EVIDENCE REVIEW ON LGBT ISSUES

Recruitment, Conversion Therapy, Sexual Orientation and Gender Identity

By Professor Chris Beyrer, MD, MPH

Director, the Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health

The recent passage of laws criminalizing same sex behavior or identity among consenting adults, including laws criminalizing what has been termed “homosexual propaganda” have to varying degrees made arguments for these laws based on purported scientific evidence. In the case of the Bahati bill in Uganda signed into law by Uganda President Museveni in 2014, a request for a review of evidence on the origins of homosexuality in humans was requested by Museveni and provided prior to his signing the law. The document, entitled “Scientific Statement from The Ministry of Health on Homosexuality,” and dated February 10th, 2014, was tasked by the Ugandan President with answering two questions:

1) Is there a scientific / genetic basis for homosexuality?
2) Can homosexuality be learned and unlearned?

The process for attempting to answer these questions was not reported by the committee, and after the release of the document, two scientists resigned from the committee in protest, stating that the findings had been manipulated and did not accurately report the committee’s findings. Nevertheless, President Museveni signed the bill into law.

The White House Press Secretary issued a statement on February 24, 2013 noting that the legislation further criminalizing homosexuality in Uganda is a step backwards for freedom, justice and equal rights and will undermine public health, including efforts to address HIV. A health impact assessment of the legislation predicted that it would likely erode social capital, increase stigma, hinder care for those living with HIV, and have negative public health consequences (Semugoma et al., 2012).
Since several other countries are considering similar legislation, including Kenya, DR Congo, Ghana, and Gambia, and as Nigeria, Russia, and India have already seen significant legal setbacks to LGBT rights, it is important to understand the thinking behind the legislation and the uses of information and data on which the decision to sign it was at least partially based.

The Uganda report explores a quite wide range of evidence regarding homosexuality. It acknowledges that homosexuality is present in Uganda, and was a part of Ugandan society prior to European colonization. Given the degree of stigma and discrimination against LGBT Ugandans, these assertions are something of an advance in evidence based thinking. Of concern, however, is the report’s handling of the second question, on whether homosexual can be learned or unlearned. In this section the report deviates widely from available scientific evidence and repeats the longstanding and non-evidence based argument that since homosexuals cannot reproduce, they must “recruit” children and inculcate them into adopting a homosexual lifestyle. This is the familiar argument of conservative religious movements in many countries, including the U.S., and also appeared as part of the argument for the passage of the anti-homosexuality propaganda law in the Russian Federation in 2013.

Statements by the Ugandan authorities after the recent raid on a Makarere University Walter Reed HIV clinic in Uganda (in April, 2014), and similar statements from the Kenya Government after a recent (April, 2014) clinic raid in Kisumu, Kenya, both assert the (false) allegation that these clinics were attempting to “recruit” young men into homosexuality. The “recruitment argument is consistently at the core of these antigay allegations. The fact that the scientific and clinical evidence so consistently demonstrates that sexual orientation (heterosexual, homosexual, or other) is a strongly fixed attribute of the self and not amenable to change by external influence, attempts at therapy, or faith-based approaches, is of critical important to countering these arguments.

The data and references which counter the recruitment and conversion arguments include:

Evidence that early experiences with same sex behavior do not “lead” to homosexual orientation later in life (Bell and Weinberg, 1978).

Conversion and/or reparative therapies, which seek to change sexual orientation, have not been shown to work, but have been shown to and cause harm, particularly to LGBT adolescents (Beyrer, 2011).


Most studies of conversion therapy have been found to be methodologically flawed. A review of literature on the efficacy of conversion therapy reported that most studies failed to meet the American Psychological Association’s criteria for evidence-based treatment (Cramer et al., 2008).

Conversion therapy has been rejected by virtually all professional organizations including the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the National Association of Social Workers, the American Medical Association, the American Association of Physician Assistants, the Royal College of Nursing, the Royal College of Psychiatrists, and the Psychological Society of South Africa.

Because of the well documented harms of this approach, conversion therapy has been made illegal in a number of U.S. states, including California and, most recently, New Jersey, and in many countries internationally.

Taken together, this large body of evidence is conclusive that homosexuality is not a choice and is not “learned” or “unlearned” or affected by exposure to homosexual persons, any more that heterosexual orientation is a choice. It is rather, a variant of human sexual orientation and an unchanging aspect of the self. Homosexual “propaganda,” such as it can be said to exist, is no more likely to change heterosexual orientation then heterosexual propaganda is likely to change homosexual orientation. This reality is critical to undermining the argument that homosexuality is a threat to heterosexuality, and that LGBT persons seek to recruit and convert heterosexuals.

References for this arguments are below.
REFERENCES


http://tcp.sagepub.com/content/32/5/651.full.pdf+html


http://www.jstor.org/stable/584068


http://humrep.oxfordjournals.org/content/11/10/2324.long


http://psycnet.apa.org/psycinfo/1979-20828-001


http://psycnet.apa.org/journals/ccp/62/2/221/


http://www.jstor.org/stable/583550


