

## Psychologist Testimony Calling for Repeal of the “Conversion Therapy” Ban in Seattle

Dear Honorable Seattle City Council Member,

I am a member of the American Psychological Association, the National Task Force for Therapy Equality, and the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI),<sup>1</sup> a national association of licensed, professional therapists who provide contemporary talk therapy that is open to change in sexual orientation or gender identity (SOGI change).

**No Electric Shock, Aversive Methods, or Harm.** As the Practice Guidelines for ATCSI indicate, we do not coerce therapy goals, even for minor clients, even if their parents want us to, and we never use electric shock or aversive methods.<sup>2</sup> *Even the Southern Poverty Law Center itself has affirmed in a paper it posted in May 2016 that “conversion therapy” does NOT use electric shock or aversion therapy.*<sup>3</sup> Testimonies or organizational statements to the contrary are outdated, reveal lack of actual knowledge about contemporary SOGI change therapy, and should be regarded with caution. Grotesque mischaracterizations of SOGI change therapy have been presented in testimonies to legislators and in the media, have been documented to be fabrications, and have been reported to the Federal Trade Commission.<sup>4</sup>

Regarding a transgender girl, Leelah Alcorn, who tragically committed suicide, her note said she went to Christian therapists. Few Christian therapists are trained in therapy for SOGI change, and there is no evidence her therapists provided SOGI change therapy or were trained to do it. Often-quoted research about suicide among LGBT youth never claims any of the youth received therapy that is open to SOGI change.<sup>5</sup> No scientifically credible research shows harm from talk therapy that is open to SOGI change.

**No One Is Born Gay.** Is same-sex attraction simply innate like eye or skin color, so it cannot change? *USA Today* summarized research in a June 2017 article title, “‘Born this way’? It’s way more complicated than that.”<sup>6</sup> The American Psychological Association (APA) agrees in its *APA Handbook of Sexuality and Psychology*. The APA gave the *Handbook* its imprimatur and declared it “authoritative.”<sup>7</sup> The *APA Handbook* says no gay gene has been identified,<sup>8</sup> and all hypothesized biological factors combined do not determine sexual orientation.<sup>9</sup> Psychoanalytic factors<sup>10</sup> are potentially causative. Born-that-way is NOT true.

The co-editor-in-chief of the *APA Handbook* co-authored an article in 2016 stating that the genetic contribution to same-sex attraction is less than the genetic contribution to

being divorced or smoking, things that are considered changeable<sup>11</sup>—sometimes without therapy—sometimes through psychological intervention<sup>12</sup>—without harm.

**Most are Bi and Change.** The *APA Handbook* says most of the public and some mental health professionals believe sexual orientation comes in two types—exclusive heterosexual and exclusive homosexual—that are fixed and rigid, but the opposite is true. Most people who experience same-sex attraction also already experience opposite-sex attraction, and most are mostly opposite-sex attracted.<sup>13</sup> The *Handbook* says same-sex sexual attraction, behavior, and orientation self label—all three—shift over time for most. Abundant research shows change is mostly toward or to exclusive opposite-sex attraction, and this is true for both adolescents and adults and both males and females across numerous rigorous studies.<sup>14</sup> In two of the best studies, as many as 89%<sup>15</sup> of exclusively same-sex attracted adolescent boys and 66%<sup>16</sup> of all same-sex attracted young adults of both genders shifted sexual attraction, mostly toward or to exclusive *opposite*-sex attraction.<sup>17</sup> The exceptions are the minority. It is well established that “born that way and can’t change” turned out not to be true. A “key”<sup>18</sup> basis for the APA’s recommendation against change therapy was the view, now discredited in the APA’s own *Handbook*, that sexual orientation does not change.

**No One Is Born Trans; Gender Dysphoria Normally Changes.** The American *Psychiatric Association* in its *Diagnostic and Statistical Manual, Fifth Edition*,<sup>19</sup> and the *APA Handbook*<sup>20</sup> agree that childhood gender identity dysphoria or distress also normally fluctuates. As many as 98% of gender dysphoric boys and 88%<sup>21</sup> of gender dysphoric girls will accept their natural body sex by adulthood if allowed to. The *APA Handbook* says that transgender identity comes from a combination of biological and social factors, *not that it is biologically determined or innate*.<sup>22</sup> Therapy that is open to change is in harmony with the norm of sexual orientation and gender dysphoria change.

**Sexual Trauma & Family Factors May Cause Sexual Variations and Should Be Treated, Potentially Leading to Sexual Variation Change.** The APA Task Force<sup>23</sup> and a number of professional organizations have taken a now outdated position that claims trauma, family pathology, and psychoanalytic factors are not potential causes of sexual variations. While the APA says sexual variations are normal and not caused by trauma, so there is nothing to treat, now in its *Handbook* it also says *childhood sexual abuse, such as Mayor Murray has perpetrated*, is a potentially *causal* factor for ever having same-sex partners.<sup>24</sup> Contrary to a common view, it also says there are “*psychoanalytic*” *causal* factors<sup>25</sup> in sexual orientation. Psychoanalytic factors generally are well known potentially to include family trauma. Rigorous research has established *absence of a parent*, especially the biological parent of the same-sex as the child, is a strong potentially causal factor.<sup>26</sup> The *APA Handbook* says there is some evidence gender

dysphoria is pathological, *family pathology* may influence it,<sup>27</sup> and the full acceptance of a child's gender variation risks neglecting problems the child might be experiencing.<sup>28</sup> Yet, if change therapy is banned, therapists will be able only to fully accept and affirm a child's transgender identity or take a wait-and-see approach. Ethically, a clinician must consider the presence and treatment of potentially causal and pathological factors. Resolving causal factors may lead to a shift in SOGI. A therapy ban would forbid such therapy. Therapists could not lift a finger to help these traumatized children move toward what they feel is their true sexual orientation or gender identity. The political activists behind bans do not want anyone to know some children's sexual variation was forced on them by sexual abuse or family pathology, because they believe such realities do not support their political agenda.

**Change Therapy Is Safe & Effective.** Did the often cited APA Task Force report<sup>29</sup> prove change therapy is harmful and ineffective but affirmative therapy is safe and effective? It did not. It critiqued research for change therapy meticulously for flaws, holding it to the highest standards that the APA requires of no other therapy, then recommended affirmative therapy that it said also failed those very same standards, and accepted evidence it admitted was one-sided and anecdotal as the basis for its conclusion. Organizations have built position statements on this thin and lopsided basis.

There is over a century of published research, mostly peer reviewed, showing successful sexual orientation change through therapy.<sup>30</sup> Yet the APA Task Force<sup>31</sup> recommended more rigorous research. In response, a prospective, longitudinal study currently being conducted has found in the first 12 months that distress decreased, sense of wellbeing increased, heterosexual thoughts and feelings increased, and homosexual thoughts and feelings decreased.<sup>32</sup> These results are credible scientific research evidence that therapy that is open to sexual orientation change is safe and effective. Some organizational position statements to the contrary follow the APA Task Force report that was published before this research. These results were presented at a professional conference, and the two-year results are expected to be published in a peer-reviewed journal. Banning therapy would be premature.

**Viewpoint Discrimination in Organizations Is Group Think, Not Science. In Law, It Is Unconstitutional.** A number of professional organizations have *affirmatively recommended* SOGI change therapy.<sup>33</sup> How did the APA Task Force decide to recommend against it? A former APA president explained that the chair of the Task Force appointed only members who were already against change therapy ideologically or politically and refused qualified psychologists who actually do the therapy.<sup>34</sup> The Task Force conclusion was based on *viewpoint discrimination*. Organizations that share the viewpoint discrimination of the APA Task Force have taken the same position. Their

agreement is group-think, not science. Organizations have the right to stack the deck based on viewpoint discrimination (although they should acknowledge when they do so), but *viewpoint discrimination and content discrimination in law is unconstitutional*.<sup>35</sup>

It makes no sense to hide the truth from sexually variant minors that many of them will change, and it is unconscionable to withhold help from those who may need therapy for trauma to make that change and be what they feel is their true self. Among those individuals who do not change, not all regret they tried; therapy has many benefits. Some who change regret that professional organizations, their family, and others led them to believe change through therapy was not possible, resulting in delay in getting this therapy and losing years of their lives they could have lived the way they now do.

**Minors Not Getting Therapy.** My state, California, is one of a small number of states that have therapy bans for minors; 22 states have rejected these bans. **Therapy bans assume same-sex attracted or gender dysphoric children who seek therapy that is open to sexual variation change will have their sexual variation for life, were biologically determined to be so, and want to be so affirmed or will feel rejected. This assumption is ill-founded. Minors who want therapy that is open to change will not go to a therapist who will not recognize that their sexual variation may be due to trauma, may not represent their truest self, and may shift with therapy.**

Since the ban, many therapists have been afraid to see these minors, so these minors are being sent to unlicensed counselors or getting no help at all. Some have been sexually abused or are suicidal. These children are not being served.

**Bans Risk Therapists.** Therapy bans also place all therapists who treat sexually variant minors in a dangerous trap, regardless of their view of sexual variations. Sexual variation fluctuation could occur during therapy, and then there is an open question as to whether the therapist is in violation of the law. At least, the therapist is opened up to liability. The California Board of Behavioral Science (BBS) has been asked more than once to clarify the law on this very liability question and has declined.

**Therapy bans are dangerous, ineffective, and unjust for the very minors they purport to protect. How does banning therapy help children whose same-sex attraction was forced on them by child abusers like Mayor Murray and who want help to change their sexual attraction and behavior? Can you bring yourself to abuse child abuse victims again by depriving them of the only therapy that will help them, as Mayor Murray sought to do?**

Sincerely, Laura A. Haynes, Ph.D., California Licensed Psychologist, Tustin, CA

- <sup>1</sup> Alliance for Therapeutic Choice and Scientific Integrity, [TherapeuticChoice.com](http://TherapeuticChoice.com).
- <sup>2</sup> National Association for Research and Therapy of Homosexuality Institute (NARTH Institute), Practice guidelines for the treatment of unwanted same-sex attractions and behavior, Originally published in: *Journal of Human Sexuality*, 2:5-65. <https://www.scribd.com/doc/115508811/NARTH-Institute-Practice-Guidelines>, pp. 17f, 28.
- <sup>3</sup> Southern Poverty Law Center, May 2016, Quacks: 'Conversion Therapists,' the Anti-LGBT Right, and the Demonization of Homosexuality, p. 29; critiqued in [National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017](http://americasurvival.org/wp-content/uploads/2017/05/In-Their-Own-Words-Lies-Deception-and-Fraud-May-1-2017). <http://americasurvival.org/wp-content/uploads/2017/05/In-Their-Own-Words-Lies-Deception-and-Fraud-National-Task-Force-Complaint-to-the-Federal-Trade-Commission.pdf>, pp. 16-17.
- <sup>4</sup> [National Task Force for Therapy Equality, \(May 1, 2017\), Report to the FTC](#). (See footnote 3.)
- <sup>5</sup> C. Ryan, D. Huebner, R. M. Diz, & J. Sanchez (2009), Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults, *Pediatrics*, 123: 346-352, Doi: 10.1542/peds.2007-3524.
- <sup>6</sup> Dastagir, A. (June 15, 2017), 'Born this way'? It's way more complicated than that. <https://www.usatoday.com/story/news/2017/06/16/born-way-many-lgbt-community-its-way-more-complex/395035001/>
- <sup>7</sup> Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association., v. 1, p. xvi.
- <sup>8</sup> Rosario & Schrimshaw, 2014, v. 1, p. 579, in *APA Handbook*.
- <sup>9</sup> Kleinplatz & Diamond, 2014, v.1, pp. 256-257, in *APA Handbook*; see also Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research*, 17: 45-101.
- <sup>10</sup> Rosario & Schrimshaw, 2014, v. 1, p. 583, in *APA Handbook*.
- <sup>11</sup> Diamond, L. & Rosky, C. (2016), pp. 4,6-7.
- <sup>12</sup> For example: American Psychological Association (November 2016). American Psychological Association News: Get the App: A new tool to help clients quit smoking. *Monitor on Psychology*.
- <sup>13</sup> Diamond, 2014, v. 1, p. 633, in *APA Handbook*.
- <sup>14</sup> Diamond, p. 636; Rosario & Schrimshaw, p. 562; and Mustanski, Kuper, & Greene; all in *APA Handbook, 2014*, v. 1. See also Diamond & Rosky, 2016.
- <sup>15</sup> Savin-Williams, R., & Ream, G. (2007). Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood. *Archives of Sexual Behavior*, 36: 385-394.
- <sup>16</sup> Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior* 41: 103-110.
- <sup>17</sup> Diamond & Rosky, 2016, p. 7, Table 1.
- <sup>18</sup> APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association, pp. 54, 63.

- 19 American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA: American Psychiatric Association, p. 455; Bockting, 2014, v. 1, p. 744, in *APA Handbook*.
- 20 Bockting, W. (2014), Chapter 24: Transgender Identity Development, v. 1, p. 743, in *APA Handbook*.
- 21 American Psychiatric Association (2013), p. 455.
- 22 Bockting, 2014, v. 1, p. 743, in *APA Handbook*.
- 23 APA Task Force (2009), Report, pp. 54, 63.
- 24 Mustansky, Kuper, & Greene, 2014, v. 1, pp. 609-610, in *APA Handbook*.
- 25 Rosario & Schrimshaw, v. 1, p. 583, in *APA Handbook*.
- 26 Udry and Chantala found that “90% of boys who had strong same-sex interest had absent fathers—a very strong relationship. Among boys, the greater the degree of same-sex attraction, the greater the likelihood of father absence, delinquency, and suicidal thoughts. As opposite sex interest also rose, that strong relationship completely disappeared” (Udry & Chantala, 2005, p. 487).  
Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>. See also Frisch, M. and Hviid, A. (2006), Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, 35:533-547; Francis, A. M. (2008), Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4):371-377, DOI:10.1080/00224490802398357; D.M. Fergusson, L.J. Norwood, & A.L. Beautrais, (1999), Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56:876-880, esp. p. 879.
- 27 Bockting, v. 1, p. 743, in *APA Handbook*.
- 28 Bockting., v. 1, pp. 744, 750-751, in *APA Handbook*.
- 29 APA Task Force (2009), Report.
- 30 Phelan, J., Whitehead, N., & Sutton, P.M. (2009). What research shows: NARTH’s response to the APA claims on homosexuality: A report of the scientific advisory committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality*, 1: 1-121.
- 31 APA Task Force (2009), Report.
- 32 Pela, C. & Nicolosi, J. (March 10, 2016) Clinical outcomes for same-sex attraction distress: Well-being and change, Conference of the Christian Association for Psychological Studies (CAPS), Pasadena, CA. <http://www.josephnicolosi.com/collection/outcome-research>
- 33 **Professional Organizations Recommending Change Therapy.** SOGI change therapy for minors is recommended by the American Association of Christian Counselors, Alliance for Therapeutic Choice and Scientific Integrity, American College of Pediatricians, Association of American Physicians and Surgeons, Youth Trans Critical Professionals, Catholic Medical Association, Christian Medical Association, and International Network of Orthodox (Jewish) Mental Health Professionals. **Collectively, these organizations comprise over 100,000 licensed mental and medical health practitioners.**
- 34 Yarhouse, M. (2009). The battle regarding sexuality. In N. C. Cummings, W. O’Donahue, & J. Cummings, (Eds.), *Psychology’s War on Religion* (pp. 63-93). Phoenix, AZ: Zeig, Tucker & Theisen, Inc.

<sup>35</sup> Alliance Defending Freedom (May 9, 2017). Legal Analysis of Amendment No. 640 to Nevada SB 201. Available online.