kurdek, 1995, 1994, 1983; Peplau, 1991; Koepke, Hare & Moran, 1992; Patterson, 1995a). Heterosexuals and gay couples form relationships for similar reasons and express similar satisfactions with their relationships. Gay and lesbian couples can and do form long-lasting, meaningful and healthy relationships, and in fact, these relationships are very much built on trust, contrary to the testimony you heard from Dr. Throckmorton. Some of the most sophisticated research on marital relationships, based on a 12 year longitudinal study of gay and straight couples, found that "relationship satisfaction and quality are about the same across all couple types (straight, gay, lesbian)" (Gottman, 2004). This result supports prior research by Lawrence Kurdek(1995), who also found that gay and lesbian relationships are comparable to straight relationships in many ways. As Ohio Psychologists, we see it as our responsibility to advocate for social conditions that can help all people succeed in intimate relationships. HB 272 creates many serious challenges to many people who do not fit into "typical" marital relationships.

Fifth, Research over the past two decades has indicated no significant differences between the capabilities of lesbian, gay and bisexual parents and those of heterosexual parents (Allen & Burrell, 1996; Bigner & Bozett, 1990; Cramer, 1986;

Falk, 1989; Gibbs, 1988; Kweskin & Cook, 1982; Patterson, 1996a, Patterson, 1996b; Green, 1978, 1986; Golombok, et al, 1983, Laird, 1993). Lesbians and gay men have both been found to be fit parents as compared to heterosexual parents. Further, research has found children reared in stable homes by gay or lesbian parents are as well adjusted as are those in stable homes raised by heterosexual parents. For example, a recently published report states, "A growing body of scientific literature demonstrates that children who grow up with 1 or 2 gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Children's optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes." (Pediatrics 2002;109:341-343). Gottman's most recent research found that gay and lesbian couples actually are better at resolving conflicts than heterosexual couples. He has also established that the most stressful aspect of a child's life is having to witness parental conflicts (Gottman, 2001). These two decades of research (based on over **43** research articles-Patterson, 2001) clearly contradict the testimony you heard previously by Dr. Throckmorton, when he erroneously suggested to you that it was "beyond dispute" (based on **one** research article he cited) that children do better in heterosexual families.

Dr. Throckmorton also erroneously reported to you, based on what appears to be either a misunderstanding or a misrepresentation of the research findings of one study, that children raised with gay parents would most likely become gay. Here is a direct quote from the findings of the study he cites: "Studies of children raised by lesbian mothers have found that these children are generally no more likely than their peers from heterosexual mother families to identify themselves as gay or lesbian or to be attracted to someone of the same gender" (Golombok & Tasker, 1996). Other research in this area also indicates that children raised by gay or lesbian parents are not more likely to be homosexual than children raised by heterosexuals. A study of sons of gay fathers found that more than 90% of those whose sexual orientation could be rated were heterosexual. Further, the sons' sexual orientations were unrelated to the amount of time they spent living with their fathers. The truth is that **most gay children are raised by heterosexual parents**: A study of the sexual orientation of 702 parents of gay men and lesbians revealed that 90 percent of the parents were heterosexual, 4 percent were bisexual, and only 6 percent were homosexual (Bailey, et al, 1995). This clearly debunks the idea endorsed by Dr. Throckmorton that Ohio's General Assembly should forbid gay marriage because it will cause Ohio parents to raise more gay children.

Dr. Throckmorton also misquoted another study which examined Psychologists' attitudes toward gay parents. Dr. Throckmorton stated that the study found Psychologists would give preference to straight parents related to custody. The paper actually says something quite different: "Psychologists in this study held affirming attitudes toward gay and lesbian parenting" and found no differences in the attitudes of these Psychologists about recommending adoption to gay or non-gay parents, nor did they predict any differences in their ability to teach moral values, emotional stability, or parenting quality (Crawford, et al, 1999).

Psychological functioning of lesbian, gay and bisexual people can be adversely affected by stress related to stigmatization based on their sexual orientation. Such stress leads to increased risk of suicide attempts, substance abuse, and emotional distress (Herek, 1998). Current research shows that the rate of suicide attempts among adolescent males is 6 ½ times higher for males who describe themselves as gay, bisexual or unsure, and 2 times higher for female students who describe themselves as gay, bisexual or unsure (Garofalo, Wolf, Kessel, Palfrey & Durant, 1998; Garofalo, Wolk, Wissow, Woods and Goodman, 1999). Of great concern to us about HB 272 is that it sends the message to lesbian, gay, and bisexual youth and adults in Ohio that they are inferior and that any intimate same-sex relationship they form would be denounced as “against the strong public policy of the state”.

In summary, on behalf of the Ohio Psychological Association, our members and all the clients we serve, I ask you to oppose HB 272 as divisive, psychologically damaging and uninformed legislation. Thank you again for the chance to provide information to you about this crucial issue.

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