

NATIONAL TASK FORCE FOR THERAPY EQUALITY

REPORT TO THE FEDERAL TRADE COMMISSION

MAY 2, 2017

In Their Own Words **LIES, DECEPTION, AND FRAUD**

*Southern Poverty Law Center, Human Rights Campaign, and the
National Center for Lesbian Rights' Hate Campaign to Ban Psychotherapy for
Individuals with Sexual and Gender Identity Conflicts*



The National Task Force for Therapy Equality is a coalition of licensed psychotherapists, psychiatrists, physicians, public policy organizations, and psychotherapy clients/patients from across the United States of America. Their purpose is to secure therapy equality for clients that experience distress over unwanted same-sex attractions and gender identity conflicts

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Gabriel Arana has just published an excellent first-person account of so-called "conversion therapy" of sexual orientation in *The American Prospect*. I highly recommend it. It's a beautiful account of the horrific damage that is done to people who are subject to claims that he or she is "gay."

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The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity

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So-called "conversion therapy," sometimes known as "reparative therapy," is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. Such practices have been rejected by every mainstream medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

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I never imagined I would be in Geneva, Switzerland, but last week there I was. I was no tourist. I was there to testify before a United Nations Committee. To say this was surreal would be a vast understatement.

In the two minutes that I was given to address the U.N.'s Committee Against Torture, I fought back tears as I described how a psychotherapist, at the request of my parents, tried to change my sexual orientation through conversion therapy when I was 10 years old.

You can help NCLR's #BornPerfect protect LGBT kids with your donation. Will you support our fight to end this dangerous and discredited practice?

I told the Committee how the therapist said I was sick, that I was being exterminated all LGBT people. My voice shook, but I was determined to make my effort to make me straight, including being in a conversion therapy program.

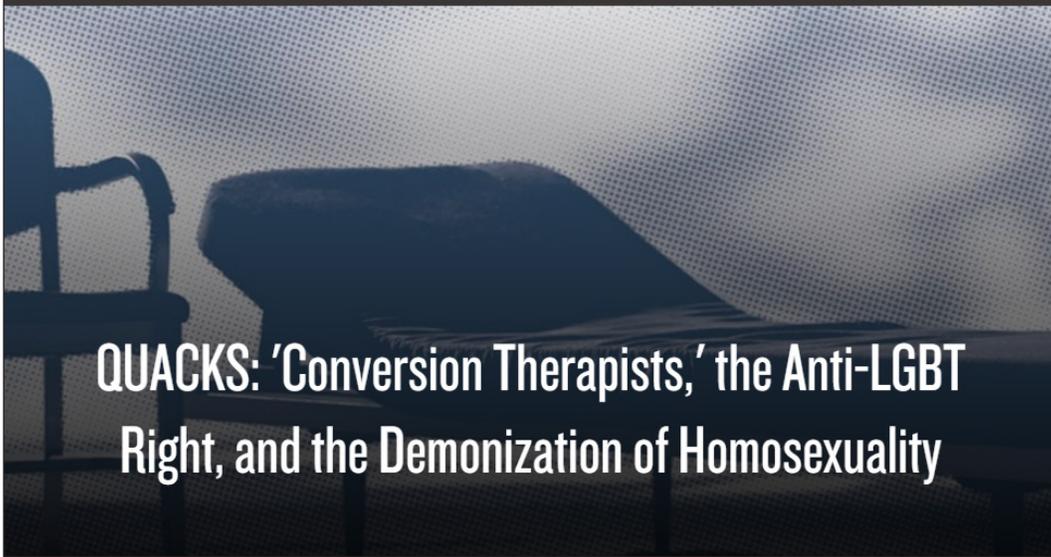
But last week, as part of my testimony...

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QUACKS: 'Conversion Therapists,' the Anti-LGBT Right, and the Demonization of Homosexuality

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EXECUTIVE SUMMARY

In February 2016, the Southern Poverty Law Center (SPLC), Human Rights Campaign (HRC), and National Center for Lesbian Rights (NCLR) filed a complaint with the Federal Trade Commission (FTC) against People Can Change (now called Brothers Road), accusing the Virginia-based non-profit organization of committing consumer fraud, namely, by offering, marketing, selling, and performing services that purport to change a person's sexual orientation or gender identity, commonly referred to as "conversion therapy." This complaint was a part of the Respondents' ongoing effort to curtail the therapy rights of individuals, and their families, who experience sexual and gender identity conflicts by enacting legislation to ban licensed psychotherapy on the state and federal level.

This complaint prompted the National Task Force for Therapy Equality, a coalition of psychotherapists, psychiatrists, physicians, public policy organizations, and clients who experience unwanted same-sex attractions and gender identity conflicts, to launch a comprehensive investigation titled:

In Their Own Words — Lies, Deception, and Fraud: The Southern Poverty Law Center, Human Rights Campaign, and National Center for Lesbian Rights' Hate Campaign to Ban Psychotherapy for Individuals with Sexual and Gender Identity Conflicts

As this report will detail, the three Respondents have been actively working together for at least five years in a deceptive and fraudulent hate campaign with the goal of deceiving law makers on the state, federal, and international level to enact legislation to ban licensed psychotherapy for clients (minors) that experience unwanted same-sex attractions and gender identity conflicts. To date, six states and several cities and jurisdictions have passed such legislation into law, prompting several lawsuits across the country.

This report will demonstrate the following:

- The three Respondents have actively and knowingly engaged in deceptive and fraudulent marketing practices of the kind the FTC considers malicious, which are particularly deceptive and misleading to consumers and the general public. This complaint is pursuant to the FTC's definition of unfair practices, defined as those that "cause or are likely to cause substantial injury to consumers which is not reasonably avoidable by consumers themselves and not outweighed by countervailing benefits to consumers or to competition" (15 U.S.C. Sec. 45(n)).
- The three Respondents have supported witnesses on the state, federal, and international level that have delivered unverifiable and fraudulent testimony in front of law-making bodies in the effort to persuade legislative action to ban psychotherapy. Through multiple examples, it has now been proven these witnesses have lied and engaged in a variety of deceptive practices on behalf of the Respondents' hate campaigns to ban psychotherapy.
- The three Respondents, through their marketing campaigns, are actively raising large sums of money in the effort to ban psychotherapy by using deceptive and fraudulent practices. These practices are misleading to the general public, and, as this report documents, it is highly unlikely that the three Respondents are unaware of the false and misleading nature of how their statements distort the facts and research around psychotherapy to help clients with sexual and gender identity conflicts. As such, they are knowingly misleading consumers in their efforts to profit from such activities.
- The three Respondents, through their marketing campaigns, have actively and knowingly distorted the research to promote efforts to ban psychotherapy for clients with sexual and gender identity conflicts, including misleading statements regarding the 2009 American Psychological Association Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation, as well as other research (e.g., Ryan et al., 2009). The three Respondents use these misleading statements to make false and misleading claims that psychotherapy is harmful and ineffective for minors who experience sexual and gender identity conflicts.
- The three Respondents, through their marketing campaigns, have actively distorted the scientific research in promoting the "Born Gay" hoax, a notion that has been dis-

As this report will detail, the three Respondents have been actively working together for at least five years in a deceptive and fraudulent hate campaign with the goal of deceiving law makers on the state, federal, and international level to enact legislation to ban licensed psychotherapy for clients (minors) that experience unwanted same-sex attractions and gender identity conflicts.

The National Task Force for Therapy Equality (NTFTE) respectfully requests that the Federal Trade Commission (“FTC”) investigate and stop the libelous, slanderous, deceptive, and misleading actions of the Southern Poverty Law Center (SPLC), Human Rights Campaign (HRC), and National Center for Lesbian Rights (NCLR), which have made broad-sweeping claims of fraud and harm towards professional sexual orientation change therapies, and their clients.

proved and refuted by organizations such as the American Psychological Association through their 2008 Position Statement and 2014 *APA Handbook of Sexuality and Psychology*. The Respondents have perpetrated this lie to further their respective political agendas, and in so doing, have raised untold sums of money from unsuspecting consumers and the general public.

- The three Respondents have also engaged in smear and defamatory attacks on licensed psychotherapists and faith-based ministries providing help and assistance to those who experience sexual and gender identity conflicts. Until recently, one of the Respondents (SPLC) included an interactive “Hate Map” that identified nearly 100 therapists and ministries on their website. The Respondent recently removed this map in the aftermath of the crime of Floyd Corkins, a gunman who was inspired by the SPLC’s “Hate Map” to enter the Family Research Council in 2013 and attempt to murder conservatives.
- One of the Respondents (SPLC) was also reported to the Internal Revenue Service (IRS) in 2017 by the Federation for American Immigration Reform (FAIR) for engaging in practices of using “opinion-based smears and innuendos” as though they were educational while violating governmental regulations and using tactics that it claims shields it from liability lawsuits. The Respondent’s blatant engagement in political activity is a clear violation of their 501(c) (3) status with the IRS, says the complaint.

By engaging in these deceptive and fraudulent practices, the National Task Force for Therapy Equality accuses the Respondents of perpetrating undue harm on millions of consumers and the general public, hundreds of licensed mental health providers, and thousands of clients and potential clients that experience sexual and gender identity conflicts. Because their hate campaigns have already resulted in therapy bans enacted in at least six states and several other cities and jurisdictions, this report respectfully requests the FTC to review these fraudulent and deceptive practices and to promptly order the Respondents to cease their activities in the effort to protect therapists, clients, consumers, and the general public from further harm. In addition, we respectfully request the FTC to order the three Respondents to issue press releases, correct inaccurate statements on their websites, and actively work with legislators across the United States to reverse legislation that has been passed into law so that further harm can be avoided.

I. INTRODUCTION

A. Formal Purpose of this Complaint

The National Task Force for Therapy Equality (NTFTE), the following licensed therapists, and the following therapy clients respectfully request that the Federal Trade Commission (“FTC”) investigate and stop the libelous, slanderous, deceptive, and misleading actions of the Southern Poverty Law Center (SPLC), Human Rights Campaign (HRC), and National Center for Lesbian Rights (NCLR), which have made broad-sweeping claims of fraud and harm towards professional sexual orientation change therapies, and their clients.

In accordance with the substantial scientific and anecdotal evidence that demonstrates sexual orientation change is possible for some individuals, and the lack of accurate research to support the assertion that Sexual Orientation Change Effort (SOCE) therapy is fraudulent and/or harmful, the NTFTE, licensed therapists, and therapy clients who report successful change in sexuality support the complaint herein.

The actions of the SPLC, HRC, and NCLR seek to invalidate and end the practice of professional sexual orientation change therapies and will result in a denial of free speech of therapists and therapy clients, restraint of trade, loss of religious rights, and in some cases, may pose harm to the mental and emotional health of clients, who could experience depression, anxiety and/or suicide ideation due to a lack of available therapists who share their values and goals.

As such, we define the efforts of the SPLC, HRC, and NCLR as malice, and are particularly deceptive and misleading to consumers and the general public. This complaint is pursuant to the FTC’s definition of unfair practices, defined as those that “cause or are likely to cause substantial injury to consumers which is not reasonably avoidable by consumers themselves and not outweighed by countervailing benefits to consumers or to competition” (15 U.S.C. Sec. 45(n)).

We respectfully request that the FTC take enforcement action to end the actions of the SPLC, HRC, and NCLR, which seek to defame change therapies, change therapists, and their clients, or to render a judgment against the three organizations for their actions, which are deceptive and misleading to consumers and the general public. We also ask that the FTC require these organizations to cease publishing slanderous remarks about change therapies, change therapists, and their clients, and require them to cease and desist publishing all deceptive statements including those within their public speeches, social media, online videos, and on their websites.

B. Overview of the Southern Poverty Law Center (SPLC), Human Rights Campaign (HRC), and National Center for Lesbian Rights (NCLR)

Southern Poverty Law Center – Respondent

Respondent Southern Poverty Law Center (“SPLC”), located in Montgomery, Alabama (www.splcenter.org) is a multi-million dollar law firm, organized as a non-profit, committed to targeting and prosecuting SPLC identified “Hate” groups. Until recently, the SPLC included an interactive “Hate Map” that identified nearly 100 therapists and ministries that help individuals with sexual and gender identity conflicts. The Respondent recently removed this map in the aftermath of Floyd Corkins, a gunman that was inspired by the SPLC’s “Hate Map” to enter the Family Research Council in 2013 and attempt to murder conservatives.¹ The SPLC LGBT Human Rights Project is dedicated to the fraudulent pseudoscience of proving genetic homosexuality and to profiting from alleged harm of falsely named “conversion therapy.” The SPLC initiated the lawsuit of *Ferguson v. JONAH*, exploited recruited plaintiffs, biased court proceedings, and manipulated overly broad consumer fraud laws in a New Jersey State Court to target and persecute this organization.² In 2014, the Federal Bureau of Investigation removed the SPLC from the “Resources” page of its Civil Rights Division. An internal FBI e-mail seems to suggest that the decision to remove the SPLC from this list was prompted by a meeting with Congressional staffers, who expressed the concerns of the head of the Family

Until recently, the SPLC included an interactive “Hate Map” that identified nearly 100 therapists and ministries that help individuals with sexual and gender identity conflicts. The Respondent recently removed this map in the aftermath of Floyd Corkins, a gunman that was inspired by the SPLC’s “Hate Map” to enter the Family Research Council in 2013 and attempt to murder conservatives.

1 Peters, C. (May 30, 2015). I was traumatized by the Southern Poverty Law Center’s hate campaign against ex-gays. Retrieved online at: <http://www.voiceofthevoiceless.info/?s=hate+map>

2 L. Haynes, & C. LiMandri (2016). *JONAH Case: The Time for Legal Protection for Sexual Orientation Change Efforts is Now.* <http://www.wnd.com/2016/02/sexual-orientation-change-efforts-under-attack/>

Research Council (FRC), whose presence on the SPLC's "hate watch" list inspired Floyd Corkins the gunman that targeted the FRC in 2012 in order to "kill as many employees as possible."³

Human Rights Campaign – Respondent

According to their website (www.HRC.org) the Human Rights Campaign is located in Washington, D.C. and is "America's largest civil rights organization working to achieve LGBTQ equality. By inspiring and engaging individuals and communities, HRC strives to end discrimination against LGBTQ people and realize a world that achieves fundamental fairness and equality for all. The Human Rights Campaign envisions a world where lesbian, gay, bisexual, transgender and queer people are ensured equality and embraced as full members of society at home, at work and in every community." While HRC works to defend the rights of the LGBTQ community, they have actively worked to marginalize, defame, and discriminate against individuals that experience unwanted same-sex attractions and gender identity confusion. Until recently, they have distanced themselves from formal efforts to end what they label "conversion therapy" for minors. "However, in a February 14, 2017 press release on pending legislation in New Mexico to ban "conversion therapy," they stated: "NCLR and HRC have partnered with state equality groups across the nation to pass state legislation to end conversion therapy."⁴

National Center for Lesbian Rights – Respondent

Located in San Francisco, CA, the National Center for Lesbian Rights (NCLR) launched the #BornPerfect Campaign in June 2014 to end "conversion therapy in five years by passing laws across the country to protect LGBT kids from these dangerous practices, fighting in courtrooms to ensure their safety, and raising awareness." According to their website (www.nclrights.org), the NCLR "focuses on employment, immigration, youth, elder law, transgender law, sports, marriage, relationship protections, reproductive rights, and family law to create safer homes, safer jobs, and a more just world. Each year, NCLR shapes the legal landscape for all LGBT people and families across the nation through its precedent-setting litigation, legislation, policy, and public education. For more than three decades, NCLR has led historic cases, and it is still blazing trails in pursuit of justice, fairness, and legal protections for all LGBT people."

II. THE PARTIES

A. Licensed Psychotherapists

Over 20,000 licensed petitioner therapists, psychiatrists, and physicians represented by the National Task Force for Therapy Equality.

B. Therapy Clients/Patients

Petitioner therapy clients include over 1,000 individuals and families who seek help from licensed professional therapists to heal trauma from sexual abuse, to resolve unwanted same sex attractions and/or gender identity conflicts, and to heal from the consequences of homosexual activity, including depression, anger, addiction, disease, and suicide.

C. Southern Poverty Law Center (SLPC)

D. Human Rights Campaign (HRC)

E. National Center for Lesbian Rights (NCLR)

III. WRITTEN AND VERBAL STATEMENTS FROM THE SPLC, HRC, AND NCLR

A. Applicable Law

Section 5 of the Federal Trade Commission Act ("FTC Act") prohibits unfair and deceptive acts and practices, including statements. The FTC considers whether there has been a rep-

³ Bennett, J. (2/3/2017). EXCLUSIVE: FBI Removed SPLC, ADL From Resources Pages Over 'Number Of Concerns'. Retrieved online at: <http://dailycaller.com/2017/02/03/exclusive-fbi-removed-splc-and-adl-from-civil-rights-resources-pages-because-of-a-number-of-concerns/>

⁴ Miller, H. (2/14/17). Bill to Protect LGBTQ Youth from "Conversion Therapy" Moves Through New Mexico Senate Committee. Retrieved online at: <http://www.hrc.org/blog/bill-to-protect-lgbtq-youth-from-conversion-therapy-moves-through-new-mexic>

Petitioner therapy clients include over 1,000 individuals and families who seek help from licensed professional therapists to heal trauma from sexual abuse, to resolve unwanted same sex attractions and/or gender identity conflicts, and to heal from the consequences of homosexual activity, including depression, anger, addiction, disease, and suicide.

resentation, omission, or practice that is likely to mislead the consumer. The FTC also asks whether the representation, omission, or practice is a “material” one. Neither an intent to deceive nor actual consumer harm is required to find an act deceptive under the FTC Act. The analysis focuses on the risk of consumer harm. Both express misrepresentations and implied misrepresentations are violations of the FTC Act. If a claim is likely to be misleading without qualifying information, the qualifying information must be disclosed in a clear and conspicuous manner. Clear and conspicuous disclosure is required. A disclosure can qualify or limit a claim to avoid a misleading impression; it cannot, however, cure a false claim.

SPLC, HRC, and NCLR’s false and misleading spoken and written practices concerning professional psychotherapy for unwanted same-sex attractions/gender identity confusion is deceptive, contains material omissions, and does not objectively consider all the research that has been completed to date. Publishing false and misleading information will result in harm to consumers by infringing upon their right to accurate information. The Respondent’s researched evidence shows no proven conclusions by any psychological association in the United States, and its citations of the American Psychological Association (APA) are misleading.

1. Assumption 1: Everyone who experiences same-sex attraction is born gay.

On the American Psychological Association’s (APA) own website (www.apa.org) under sections dealing with causation of homosexuality, it clearly indicates there is no “gay gene” and that other biological studies are inconclusive. It states that causes for homosexuality are most likely a combination of genetic and environmental influences. In other words, no one can be certain of causation in terms of proof at this point in time. The APA’s Position Statement in 2008 reads:

There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.⁵

2. Assumption 2: Sexual orientation and gender identity (SOGI) therapies are harmful and ineffective for minors who experience sexual and gender identity conflicts.

As a basis for many of their statements, the three Respondents make references to the American Psychological Association, specifically a report that was produced in 2009. On pages 83-85 of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation,⁶ the APA concludes there is no proof of harm done to anyone undergoing sexual or gender identity (SOGI) therapies:

There are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom.⁷

When it comes to the effectiveness of SOCE for children and adolescents, the APA Task Force said the following:

There is no research demonstrating that providing SOCE to children or adolescents has an impact on adult sexual orientation. The few studies of children with gender identity disorder found no evidence that psychotherapy provided to those children had an impact on adult sexual orientation.⁸

Therefore, there is no evidence to conclude SOGI therapies are harmful or ineffective. The SPLC, HRC, and NCLR are distorting the research by publishing false and misleading informa-

As stated above, there is not one single outcome-based study in the scientific literature of minors undergoing SOCE therapy to back up these claims. Thus, to cite these potential health risks of SOCE therapy for minors is false and misleading. All three of the organizations in this complaint have cited similar claims on their websites and published materials, and are therefore guilty of misleading consumers and the general public.

5 American Psychological Association. (2008). Answers to Your Questions For a Better Understanding of Sexual Orientation & Homosexuality. Retrieved online at: <http://www.apa.org/topics/lgbt/orientation.aspx>

6 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.

7 Ibid, p. 83., note: this was for all populations, children/adolescents as well as adults.

8 Ibid, p. 85., note: the Task Force did not find any outcome-research for children/adolescents undergoing SOCE therapy and fails to include language in their report that specifically states this.

tion to the general public to achieve their respective political agendas. As will be demonstrated later in this report, the Respondents distort the research often, and in a variety of ways.

B. SPLC, HRC, and NCLR’s false and misleading spoken and written practices concerning professional psychotherapy are deceptive and contain material omissions, which result in harm to the consumers by infringing on their right to accurate information.

1. Origins of false and misleading statements in California State legislation

In 2012, gay activist organizations, including but not limited to, SPLC, HRC, and NCLR began working with politicians in the state of California to pass legislation to prohibit licensed mental health practitioners from helping minors who experience unwanted same-sex attractions or wish to change their sexual orientation.

On September 30, 2012, Governor Jerry Brown signed into law Senate Bill 1172, essentially outlawing the practice of sexual orientation change effort (SOCE) therapy for clients under the age of 18. In a press release from the Governor’s office, Brown said the following of SOCE therapy: “These practices have no basis in science or medicine, and they will now be relegated to the dustbin of quackery.” As justification for the law, SB 1172 said the following in Section B:

Sexual orientation change efforts pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources. This is documented by the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation in its 2009 Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation.⁹

Despite the claims of harm cited in SB 1172, the American Psychological Association Task Force did not actually provide scientific evidence to back up the 28 health risks listed above. In fact, none of these health risks have been documented in the scientific peer-reviewed literature outside of a few published and unpublished anecdotal reports from adults, none of which have studied SOCE therapy outcomes for minors.¹⁰

As stated above, there is not one single outcome-based study in the scientific literature of minors undergoing SOCE therapy to back up these claims. Thus, to cite these potential health risks of SOCE therapy for minors is false and misleading. All three of the organizations in this complaint have cited similar claims on their websites and published materials, and are therefore guilty of misleading consumers and the general public.

As this report will show, most individuals who experience same-sex attractions also experience change in sexual attraction, behavior, and identity toward or exclusively toward heterosexuality. Anecdotal claims of harm ignore the majority of individuals who can and do change, with or without the help of therapy.

2. Misleading Statements and False Claims of Harm and Therapy Torture

In May 2016, the Southern Poverty Law Center (SPLC) published a paper that was posted on their website and said the “National Gay and Lesbian Task Force reacted with alarm,” and “warned that the ex-gay industry was under-mining the battle for LGBT rights by suggesting that homosexuality is a choice, not an unchangeable condition like skin color.” Such a statement is meant to convey to the reader that sexual orientation is unchangeable, like skin color.¹¹ Over the years, the SPLC has said a number of deceptive and misleading statements

⁹ ftp://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1151-1200/sb_1172_bill_20120416_amended_sen_v97.html

¹⁰ Phelan, J., Goldberg, A., & Doyle, C.J. (2012). A Critical Evaluation of the Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation, Resolutions, and Press Release. *Journal of Human Sexuality*, 4, 41-69.

¹¹ Southern Poverty Law Center (SPLC) (May 2016). “Quacks: ‘Conversion Therapists,’ the Anti-LGBT Right, and the Demonization of Homosexuality,” p. 9. <https://www.splcenter.org/20160525/quacks-conversion-therapists-anti-lgbt-right-and-demonization-homosexuality>

As this report will show, most individuals who experience same-sex attractions also experience change in sexual attraction, behavior, and identity toward or exclusively toward heterosexuality. Anecdotal claims of harm ignore the majority of individuals who can and do change, with or without the help of therapy.

about therapy to help individuals with unwanted same-sex attractions and gender identity confusion:

Not only does it (SOCE therapy) not work, it's harmful to LGBT people and their families. People who have undergone conversion therapy have reported increased anxiety, depression, and in some cases, suicidal ideation. It can also strain family relationships, because practitioners frequently blame a parent for their child's sexual orientation.¹²

We will discuss more examples of misleading statements in the SPLC's paper later in this document.

The National Center for Lesbian Rights (NCLR) has said similar outrageous and inaccurate statements:

In the past, some mental health professionals resorted to extreme measures such as institutionalization, castration, and electroconvulsive shock therapy to try to stop people from being lesbian, gay, bisexual, or transgender (LGBT). Today, while some counselors still use physical treatments like aversive conditioning, the techniques most commonly used include a variety of behavioral, cognitive, psychoanalytic, and other practices that try to change or reduce same-sex attraction or alter a person's gender identity.

Conversion therapy can be extremely dangerous and, in some cases, fatal. In 2009, the APA issued a report concluding that the reported risks of the practices include: depression . . . and a sense of having wasted time and resources.

The risks are even greater for youth. Minors who experience family rejection based on their sexual orientation or gender identity face especially serious health risks. Research shows that lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were more than eight times more likely to report having attempted suicide, more than five times more likely to report high levels of depression, more than three times more likely to use illegal drugs, and more than three times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.¹³

As evidence to implicate SOCE therapy for minors, the NCLR refers to a study by Ryan et al. (2009), which equates poor health outcomes for LGBT youth as synonymous with therapy outcomes. This statement is a common misuse of research by the NCLR and other gay activists. They cite a study that attributes high levels of family rejection to increased health risks for sexual minority youth and report that these outcomes are attributed to or somehow associated with youth undergoing SOCE therapy. In fact, none of the outcomes in this study were attributed to youth undergoing SOCE therapy, nor did the study even discuss therapy.¹⁴

The Human Rights Campaign (HRC) has also made similar outrageous and unfounded claims:

So-called "conversion therapy," sometimes known as "reparative therapy," is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression . . . Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

In February 2016, the Human Rights Campaign, National Center for Lesbian Rights, and Southern Poverty Law Center filed a consumer fraud complaint with the Federal Trade Commission (FTC) against People Can Change, a major provider of conversion therapy. The complaint alleges that People Can Change's advertisements and business practices which claim they can change a person's sexual orientation or gender identity constitute deceptive, false, and misleading practices and can cause serious

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¹² <https://www.splcenter.org/issues/lgbt-rights/conversion-therapy>

¹³ <http://www.nclrights.org/bornperfect-the-facts-about-conversion-therapy/>

¹⁴ Ryan, C., Huebner, H., Diaz, R.M., & Sanchez, J. (2009). *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults*. *Pediatrics*, 123,1.

harm to consumers, all in direct violation of Section 5 of the Federal Trade Commission Act.^{15, 16}

Not only do these misleading statements attribute SOCE therapy as causing depression, anxiety, drug use, homelessness, and suicide for youth, they falsely accuse People Can Change (now called Brothers Road) of being a “conversion therapy provider” when in actuality, Brothers Road is a peer-lead, non-therapeutic experiential weekend for adult men who experience unwanted same-sex attractions. They do not provide any form of psychotherapy to adults, and they do not work with minors.

3. “Conversion Therapy Torture Camps” in New Jersey

In March 2013, the New Jersey Senate Health, Human Services, and Senior Citizens Committee held a three-hour hearing on a bill that would take away the rights of minors who experience unwanted same-sex attraction (SSA) to receive therapy from licensed mental health professionals. Representatives from gay rights organizations, including the Human Rights Campaign, Garden State Equality, and the Trevor Project, as well as several mental health associations, testified at length about the so-called dangers of “conversion therapy.” While all of these organizations used misleading statistics and false statements to condemn SOCE, one testimony in particular stood out that was particularly fraudulent.

Brielle Goldani, a transgendered woman from Toms River, New Jersey, stated she was tortured at an Ohio-based “conversion therapy camp” in 1997. “Twice a week I was hooked up to electrodes on my hands,” she said. “I, a child, was shocked repeatedly by people who had my parent’s permission to torture me.” Goldani claimed that the torture occurred at a “conversion camp” called “True Directions.” “This is nothing more than legalized child abuse,” claimed Goldani at the hearing.

According to the office of the Ohio Secretary of State and Attorney General, no such camp called “True Directions” has ever existed. In fact, the only trace of this camp is from a 1999 movie titled “But I’m a Cheerleader,” starring drag queen RuPaul. In the film, the main character is suspected of being a lesbian by her family members, who then proceed to send her to a fictitious “conversion therapy” camp called “True Directions.” Throughout the course of the film, two disgruntled gay men encourage the campers to rebel against the program and discover their true identities as gays and lesbians. The final scene of the film shows the main character’s parents attending a Parents and Friends of Lesbians and Gays (PFLAG) meeting to accept their daughter’s homosexuality.¹⁷

Later that spring, on May 6, 2013, representatives from Garden State Equality, New Jersey’s largest gay rights organization, made further false and misleading statements at a press conference at the State Assembly House in Trenton, New Jersey.¹⁸ At the press conference, representatives of Garden State Equality claimed that six other “conversion therapy torture camps” existed in Ohio (and other states) with similar names as “True Directions.” Garden State Equality Executive Director, Troy Stevenson, was asked at the press conference where the alleged camps were located and their names, and promised to provide all members of the press corps the names of these camps right after the press conference. However, Stevenson failed to provide any of these details, even after multiple phone calls were made to his office.

It is important to note that state policy organizations such as Garden State Equality have worked very closely with the HRC, SPLC, and NCLR in their campaigns to make SOCE therapy illegal. They act as local liaisons, recruiting, prepping, and providing talking points to witnesses at committee hearings. In the experience of the NTFTE, the vast majority of witnesses recruited and ultimately those who testify in front of state legislatures have never undergone professional psychotherapy to resolve same-sex attractions or gender identity conflicts with a licensed mental health practitioner. They are typically gay-identified advocates of local and state gay activist organizations or work on behalf of medical and mental health associations within (and outside) the state that oppose SOCE therapy.

15 https://www.splcenter.org/sites/default/files/ftc_conversion_therapy_complaint_-_final.pdf

16 <http://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>

17 Doyle, C.J. (March 21, 2013). Transgendered ‘woman’ lies about therapy ‘torture’. Retrieved online at: <http://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture>

18 Video footage of this press conference was obtained by representatives from Voice of the Voiceless, and can be found here: <https://www.youtube.com/watch?v=LkdlVTnHtI>

Not only do these misleading statements attribute SOCE therapy as causing depression, anxiety, drug use, homelessness, and suicide for youth, they falsely accuse People Can Change (now called Brother’s Road) of being a “conversion therapy provider” when in actuality, Brother’s Road is a peer-lead, non-therapeutic experiential weekend for adult men who experience unwanted same-sex attractions. They do not provide any form of psychotherapy to adults, and they do not work with minors.

In some cases, these witnesses are receiving compensation to attend and testify at hearings to promote therapy bans.¹⁹ One prominent gay activist that has made a career from opposing SOCE therapy is Wayne Besen, Founder and Executive Director of Truth Wins Out. Besen has testified at state hearings to ban SOCE therapy, espousing the so-called horrors of “conversion therapy.”²⁰ However, like many of his colleagues, Besen never received “gay to straight” therapy as he calls it, yet makes a living from his tabloid-style website that spins half-truths and lies about mental and medical health practitioners that work with clients who experience unwanted same-sex attractions and gender identity confusion.

Besen was one of nearly twenty witnesses that testified against SOCE therapy in the New Jersey General Assembly in the spring of 2013. Like Garden State Equality, Besen is not employed by the three organizations this report is filing a complaint against; however, the SPLC has acknowledged Besen for playing a major part in their efforts to end SOCE therapy. After this bill passed both houses in the New Jersey Legislature, Governor Chris Christie signed the bill into law on August 19, 2013.

4. Ice Baths in the State of Washington

In 2014, gay activists working with Democrat lawmakers in the state of Washington introduced HB 2451. The bill contained similar language to other legislation in California and New Jersey, and the tactics used by gay activists were very similar to that seen in New Jersey. Joseph Backholm of the Family Policy Council of Washington documented the almost unbelievable testimony of one witness:

Proponents of the bill told stories about children being subjected to shock therapy and ice baths against their will. While that kind of aversive therapy is broadly condemned, there is little to no evidence that such therapy is done commonly if at all. The Washington State Department of Health said they have received no complaints about therapists performing coercive sexual orientation change therapy of any kind—much less ice baths and shock therapy—against the will of a client.²¹

The Senate ultimately killed this bill in 2014. However, in 2015, the same bill was introduced and passed by the House, only to be amended in the Senate to ban all therapy (not only therapy intended to reduce or eliminate homosexual feelings) that used methods such as electroshock or electroconvulsive therapy. This bill would keep “talk therapy” of any kind legal. But when that bill was sent back to the House for consideration, something remarkable happened. According to Joseph Backholm of the Family Policy Institute of Washington:

The same people who spent the last year talking about the need to protect children from ice baths and shock therapy suddenly and strongly opposed a bill specifically designed for that purpose. What was the problem? The bill didn’t go far enough. “It must restrict talk therapy”, they said. Last year, not a word was uttered about the need to ban talk therapy because everyone was so horrified by the stories of involuntary shock therapy. All they talked about was the need to protect kids from child abuse. But now that they have been given the chance to stop involuntary shock therapy without the ability to regulate conversations... suddenly shock therapy wasn’t such a big deal. There are two things we can learn from this recent development. First, the advocates of this bill have always been mostly interested in prohibiting conversations they dislike, not stopping physical forms of child abuse everyone opposes. The attempt to focus on stories of abuse was just part of the bait and switch. People suspected as much before, but now they have admitted it. Second, and maybe more importantly, the fact that they are willing to oppose a bill to stop child abuse in the hopes that they can pass a bill to ban conversations illustrates the depth of their conviction about this issue. From their perspective, telling kids same-sex attraction is not necessarily permanent is child abuse. The harm of involuntary shock therapy and the “harm” of a child being told change is possible are the same. If this tactic is successful now, it won’t just be the therapists who are affected. If it were “child abuse”

19 For example, Sam Wolfe of the SPLC and Alison Gill of the HRC testified in Washington, D.C. on June 27, 2014 in a hearing to ban “conversion therapy” for minors. See: <http://lims.dccouncil.us/Download/29657/B20-0501-CommitteeReport1.pdf>. Similarly, Samantha Ames of the NCLR testified in Geneva, Switzerland on November 11, 2014 in front of the United Nations. See: <http://www.nclrights.org/genevavideo/>

20 See: <https://www.truthwinsout.org/pressrelease/2013/06/35675/>

21 Balkholm, J. (February 14, 2014). “House Passes Ban on Life Change Therapy 94-4.” Retrieved online at: <http://www.fpiw.org/blog/2014/02/14/house-passes-ban-on-life-change-therapy-94-4/>

Besen never received “gay to straight” therapy as he calls it, yet makes a living from his tabloid-style website that spins half-truths and lies about mental and medical health practitioners that work with clients who experience unwanted same-sex attractions and gender identity confusion.

for a therapist to tell a child that sexual desires can be controlled or changed, why wouldn't it be child abuse for someone else to say the same thing?²²

This legislation was ultimately defeated again in 2015, was not introduced in 2016, and reintroduced again in 2017, only to fail once again.

5. “Not everyone walked out alive” in Virginia

The Commonwealth of Virginia has been a tough battle for gay activists to convince lawmakers to ban SOCE therapy for minors. Three years in a row, gay activists valiantly showed up to testify at the Republican-dominated legislature, only to see their bill die in committee. In 2016, one of the more shocking witnesses was Matthew Shurka, who is a prominent spokesperson for the NCLR's #BornPerfect campaign. During the late January committee hearing, Shurka (who allegedly went through “ex-gay therapy” from the age of 16-21) testified of the following (according to an article in a gay activist website):

“I was in camp in Charlottesville,” he said about a short stint in a conversion therapy camp called Journey Into Manhood located about 50 miles outside of RVA. “Not everyone walked out alive.” Shurka has been involved in fighting ex-gay therapy since he abandoned the treatment, and he is unafraid to share some of the darker parts of his treatment, including “masturbation therapy” and being kept from his mother and sister for three years to avoid picking up feminine traits. He said folks like himself entered the treatments believing they could change, hoping to please their family and/or their faith, and were emotionally destroyed when they failed. “Every week someone is committing suicide or overdosing on drugs because they know they can't succeed,” he said.²³

Perhaps the most disturbing part of Shurka's testimony is that no one, not even the press, asked him why he didn't report the so-called “deaths” that occurred during his experience with Journey Into Manhood. Surely, if a crime, suicide, or homicide had occurred, a police report would have been filed. Yet, these stories continue to be recorded as testimony in front of state legislatures and printed in gay activist media outlets such as GAYRVA.com.

6. Samuel Brinton, Washington, D.C. and the United Nations

Another one of NCLR's prominent spokespersons to end SOCE therapy is Samuel Brinton, who has testified on multiple occasions in state legislatures and, in 2014, even traveled to Geneva, Switzerland to speak of his “therapy torture” at the United Nations. When Washington, D.C. considered (and ultimately passed) a bill to ban SOCE therapy for minors in 2014, one witness, Dr. Gregory Jones, included this quote (in part) from a TIME Magazine article telling Brinton's story:

Sam Brinton says that his father first tried physical abuse to rid his young son of homosexual feelings. When that didn't work, Brinton's parents turned to something called reparative therapy. Some of the memories are hazy more than 10 years later, but Brinton does remember the tactics the counselor used. There was talk therapy, about how God disapproved, and there was aversion therapy, during which pictures of men touching men would be accompanied by the application of heat or ice. “It was pretty much mental torture,” Brinton says. “To this day, I still have light pain when I shake hands with another male.”^{24, 25}

On November 14, 2014, Brinton spoke at the United Nations in Geneva, Switzerland to testify of the alleged abuse he suffered from an unnamed licensed therapist. According to CNSNews.com, Brinton “testified about the licensed psychotherapist who tied his arms down, wrapped his hands in hot copper coils, and stuck needles in his finger to channel electric

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22 Balkholm, J. (March 25, 2015). “Who Doesn't Oppose Child Abuse?” Retrieved online at: <http://www.fpiw.org/blog/2015/03/25/doesnt-oppose-child-abuse/>

23 Kutner, B. (January 26, 2016). Virginia legislator compares being gay to cancer as ex-gay therapy bill voted down in Senate subcommittee. Retrieved online at: <http://www.gayrva.com/news-views/senator-compares-being-gay-to-cancer-as-ex-gay-therapy-bill-voted-down-in-ga-subcommittee/>

24 Sprigg, P. (August 27, 2014). “Ex-Gay Therapy Debate: The Truth Matters.” Retrieved online at: <http://www.christianpost.com/news/ex-gay-therapy-debate-the-truth-matters-125479/>

25 Steinmetz, K. (June 23, 2014). “The New Campaign to End Gay Conversion Therapy.” Retrieved online at: <http://time.com/2907989/bornperfect-gay-conversion-reparative-therapy/>

shocks whenever he was shown a picture of men kissing.”²⁶ Even more troubling, Brinton later authored (with the help of NCLR staff) a fundraising letter that was published on the NCLR blog of his experience at the United Nations:

November 18, 2014

Samuel Brinton: “A Therapist Told Me I Was Sick”

By [NCLR Staff](#)



I never imagined I would be in Geneva, Switzerland, but last week there I was. I was no tourist, I was there to testify before a United Nations Committee. To say this was surreal would be a vast understatement.

In the two minutes that I was given to address the U.N.’s Committee Against Torture, I fought back tears as I described how a psychotherapist, at the request of my parents, tried to change my sexual orientation through conversion therapy when I was 10 years old.

You can help NCLR’s #BornPerfect protect LGBT kids with your donation. Will you support us in our fight to end this dangerous and discredited practice?

I told the Committee how the therapist said I was sick, that God hated me, and that the government was exterminating all LGBT people. My voice shook as I detailed the physical abuse I endured in an effort to make me straight, including being restrained and physically hurt.

But last week, as part of NCLR’s #BornPerfect campaign delegation, I was finally vindicated. Our testimony resulted in the Committee addressing the issue of conversion therapy with the U.S. State Department for the first time in history. We brought international awareness to conversion therapy, a dangerous and discredited practice that is still wreaking havoc in the lives of youth across the country.

As co-chair of the #BornPerfect Advisory Committee, I hope that my testimony will save other children across the U.S. and around the world. No one should ever be told that they need to change who they are. WE ARE ALL BORN PERFECT.

Will you help us in our fight to end this practice in the next five years by donating today?

Samuel Brinton
#BornPerfect Advisory Committee Co-Chair

While Brinton’s story sounds compelling, it has yet to be confirmed by any legitimate source or news outlet. According to a 2014 article, some pro-gay media tried to verify this report—and couldn’t.²⁷ Even Wayne Besen, the most rabid “anti-ex-gay” activist, declared, “[U]ntil he [Brinton] provides more information to verify his experience, he makes it impossible for us to use him as an example. Indeed, it would be grossly irresponsible for us to do so.”²⁸

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26 Hunter, M. (November 14, 2014). “LGBT Activists: UN Should Classify Gay Conversion Therapy as Torture.” <http://www.cnsnews.com/news/article/melanie-hunter/lgbt-activists-un-should-classify-gay-conversion-therapy-torture>

27 “The Mystery Surrounding “Driftwood’s” Tortured Ex-Gay Survivor.” (October 10, 2011). <http://www.queerty.com/the-mystery-surrounding-driftwoods-tortured-ex-gay-survivor-20111010>

28 Sprigg, P. (August 27, 2014). “Ex-Gay Therapy Debate: The Truth Matters.” Retrieved online at: <http://www.christianpost.com/news/ex-gay-therapy-debate-the-truth-matters-125479/>

7. SPLC Opinion-Based Smears and Innuendos Convey Sexual Orientation is Unchangeable, and Efforts to Change Do Not Include Aversive Therapy or Electric Shock But Regularly Lead to Suicide

In May 2016, the SPLC published a paper on its website titled: “Quacks: ‘Conversion Therapists,’ the Anti-LGBT Right, and the Demonization of Homosexuality.”²⁹ The SPLC’s “primary technique[s]” in its “Quacks” online paper are “opinion-based smears and innuendos” and “smearing by association, some of the same techniques that another organization, the Federation for American Immigration Reform (FAIR), documented in its complaint against the SPLC to the IRS.”³⁰

The Southern Poverty Law Center (SPLC) is a megalithic organization with a war chest of hundreds of millions of dollars. Since it has the means to hire a multitude of attorneys and any other consultants it wishes, one can be rather sure this report represents what the SPLC considers the best case it has to offer against therapy that is open to a client’s goal of sexual orientation or gender identity (SOGI) change. With all the SPLC’s resources, it should know whether its claims misrepresent current and scientifically accurate information or not.

The SPLC used the term “conversion therapy” about 250 times and never mentioned the terms actual psychotherapy providers use such as “sexual orientation change efforts (SOCE),” “sexual attraction fluidity exploration through therapy (SAFE-T),” or “heterosexual-affirming therapy.” “Conversion therapy” is a term regularly used by opponents of real psychotherapy that is open to sexual orientation or gender identity (SOGI) change. Even unlicensed religious practitioners generally do not use the term “conversion therapy.” They may speak of “religiously-mediated sexual orientation change efforts.” Why avoid the actual terms in usage for the very subject of the paper?

The term, “conversion therapy” deceptively associates religious practice, “conversion,” with the term appropriate for licensed professions, “therapy.” Religious practices are not psychotherapy, and psychotherapy is not religious practice. The term “conversion therapy” also helps opponents lump unlicensed and licensed actors into one group. In this way, the SPLC can collect smears on a lay counselor, member of the clergy, or coach, none of whom are licensed psychotherapy professionals, and make it appear that such smears apply to all unlicensed and licensed actors.

This method is guilt by association, a sleight of hand, and it permeates the SPLC’s paper. The high powered and well-financed lawyers and professionals who work for the SPLC do know the difference between criticism that applies to some individuals in a group but not the whole group, between religious practice and psychotherapy, and between licensed and unlicensed, and they do know what they are doing when they use this deceptive practice.

Anti-change therapy activists have scandals of their own. Some leaders have left, claimed to change their sexual orientation, and married an opposite sex partner. And there have been scandals of another sort. As Rosik said:

I would find it contemptible if someone argued that because some highly influential gay rights leaders have recently been fighting charges of felony sodomy and sexual abuse with teenage boys and felony possession of child pornography that this must be the case for all such leaders.³¹

29 Southern Poverty Law Center, Quacks: ‘Conversion Therapists,’ the Anti-BGBT Right, and the Domination of Homosexuality, May 2016.

30 FAIR press release, April 5, 2017, <http://www.fairus.org/news/fair-files-formal-exhaustive-complaint-with-the-irs-splc-violated-its-tax-exempt-status-repeatedly>. The entire complaint can be found at http://www.fairus.org/DocServer/media/SPLC_Complaint.pdf. This complaint to the IRS about the SPLC found the SPLC used “opinion-based smears and innuendos” and “smearing by association”. We found the same.

31 C. Rosik, My conversation with a typical opponent of professional therapies that include change, *Journal of Human Sexuality*, 2016, p. 8; J. Manning, J., Terry Bean: Charges of sex with a minor cast shadow over gay rights crusader’s accomplishments. *The Oregonian*. Dec. 4, 2014, Retrieved from http://www.oregonlive.com/politics/index.ssf/2014/12/post_166.html; S. Mayes, Sex crime charges against Terry Bean will be dismissed; key witness won’t testify. *The Oregonian*, Aug. 28, 2015, Retrieved from http://www.oregonlive.com/portland/index.ssf/2015/08/judge_dismisses_sex_crime_char.html; S. Mayes, With star witness absent, sex crimes case against Terry Bean and ex-boyfriend will be dismissed, *The Oregonian*, Aug. 28, 2015; http://www.oregonlive.com/portland/index.ssf/2015/08/judge_dismisses_sex_crime_char.html; K. Willson & N. Jaquiss, Terry Bean’s problem: A prominent Portlander fights for his reputation after a love affair goes wrong. *Willamette Week*. June 3, 2015, Retrieved from <http://www.wweek.com/portland/article-22648-terry-beans-problem.html>; V. Ho, S.F. gay rights advocate sentenced for child porn. SFGATE,

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The SPLC itself specifically has the scandal that it has targeted organizations of traditional values on a hate map leading to a gunman opening fire at the Family Research Council.³² We doubt the SPLC would accept the accuracy of their smear-by-innuendo-and-association method if it were applied to itself.

The SPLC conveys deceptive perceptions indirectly not only about individuals who provide religious practices or professional psychotherapy. It also uses indirect methods to purvey false information about sexual orientation such as the falsehood that it cannot change. Here are some examples.

A Pew Research Center poll finds that 51% of Americans do not believe that gay men and lesbians can change their sexual orientation, while 36% think they can. Answering the same question for Pew a decade earlier, in 2003, 42% said sexual orientation could be changed and 42% said it could not.³³

The National Gay and Lesbian Task Force...warned that the ex-gay industry was undermining the battle for LGBT rights by suggesting that homosexuality is a choice, not an unchangeable condition like skin color.³⁴

The SPLC is careful not to put the generalization into its own mouth that sexual orientation never changes or is like skin color. Instead, it always presents the assertion from the mouths of others. There is a very good reason it is so careful. Research has established that the assertion is false. The organization may think if it cannot be pinned with actually stating a falsehood itself, it cannot be accused of being a purveyor of a falsehood. Thus, the SPLC shields its misrepresentations behind the assertions of others throughout the paper.

We will document that the American Psychological Association (APA) says in the *APA Handbook of Sexuality and Psychology* (2014) (*APA Handbook* or *Handbook*) and other researchers show that sexual orientation changes for many who experience same-sex attractions. In addition, the co-editor-in-chief of the *Handbook* (Dr. Lisa Diamond) has been telling political activists since 2008 to stop the “born-that-way-and-can’t-change false claim” because it harms those who change—most same-sex attracted individuals, as we will also later document. Yet the SPLC has continued to propagate this deception.

The SPLC paper also conveys the impression that sexual orientation is dichotomous, that is, that it predominantly comes in two types—“gay” or “straight,” barely acknowledging bisexuality. We will show that the *APA Handbook* says this portrayal is false; the vast majority of same-sex attracted individuals are also attracted to the opposite sex, and those who are exclusively same-sex attracted are the minority. We will substantiate that the majority of individuals who are both-sex attracted experience changes in their sexual attraction, behavior, and identity self-label—all three. This is the case for both men and women and for both adolescents and adults. Most of their change is toward or to exclusive opposite-sex attraction. We will substantiate all of this.

The term “bisexual” is used only 2 times. In one of the two uses of the term bisexual, the paper says Ted Haggard, leader of the National Association of Evangelicals, had “intensive counseling with senior evangelicals for three weeks,” was pronounced “completely heterosexual” by one of them, but later said “that if he were 21, he would consider himself bisexual.”³⁵ We would question what would be accomplished in three weeks of “intensive counseling” with an apparently unlicensed counselor in any case. But the SPLC seems to infer that if someone were to change from exclusive homosexual attraction to bisexual attraction, and did not change to exclusive heterosexual attraction, he would not have experienced sexual orientation change.

As we will show, most researchers and the *APA Handbook* would consider a change from exclusively homosexually attracted to bisexually attracted to be sexual orientation change. Even a change of one point on a five point continuum from exclusive heterosexual to most-

March 6, 2014; Retrieved from <http://www.sfgate.com/crime/article/S-F-gay-rights-advocate-sentenced-for-child-porn-5292163.php>

32 Cratty, C & Pearson, M. (February 7, 2013). DC shooter wanted to kill as many as possible, prosecutors say. Retrieved online at: <http://www.cnn.com/2013/02/06/justice/dc-family-research-council-shooting/> possible, prosecutors say

33 Ibid., p. 35.

34 SPLC, 2016, p. 9.

35 SPLC, 2016, p. 34.

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ly heterosexual to bisexual (attracted about equally to both sexes) to mostly homosexual to exclusive homosexual is considered change in modern research. Further, a change to bisexual or mostly heterosexual would allow an individual to live in a heterosexual relationship in accordance with the individual's desire.

The SPLC conveys the impression that no can go from exclusively same-sex attracted to exclusively opposite-sex attracted. Research shows some do make that kind of change, as we will document.

The SPLC also leaves the reader with the impression that contemporary licensed mental health professionals generally claim they can make everyone go from exclusively gay to exclusively straight. However, licensed mental health professionals generally do not claim they can make anyone do anything, but they can assist individuals in the work they do in psychotherapy, and some individuals, though not all, make a significant and meaningful change through therapy.³⁶

The SPLC also leaves the reader with the impression that therapy that is open to change harms many people. However, there is no scientific evidence that meets scientific standards for that claim, again made through the mouths of others whom the SPLC quotes. The "Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation" for the APA in 2009³⁷ said it was unable to conclude from scientific evidence whether gay affirmative therapy or therapy that is open to a client's goal of change is safe or effective.³⁸

The vast majority of the SPLC paper is not about professional psychotherapy; it is about religious support groups, but the reader gets the impression that all of the tabloid smears of religious support groups apply to licensed professional psychotherapists. The following are examples of the SPLC's presentations in its paper of what some individuals believe about whether sexual orientation can change through religious support groups. These examples have the effect of conveying to the reader that sexual orientation is immutable or never changes through religiously-mediated practices and through professional psychotherapy.

John Paulk said that he did not believe that sexual orientation change was possible. He also said: "I do not believe that reparative therapy changes sexual orientation; in fact, it does harm to many people."³⁹

Michael Bussee, one of the 5 co-founders of Exodus International, said: "I never saw one of our members or other Exodus leaders or other Exodus members become heterosexual" and added that it had harmed many people."⁴⁰

Here are some quotes from an interview with Alan Chambers, former leader of Exodus International, whom the SPLC quotes extensively:

Alan Chambers...led his board to close down the largest religiously based conversion therapy group in the country.⁴¹

You've said that trying not to be gay is 'one big excruciating struggle, because it is impossible.'⁴²

...I publicly denounced reparative therapy in 2012 after repeated calls from reparative therapists offering me free counseling to 'cure' me of my same-sex attractions.⁴³

The term Reparative Therapy (RT) appears here. Therapy that is open to change generally is not a form of therapy but a therapist's openness to a client's goal of change using any

36 What Research Shows: NARTH's Response to the APA Claims on Homosexuality (Summary), p. 1, Family Watch International, http://www.familywatchinternational.org/fwi/NARTH_what_research_shows.pdf; The summary was of a full article, J. Phelan, N. Whitehead, & P.M. Sutton, 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, 2009, Journal of Human Sexuality, 1: 1-121. Available at https://media.wix.com/ugd/ec16e9_04d4fd-5fb7e044289cc8e47dbaf13632.pdf

37 APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009, Washington, DC: American Psychological Association.

38 Ibid., p. 3, 42, 83.

39 Ibid., pp. 9, 10-11, 12.

40 Ibid., p. 10.

41 Ibid., p. 11-12.

42 Ibid., p. 47.

43 Ibid., p. 46.

The SPLC also leaves the reader with the impression that contemporary licensed mental health professionals generally claim they can make everyone go from exclusively gay to exclusively straight. However, licensed mental health professionals generally do not claim they can make anyone do anything, but they can assist individuals in the work they do in psychotherapy, and some individuals, though not all, make a significant and meaningful change through therapy.

contemporary form of talk therapy. RT, however, is a specific form of therapy pioneered by the late Dr. Joseph Nicolosi. Nicolosi laid out RT in his book, *Shame and Attachment Loss: The Practical Work of Reparative Therapy*.⁴⁴

Nicolosi considered reparative therapy appropriate for about 80% of men who seek professional psychotherapy for unwanted same-sex attraction. The SPLC uses the term RT frequently and as a synonym for any effort to change sexual orientation, even though they quote Chambers as correctly designating RT as a type of professional psychotherapy that not all therapists who are open to change use. By knowingly misusing the term, the SPLC emphasizes that some therapists think there could be something in same-sex attractions to repair, a possibility the SPLC denies, even though the APA acknowledges trauma could be a potentially causal factor of same-sex attractions because research has shown that,⁴⁵ and even though excellent research shows absence or loss of a biological parent—an attachment loss, especially the loss of the parent of the same sex as the child, is potentially causally related to same-sex attractions.⁴⁶

In this interview, Chambers reportedly said there were about 30 therapists in Exodus, and about 10% focused on RT, hence about 3 therapists focused on RT then. Therefore, according to the SPLC's report, only 30 members, or a tiny number of Exodus members, actually were licensed mental health professionals providing therapy that is open to change, 3 of which did RT. Activities of Exodus members were not representative of professional sexual orientation change efforts. Also, notably, by the SPLC's report of Chambers own words, Chambers never experienced RT or probably any professional therapy that is open to a goal of change. Therefore, Chambers is not an example of a therapy failure. Nicolosi published his book on RT in 2009. He was still training a handful of people. Chambers did not know enough about it and did not try it.

It is possible that the men who gave their opinions that no one changed were using the erroneous model that sexual orientation comes in two discreet categories rather than a continuum, so if any amount of same-sex attraction remains, they might make the interpretation that no sexual orientation has occurred.

It is also possible that the men who testified that neither they nor anyone changed simply believed sexual orientation never changes for anyone, with or without therapy. A 2014 study gained insight into non-heterosexuals who held such a belief. These researchers studied spontaneous change, not change through therapy. In their non-representative study of non-heterosexual young adults, the researchers found, unsurprisingly, that the majority reported they had experienced spontaneous sexual attraction fluidity, some of them more than once. What was interesting was that the minority who had not experienced sexual attraction fluidity themselves, especially among men, more often believed sexual orientation is not changeable for all non-heterosexuals, contrary to findings in their study and in research broadly as we will later show.⁴⁷

Alan Chambers and some others said they did not change through religiously-mediated efforts and believed no one else did either. In the case of Alan Chambers, the former president of Exodus International, his view also was contrary to actual research specific to Exodus. There is a prospective, longitudinal study on religiously-mediated sexual orientation change efforts that was conducted with individuals who were participating in some programs of member organizations of Exodus. It has been published in a book and a peer reviewed journal.⁴⁸ The study showed that some individuals diminished their same-sex attraction, some

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44 J. J. Nicolosi, *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, Downers Grove, Illinois: IVP Academic, 2009.

45 B. Mustaky, L. Kuper, and G. Geene, Chapter 19: Development of sexual orientation and identity, In Tolman, D., & Diamond, L., Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, Volume 1. Person Based Approaches, 2014, Washington D.C.: American Psychological Association.

46 Frisch, M. and Hviid, A., Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, 2006,35:533-547; Francis, A. M., Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 2008, 45 (4):371-377, DOI:10.1080/00224490802398357; J.R. Udry & K. Chantala, Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 2005, 37:481-497, <http://dx.doi.org/10.1017/S0021932004006765>.

47 Katz-Wise, S.L., & Hyde, J.S. (2014). Sexual Fluidity and Related Attitudes and Beliefs Among Young Adults with a Same-Gender Orientation. *Arch Sex Behav*. 2015 Jul; 44(5):1459-70.

48 S. L. Jones & M. A. Yarhouse, *Ex-Gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation*, 2007, Downer's Grove, IL: InterVarsity Press; S. L. Jones. & M. A. Yarhouse, *A Longitudinal Study of Attempted*

There is no credible scientific evidence that therapy that is open to change leads to harm, as the APA Task Force Report said in 2009, yet the SPLC repeatedly conveys it. The assertion of “leading with grim regularly to suicide” is a particularly egregious misrepresentation of therapy that is open to change provided by licensed mental health professionals.

also developed heterosexual attraction, and some did not change. Out of all the subjects in the sample, there was one who reported change and later said he did not change. When Chambers took a position generalizing from his experience to the supposed experience of all members, he was wrong. Member organizations correctly disagreed with Chambers, left him, and formed new organizations (specifically, Restored Hope Network and later, Hope for Wholeness), effectively closing him down within a year of his taking his erroneous stand.

In addition to arguing indirectly that sexual orientation cannot change generally, and cannot change in therapy, the SPLC makes a claim coming from its own mouth directly that efforts to change sexual orientation through therapy are harmful. “The ‘science’ examined here actively harms people, leading with grim regularity to suicide, depression and an array of self-destructive behaviors.”⁴⁹

There is no credible scientific evidence that therapy that is open to change leads to harm, as the APA Task Force Report said in 2009, yet the SPLC repeatedly conveys it. The assertion of “leading with grim regularly to suicide” is a particularly egregious misrepresentation of therapy that is open to change provided by licensed mental health professionals.

The SPLC also said: “Leelah Alcorn, 17-year-old transgender girl in Ohio, commits suicide.... her parents... forced her to go to a Christian-based conversion therapy program.”⁵⁰

Leelah’s suicide note did not say her parents “forced her to go to a Christian-based conversion therapy program.” It says the parents provided therapy from Christian therapists.” The SPLC merely projects that onto the story, or assumes that all Christian counselors do “conversion therapy,” which, of course, is far from the truth, since most have not been trained in it.

Even if Leelah’s therapist were so trained, we believe the therapist would not do that kind of work with Leelah. Leelah said in her note that she did not want therapy to change her gender identity. A contemporary licensed professional psychotherapist, Christian or not, who is open to a client’s goal of change in gender identity would accept that Leelah did not have a goal of change in gender identity and would not pursue that therapy goal with her. Contrary to what opponents regularly say, therapists open to change do not coerce a therapy goal.

The suicide note also cites disappointment in peers, saying, “I finally had my friends back. They were extremely excited to see me and talk to me, but only at first. Eventually they realized they didn’t actually give a s**t about me, and I felt even lonelier than I did before. The only friends I thought I had only liked me because they saw me five times a week. After a summer of having almost no friends....” Leelah reports multiple stressors.

The SPLC implies from one sensational and questionable story that therapists who are open to a client’s goal of change have clients’ suiciding right and left. There are more examples of statements in the SPLC paper show their use of innuendo to misrepresent therapy open to sexual orientation or gender identity change.

The SPLC says: “[E]lectric shock therapy...has virtually disappeared at this point.”⁵¹

We note that even the SPLC can no longer assert SOCE uses an electric shock method, but still brings it up to keep the association ongoing. Electric shock was an experimental and small part of mainstream behavior modification therapy in the 1960’s to early 1980’s that was not created just for unwanted sexual behaviors. It was used for other unwanted behaviors such as smoking cessation and control of alcohol abuse.⁵²

Another example from the SPLC is:

Mediated Sexual Orientation Change. *Journal of Sex & Marital Therapy*, 2011, 37:5, 404-427.

49 SPLC, 2016, p. 4.

50 K. Corcoran & C. Spargo, Suicide note of 17-year-old transgender girl is deleted from her Tumblr page after her Christian parents demand message blaming them for her death be removed, Jan. 3, 2015, <http://www.dailymail.co.uk/news/article-2895534/Heartbreaking-suicide-note-17-year-old-transgender-girl-DELETED-Tumblr-page-canceled-vigils-held-honor.html>

51 SPLC, 2016, p. 29.

52 A. D. Byrd & J. E. Phelan, Facts and myths on early aversion techniques in the treatment of unwanted homosexual attractions (no date), <https://www.narth.com/aversion-techniques->

Historically, attempts to ‘cure’ gay people of their homosexuality have been marked by real horror stories—the use of castration, shock therapy, brain surgery, aversion therapy, the implantation of a heterosexual man’s testicles and more.⁵³

None of this bears any resemblance to contemporary professional therapy by licensed professionals, but there is little doubt that reporting this is intended to create such an association in the mind of the reader. By saying electric shock therapy and aversion therapy are historical, that is, not current, the SPLC is creating a current association between electric shock and archaic forms of medicine with contemporary talk therapy.

What the SPLC has actually established inadvertently is that even the SPLC—a staunch opponent of therapy that is open to change, with all its resources to research the matter and with its high motivation to find every possible flaw, acknowledges that such therapy does not use electric shock therapy or aversion therapy.

The SPLC also acknowledges a small number of researchers who had something positive to say about change therapy. Given that there are over 600 research publications, mostly peer reviewed, that span 125 years, the SPLC is quite minimalistic. These researchers pose a problem for the SPLC’s disparagement of therapy that is open to change. We will illustrate how the SPLC deals with them.

Even Masters and Johnson, the pioneering sexologists who were the first to show that homosexuality is common, claimed that gay people could be converted.⁵⁴

Again, the inappropriate term “converted” falsely associates professional psychotherapy with religious practice in the mind of the reader. This is a misrepresentation. Saying only that the researchers “claimed” same-sex attracted individuals can change is an understatement. Masters and Johnson actually published research showing they had a high success rate at sexual orientation change therapy, using the behavioristic methods of their day (but not electric shock), that were similar to the methods by which Alfred Kinsey, arguably the father of the scientific study into homosexuality and himself a bisexual, also successfully helped homosexual men change sexual orientation.⁵⁵

Notably, the SPLC embedded Master’s and Johnson in the context of truly archaic medical practices such as an experiment with a testicle transplant, an “icepick” lobotomy, convulsive therapies using drugs, and Nazi experiments, as though these have any bearing on licensed mental health professionals using contemporary talk therapies. Clearly, the purpose is to create associations in the readers’ minds that flagrantly misrepresent contemporary therapy and distract the reader from actual research showing change therapy that is safe and effective.

Sigmund Freud is also mentioned:

But it was Sigmund Freud, the father of psychoanalysis, whose ideas about homosexuality, developed in the first decades of the 20th century, formed the basis of what most conversion therapists today believe. Although Freud did not demonize gay people...he did see homosexuality in both men and women as a former arrested psychosexual development...the triadic family... A closely related theory blames early childhood trauma like sexual molestation... Today, the consensus of the vast majority of psychologists, psychiatrists and other counselors is that the model is entirely false.⁵⁶

This passage conveys that the link between childhood trauma like sexual molestation and same-sex attractions is a false model. The APA takes a position that sexual variations are normal, but since its 2014 *Handbook*, at least, is not consistent with that view. The *APA Handbook* said there is a potentially causal link between documented cases of childhood molestation and having a same-sex relationship.⁵⁷ The *APA Handbook* also says there are “psychoanalytic” factors in same-sex attraction.⁵⁸ Excellent research shows there is also a potentially causal link between same-sex attraction, behavior, and self-label identity and absence of a biological parent, especially the parent of the same-sex as the child, as through death, divorce, end of

Again, the inappropriate term “converted” falsely associates professional psychotherapy with religious practice in the mind of the reader.

53 Ibid., p. 38.

54 Ibid., p. 7.

55 W. Pomeroy, Dr. Kinsey and the Institute for Sex Research, 1972, N.Y.: Harper and Row, Pub., pp. 72-75.

56 Op cit.

57 Mustanski, Kuper, & Greene, 2014, 1:609-610.

58 Rosario & Schrimshaw, 2014, 1:583, in APA Handbook.

Through this illustration and others, it is clear that the SPLC is a bully that tries to destroy volunteer-run religious support groups and psychotherapy for victims of sexual molestation and parent loss linked to same-sex attractions through suppressing, denying, and misrepresenting accurate scientific information and through viciously perpetrating falsehoods and deception.

parent co-habitation, or unknown paternity, and especially during the first six years of life and, for girls, in the case of a mother's death during adolescence. Denying these realities suppresses knowledge from individuals who have been injured and stand to benefit from accurate knowledge.

Another religious support group is brought up as the SPLC focuses on its lawsuit against JONAH (Jews Offering New Alternatives to Healing):

The judge in the case barred almost all testimony from the six experts proffered by the defendants, saying that 'the theory that homosexuality is a disorder is not novel but—like the notion that the earth is flat and the sun revolves around it—instead is outdated and refuted.'⁵⁹

The SPLC makes much of its victory over JONAH. JONAH was a two volunteer non-profit dependent for its defense on the pro bono services of a small law firm going up against the SPLC with its multitude of attorneys and probably quarter of a billion dollar resources. As a non-profit, JONAH simply engaged in no commercial activity, a requirement to be covered by the Consumer Fraud Act. JONAH's attorney and a co-author summarized:

The Court allowed the New Jersey Consumer Fraud Act (CFA) to be applied to a religious organization and a non-profit organization for the first time ever, and allowed recovery for non-economic damages, even though the New Jersey CFA specifically disallows such recovery. In retrospect, this was the first sign that the lawsuit had a pre-determined outcome.⁶⁰

The Court conducted the trial on the assumption that same-sex attraction, unlike seemingly every other aspect of human experience, is remarkably never affected by trauma. As we have said and will later document, however, research shows potentially causal links between childhood sexual molestation and parent loss with same-sex attraction.⁶¹

Through this illustration and others, it is clear that the SPLC is a bully that tries to destroy volunteer-run religious support groups and psychotherapy for victims of sexual molestation and parent loss linked to same-sex attractions through suppressing, denying, and misrepresenting accurate scientific information and through viciously perpetrating falsehoods and deception.

The SPLC also reports research of another famous clinician and researcher:

The NARTH Institute/Alliance for Therapeutic Choice presents 'initial data' from a longitudinal study of 102 psychotherapy patients at NARTH founder Joseph Nicolosi's Thomas Aquinas Psychological Clinic. Nicolosi and Alliance President Carolyn Pela claim that 12 months of data show 'statistically significant reductions in distress and improvements in well-being, significant movement toward heterosexual identity, and significant increases in heterosexual desires and thoughts with accompanying significant decreases in homosexual thoughts and desires.'⁶²

This study is being conducted to meet the recommendations of the APA Task Force in 2009 for research that can show that therapy causes sexual orientation change and is safe. The SPLC has to include this research so as not to be embarrassed by critics pointing it out and so as not to be accused of not offering other views to the reader. Ironically, the SPLC surrounds the study with a chorus of unsupported opinions that SOCE is "potentially harmful" in an effort to dilute the study's impact on the reader. But this credible evidence that SOCE is safe and effective undermines the position of the SPLC that it has spread in courts and legislatures—that sexual orientation never changes, especially never changes through therapy, and that efforts to change it through therapy are harmful. The result has been depriving children of therapy—children who are victims of child abuse and other trauma that forced same-sex attraction on them. Another result has been discouraging adults who were such children from even trying therapy that addresses their childhood trauma.

⁵⁹ SPLC, 2016, p. 4.

⁶⁰ L. Haynes & C. LiMandri, JONAH case: The time for legal protection for sexual orientation change efforts is now, <http://www.wnd.com/2016/02/sexual-orientation-change-efforts-under-attack/>

⁶¹ Mustanski, Kuper, & Greene, 2014, 1:609-610.

⁶² SPLC, 2016, p. 37.

More evidence of the SPLC's practices of using "opinion-based smears and innuendos" as though they were educational and of violating governmental regulations comes from a 2017 Complaint against the SPLC to the IRS filed by the Federation for American Immigration Reform (FAIR). A press release published by FAIR that summarizes their complaint is titled, "FAIR Files Formal Exhaustive Complaint with the IRS: SPLC Violated Its Tax Exempt Status Repeatedly in the Last Election Cycle Alleges FAIR."⁶³

The following quotes are from FAIR's press release summary of the complaint and address SPLC smear tactics:

The SPLC used its tried and true formula of opinion-based smears and innuendos - tactics that it claims shield it from liability suits- to engage in blatant political activity masquerading as 'teaching tolerance.' The complaint reiterates that 'smear[ing] by association' is a 'primary technique of the SPLC'....

According to IRS rules, organizations are not deemed educational, for instance, if their 'principal function is the mere presentation of unsupported opinion', if they 'fail [to] provide a factual foundation for the viewpoint or position being advocated' or they lack a 'full and fair exposition of the pertinent facts' which 'permit[s] an individual or the public to form an independent opinion or conclusion.'

These statements from the FAIR complaint also accurately describe the SPLC 2016 paper published on its website.

C. Summary

The purpose of this section was to highlight a few of the more egregious examples of false and misleading statements by the HRC, SPLC, and NCLR, their colleagues, and spokespersons.

Based on public statements on their websites, the NTFTE can now prove that these three organizations worked together, officially, in many of the campaigns described above. At the very least, it is clear they have cooperated with each other in other campaigns, spreading lies and providing misleading and false information to state liaisons (such as Garden State Equality) and actively promoted false stories of therapy torture, such as Brielle Goldani and NCLR spokesperson Samuel Brinton, while supporting persons who are providing misleading statements in front of state legislatures, such as the NCLR's spokesperson, Matthew Shurka, and Troy Stevenson, former Executive Director of Garden State Equality.

Additionally, SPLC also admits to working in cooperation with figures such as Wayne Besen, an active purveyor of tabloid-style journalism that regularly spins half-truths and lies of SOCE therapy on his website. In many cases, these three organizations (including Wayne Besen's Truth Wins Out) actively fundraise by promoting false and misleading statements about SOCE therapy. We believe this constitutes a clear violation of the Federal Trade Commission's consumer fraud laws.

We also want to acknowledge that while many additional inaccuracies have been told in front of state legislatures in the last five years by gay activists and other organizations working in cooperation with the HRC, SPLC, and NCLR, it would, however, be virtually impossible to document all of the fraudulent testimony and misleading statements. There are dozens, if not hundreds, of additional examples of fraudulent and misleading statements that exist in the public record of each of the twenty-five or so states that have introduced bills to ban SOCE therapy for minors.

IV. PETITIONERS' (LICENSED THERAPISTS AND CLIENTS) STATEMENT AND REQUEST

The Petitioners respectfully request that the Federal Trade Commission (FTC) investigate and put an end to the damaging, deceptive, and misleading hate campaigns of the SPLC, HRC and NCLR.

Pursuant to the FTC's mission to protect consumers from egregious, unfair, deceptive and fraudulent practices, in violation of Section 5 of the Federal Trade Commission Act, we request that the FTC take enforcement action to stop the deceptive practices promoted by the SPLC, HRC and NCLR, including advertising, marketing, and other business practices in all

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⁶³ FAIR press release, April 5, 2017, http://www.bizjournals.com/prnewswire/press_releases/2017/04/05/DC54600 ; Find the full complaint at http://www.fairus.org/DocServer/media/SPLC_Complaint.pdf

forms, including through their websites, brochures, videos, social media, fundraising e-mails, and other advertisements and promotional materials.

A. The Respondents Violations of Section 5 of the Federal Trade Commission

The Three Respondents' hate campaigns are intended to provide the public little or no choice in how to respond to unwanted same-sex attraction (SSA). The hate campaign propaganda is based on the false premise that being lesbian, gay, or bisexual is an unvarying and inborn characteristic of humanity.

There is no competent and reliable scientific evidence that has determined that SSA is fixed and not fluid. There is no scientific evidence that people are born gay. For those who are unhappy feeling SSA, a choice should be permitted. In fact, over the past 125 years there has been substantial valid and reliable scientific evidence that traditional therapy can work as well for unwanted SSA as it does for any other unwanted human behavior. Claims by respondents that therapies for SSA are ineffective are false and harmful to the public. Further, statistics show that both male and female homosexuals experience serious physical and emotional health risks as a result of their sexual behavior.

Despite the abundance of the historical and present day evidence of more than 125 years determining that traditional psychotherapy for unwanted SSA is effective in changing sexual attraction, behavior, and/or identity and is as effective as therapy for any other behavioral or emotional issue, Respondents' hate campaigns continue to mislead the public and pose serious health and safety risks to consumers, including the increased risk of death by suicide.⁶⁴

Section 5 of the Federal Trade Commission ACT (FTC Act) prohibits unfair and deceptive acts and practices.⁶⁵ To determine whether business practices are deceptive, the FTC considers three elements.⁶⁶

First, it considers whether there has been a representation, omission, or practice that is likely to mislead the consumer. Second, it examines the practice from the perspective of a consumer acting reasonably in the circumstances. Third, it asks whether the representation, omission or practice is a "material" one. Neither an intent to deceive nor actual consumer harm is required to find an act deceptive under the FTC Act.⁶⁷ This analysis focuses on the risk of consumer harm.

Both expressed misrepresentations and implied misrepresentations are violations of the FTC Act. If a claim is likely to be misleading without qualifying information, the qualifying information must be disclosed in a "clear and conspicuous" manner. Clear and conspicuous disclosure is required because the FTC focuses on the overall net impression of an advertisement, and if a disclosure is not seen or comprehended, it will not change the net impression consumers take from an advertisement. A disclosure can qualify or limit a claim to avoid a misleading impression; it cannot, however, cure a false claim.⁶⁸

The FTC has also issued rules for specific areas relating to deceptive acts or practices, such as the use of testimonials in advertising.⁶⁹

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64 What Research Shows: NARTH's Response to the APA Claims on Homosexuality (Summary), p. 1, Family Watch International, http://www.familywatchinternational.org/fwi/NARTH_what_research_shows.pdf; The summary was of a full article, J. Phelan, N. Whitehead, & P.M. Sutton, 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, 2009, *Journal of Human Sexuality*, 1: 1-121. Available at https://media.wix.com/ugd/ec16e9_04d4fd-5fb7e044289cc8e47dbaf13632.pdf

65 15 U.S.C. paragraph 45

66 FTC Policy Statement on Deception (1983), appended to *Cliffdale Associates, Inc.*, 103 F.T.C. 110, 174 (1984), available at <http://www.ftc.gov/bcp/policystmt/ad-decept.htm>

67 See *FTC vs Verity International, Ltd.*, 443 F3d 48, 63 (2nd Cir. 2006)

68 See *FTC.com Disclosures: How to Make Effective Disclosures in Digital Advertising 5* (2013), available at: <https://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-staff-revises-online-advertising-disclosure-guidelines/130312dotcomdisclosures.pdf> ("[A disclosure] cannot cure a false claim. If a disclosure provides information that contradicts a material claim, the disclosure will not be sufficient to prevent the ad from being deceptive.")

69 FTC, *Guides Concerning the Use of Endorsements and Testimonials in Advertising*, 16 CFR Part 255, available at https://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-publishes-final-guides--governing-endorsements-testimonials/091005revised_endorsementguides.pdf

B. The “Born Gay” Lie is a Deliberate Hoax Perpetrated by the Respondents

According to Kirk and Madsen, authors of *After the Ball: How America Will Conquer Its Fear and Hatred of Gays in the 90's*, the central role to be played by gay victimhood in the homosexual revolution, was that gay strategists would espouse the theory that homosexuals are “born that way”- in other words, that their sexual orientation is already determined at birth-whether or not there existed any scientific basis for such a claim. Individuals developing the hate campaigns of the HRC, SPLC, and NCLR, according to Kirk and Madsen, counsel their followers that they should portray themselves as victims of circumstances who “no more chose their sexual orientation than they did, say, their height, skin color, talents, or limitations.” Revealingly, gay individuals such as Kirk and Madsen stress the need for homosexuals to stand behind the “Born Gay” theory--even though the authors themselves recognize its invalidity: “For all practical purposes, gays should be considered to have been born gay-even though sexual orientation, for most humans, seems to be the product of a complex interaction between innate predispositions and environmental factors during childhood and early adolescence.”^{70,71}

The need to portray gays as victims is inseparably linked to the “Born Gay” hypothesis and needs to be addressed directly.

Jan Clausen, a former leader of New York’s lesbian community (later expelled by her comrades for marrying a man) details how gay advocates developed this “born gay” fictive science as a tactic to influence public perceptions of sexual identity: “Fueled by the prestige of contemporary genetic science, the craze for biological explanations of all sorts of human behavior has given boost to ‘born that way’ theories of erotic attraction.” Such pressure from “determinist” quarters, as well as “high profile campaigns for basic rights for gay men and lesbians” resulted in “obsessive media coverage of scientists’ efforts to identify possible biological influences on sexuality,” which, as the author herself acknowledges, were “commonly reported in oversimplified terms that foster notions of genetic determination not claimed by the researchers themselves.”⁷²

It bears stressing that as of the date of this publication, no genetic earmark distinguishing homosexuals from heterosexuals has been identified. So far as science has been able to discover, homosexuals and heterosexuals are genetically indistinguishable.⁷³ Moreover, as noted in

70 Madsen, H. & Mashall, K. (1991). *After the Ball: How America Will Conquer Its Fear and Hatred of Gays in the 90's*. Plume, P. 184.

71 Some of this text has been adapted from material published in: *Light in the Closet: Torah, Homosexuality, and the Power to Change*, Los Angeles: Red Heifer Press, 2d printing, 2009.

72 Jan Claussen, Apples & Oranges: *My Journey Through Sexual Identity*, Boston & New York: Houghton Mifflin (1999), p. 235.

73 Not one of the researchers commonly cited by gay activists has reported anything even close to proving the genetic nature of sexual orientation. Not one study claiming results favorable to the “gay gene” theory has ever been replicated under the scrutiny of rigorous experimental controls. The three most cited studies are not only seriously flawed, but the authors themselves have admitted that those studies should not be cited as proof of the gay gene theory. For example:

1. Dean Hamer claimed his study showed a statistically significant correlation between homosexual orientation and the genetic sequence of the top of the X chromosome. His study has been widely criticized for lacking a control group and for a statistical methodology that, according to charges by a former research colleague, was flawed by data selectively chosen to enhance Hamer’s thesis. Even Dr. Hamer admitted that “These genes do not cause people to become homosexuals ...the biology of personality is much more complicated than that.” *Time*, April 27, 1998, cited in Chad Thompson, *The Homophobia Stops Here: Addressing the Ex Gay Perspective in Public Schools*, Des Moines: In Queery (2004), p. 10.

2. In an attempt to show that sexuality is hard-wired into the brain via the hypothalamus, Simon LeVay examined the corpses of 19 homosexuals who died of AIDS complications and compared them with a group of 16 male and 6 female corpses he presumed were heterosexual. His debatable conclusion noted a difference in the size of a specific neuron group (INA H3). His results, too, could never be replicated. Shortly after the study’s publication, an openly homosexual reporter correctly observed, “It turns out that LeVay doesn’t know anything about the sexual orientation of his control group.” Critiquing LeVay’s claim that “he knows his control group are heterosexual because their brains are different from HIVer corpses,” the same commentator jibes, “Sorry, doctor; this is circular logic. You can use the sample to prove the theory or vice versa, but not both at the same time.” Michael Botkin, “Salt and Pepper,” *The Bay Area Reporter*, September 6, 1991, pp. 21, 24, as quoted in Anton M. Marco, “Gay Marriage,” <http://www.narth.com/docs/marco.html>.>. LeVay himself is on record as stating: “The most common mistake people make in interpreting my work” is either that “homosexuality is genetic” or that it can prove “a genetic cause for being gay.” *Discover*, March, 1994, as cited in Thompson, supra, p. 9. Hence, in spite of the torrents of propaganda about claimed differences ... versus “heterosexual” brains, no credible evidence has yet been found to support such claims. As Masters & Johnson conclude, “no serious scientist” would apply the “simple cause-effect relationship” of the genetic theory of homosexuality. Wm. Masters, Virginia Johnson, Robert Kolodny, *Human Sexuality*, Boston: Little Brown & Co. (2d ed. 1985), p. 411.

“People very much want to find simple answers... A gene for this, a gene for that...”

Human behavior is much more complicated than that.”

the highly respected British Medical Journal: “From an evolutionary perspective, genetically determined homosexuality would have become extinct long ago because of reduced reproduction.”⁷⁴

C. Evidence Against the Genetic/Biological Argument for Homosexuality

Genetics researcher Neil Risch noted in an August 1998 Newsweek article that the public has misunderstood behavioral genetics. “People very much want to find simple answers . . . A gene for this, a gene for that . . . Human behavior is much more complicated than that.”⁷⁵

Researchers Dar-Nimrod & Heine conclude:

As there are no known complex human behaviors in which genetics render the actor unable to resist performing a behavior, we contend that genetic etiological accounts should not serve as the basis for moral evaluations . . . there are many other sources of influence at play... Furthermore, the amount of influence that genes have on behaviors is considerably smaller than one might think.⁷⁶

The three rules of behavioral genetics by genetics researcher Erik Turkheimer (University of Virginia) are:⁷⁷

1. All human behavioral traits are heritable.
2. The effect of being raised in the same family is smaller than the effect of genes.
3. A substantial portion of the variation in complex human behavioral traits is not accounted for by the effects of genes or families.

A 1993 scientific literature critique by Byne and Parsons in Archives of General Psychiatry reviewed more than 130 major studies on the subject and found no evidence favoring sexual orientation being either genetically or biologically determined.⁷⁸

In 1987, sociologist Lee Ellis proposed the Maternal Stress Theory, which argues that maternal neurohormones functioned in determining the sexual orientation of a fetus.⁷⁹ In January 2012, psychology professor Stanton Jones posted an essay: “Sexual orientation and reason: On the implications of false beliefs about homosexuality.” Jones details three primary theories in the debate regarding biological origins of same-sex sexual orientation: Maternal stress, fraternal birth order, and genetics. In reviewing Ellis’ work on Maternal Stress Theory, Jones found strong selection bias in Ellis’ study in that Ellis surveyed mothers of gay sons while the mothers were being instructed about maternal stress theory itself.⁸⁰

In 2003, Anthony Bogaert of Canada’s Brock University published a survey study showing that fraternal birth order of men, specifically the number of older brothers born to the same mother, correlated to increased chances of homosexual orientation. The theoretical explanation was that the mother’s immune system became sensitized to male-derived proteins.⁸¹

1. Recruitment bias in the study led to non-representative sampling.
2. Canadian Psychiatrist Joseph Berger, M.D., a Distinguished Fellow with the American Psychiatric Association, said: “It [Bogert’s study] is rubbish. It should never have been published. I suspect it was not peer-reviewed properly or was reviewed by someone

74 Miron Baron, “Genetic Linkage and Male Homosexual Orientation,” British Medical Journal, Vol. 307 (Aug. 7, 1993), p. 337, cited in Peter Sprigg and Timothy Dailey (eds.), Getting It Straight: What The Research Shows about Homosexuality, Family Research Council, Washington, D.C. (2004), p. 13.

75 Leland, J. & M. Miller, “Convert’?” Newsweek, August 17, 1998, p. 49.

76 Dar-Nimrod, I., & Heine, S.J. (2011b). Some thoughts on essence placeholders, interactionism, and heritability: Reply to Haslam (2011) and Turkheimer (2011). Psychological Bulletin, 137(5), 829-833.

77 Current Directions in Psychological Science, Vol. 9, N. 5, Oct. 2000, 160-164.

78 Byne, W. & Parsons, B. (1993), “Human sexual orientation: the biologic theories reappraised.” Archives of General Psychiatry, 50, p. 229-239.

79 L. Ellis and A. Ames (1987), “Neurohormonal functioning and sexual orientation: A theory of homosexuality-heterosexuality,” Psychological Bulletin, 101, 233-238.

80 Stanton L. Jones (January, 2012), “Sexual orientation and reason: On the implications of false beliefs about homosexuality,” digitally published at www.christianethics.org.

81 A. F. Bogaert (2003), “Number of older brothers and sexual orientation: New tests and the attraction/behavior distinction in two national probability samples,” Journal of Personality and Social Psychology, 84 (3), 644-652.

A 1993 scientific literature critique by Byne and Parsons in Archives of General Psychiatry reviewed more than 130 major studies on the subject and found no evidence favoring sexual orientation being either genetically or biologically determined

so biased and ignorant that they were unable to see the huge flaws and [are] essentially ignorant of the literature.”⁸²

3. The media was quick to carry Bogaert’s claims but not the criticisms. Dr. Stanton Jones noted in his review:
 - a. Bogaert [then] analyzed two smaller nationally representative samples, finding an exceptionally weak ‘older brother’ effect only for same-sex attraction (and no effect for same-sex behavior).⁸³
 - b. Bogaert then assessed “an independent . . . and representative sample eight times the size those of his previous studies, in which he found that the older brother effect had disappeared.”⁸⁴
 - c. A study of two million Danish subjects⁸⁵ and another of 10,000 American adolescents also identified no “older brother” effect.⁸⁶

The genetic hypothesis of same-sex sexual orientation has long held sway in the media, and twin studies helped propel this. Michael Bailey and colleagues conducted numerous studies in an attempt to show a statistically significant concordance of homosexuality in identical twins. Since identical twins share the same gene pool, the existence of a “gay gene” should have produced a near 100% rate of concordance. However, the highest percentage ever tabulated was just over 50%. When Bailey tried to replicate his findings with an Australian population of twins, his new study showed homosexuality concurring in less than half the number claimed in his original study. Dr. Neil Whitehead has extensively analyzed these studies and debunked the genetic theories.⁸⁷

Prof. Jones wrote that in a 1991 Archives of General Psychiatry study, J. Bailey claimed that the concordance rate for homosexuality was 52 percent in identical male twin pairs.⁸⁸ Bailey had second thoughts about how his study subjects were recruited through advertisements in Chicago’s gay community (multiple biases). He next examined samples from the Australian Twin Registry, producing an identical male twin homosexual orientation concordance rate of 20 percent with simple descriptive matching at 11 percent. Bailey reported that the genetic contribution to homosexual orientation failed to show statistical significance, but the media did not tune in.⁸⁹

A 2010 study of the Swedish Twin Registry found only 9.8 percent of identical male twin pairs matching for homosexual orientation.⁹⁰

Dr. Francis Collins, who was the director of the Human Genome Project at the National Institutes for Health stated: “... the likelihood that the identical twin of a homosexual male will also be gay is about 20% (compared with 2-4 percent of males in the general population), indicating that sexual orientation is genetically influenced but not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations.”⁹¹

Per Dr. Neil Whitehead’s analysis: “... if one identical twin—male or female—has SSA, the chances are only about 10 percent that the co-twin also has it. In other words, identical twins usually differ for SSA.”⁹²

82 <http://www.narth.com/docs/bogaert.html>

83 A. F. Bogaert (2003), “Number of older brothers and sexual orientation: New tests and the attraction/behavior distinction in two national probability samples,” *Journal of Personality and Social Psychology*, 84 (3), 644-652.

84 A. F. Bogaert (2010), “Physical development and sexual orientation in men and women: An analysis of NATSAL-2000,” *Archives of Sexual Behavior*, 39, 110-116.

85 M. Frisch, & A. Hviid (2006), “Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes,” *Archives of Sexual Behavior* 35(5), 533-547.

86 A. M. Francis (2008), “Family and sexual orientation: The family-demographic correlates of homosexuality in men and women,” *Journal of Sex Research*, 45, 371-377.

87 See Whitehead, N. www.mygenes.co.nz.

88 J. M. Bailey & R. C. Pillard, “A genetic study of male sexual orientation,” 1991, *Archives of General Psychiatry*, 48, 1081-1096.

89 J. M. Bailey, M.P. Dunne, N. G. Martin, “Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample,” 2000, *Journal of Personality and Social Psychology*, 78 (3), 524-536.

90 N. Långström, Q. Rahman, E. Carlstrom, & P. Lichtenstein, “Genetic and environmental effects on same-sex sexual behavior: A population study of twins in Sweden,” 2010, *Archives of Sexual Behavior*, 39, 75-80.

91 Byrd, A.D., “Homosexuality Is Not Hardwired,” Concludes Dr. Francis S. Collins, Head Of The Human Genome Project. NARTH.com. April 4, 2007.

92 <http://www.narth.com/docs/isminor.html>.

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Notwithstanding the flaws in “gay gene studies,” and thanks to the constant bombardment of misinformation and disinformation by the media and the hoax perpetrated by SPLC, HRC and NCLR, the myth of a “gay gene” has seeped into the public consciousness.

Dr. Eric Turkheimer, psychologist and behavioral genetics researcher, indicates there are two reasons why identical twins raised in the same family do not have identical outcomes. One is measurement error. The other: “...is the self-determinative ability of humans to chart a course for their own lives, . . . in a phrase, is free will.”⁹³

In a review by Kelly Servick in 2014, it was reported that Bailey and Sanders presented another X-linked “gay gene” study. Scientists were not impressed because “genetic linkage” was used for DNA analysis rather than the current “genome-wide association” (GWA), and the researchers took an awfully long time to get published. They didn’t show underlying/causative genes, and Sanders reportedly admitted the Xq28 linkage was not statistically significant. (Neil Risch’s 1999 study disproving Xq28 was cited).⁹⁴

D. So how much of sexual orientation is genetic versus environmental?

Eric Turkheimer, an expert in the field, warns that heritability statistics are tricky due to difficulty in clearly seeing and assessing environmental factors, which he feels contribute strongly to development.⁹⁵

Elsewhere, Turkheimer states: “... the amount of influence that genes have on behaviors is considerably smaller than one might think.”⁹⁶ He insists: “... genetic essentialists were wrong about gay genes and similar nonsense.”⁹⁷

Epigenetics analyzes the interaction of genes and environment. There is a life-long interplay between our genetic blueprints and our chains of choices and their consequences. For example, the more weight one gains, the more likely diabetes manifests. But even in the genetically disposed, diabetes can often be avoided or reversed by the right choices over time. Epigenetics changes constantly in response to environment and the choices we make. Looking for causation there is a recipe for misunderstanding behavior. Again, genes determine predispositions, not destiny. Heritability is not inevitability.

A UCLA team reported at the October 2015 American Society of Human Genetics conference identifying epigenetic markers with which they could predict with nearly 70% accuracy if men were homosexual. The media reported approvingly, and the scientists at the conference tore it apart for poor method and poor validity of results. Dr. John Greally (Albert Einstein College of Medicine) stated: “We can no longer allow poor epigenetics studies to be given credibility if this field is to survive . . . The problems in the field are systematic.”⁹⁸

Notwithstanding the flaws in “gay gene studies,” and thanks to the constant bombardment of misinformation and disinformation by the media and the hoax perpetrated by SPLC, HRC and NCLR, the myth of a “gay gene” has seeped into the public consciousness. For example, after the 1993 publication of Dr. Hamer’s study, the New York Times headlined: “Report Suggests Homosexuality is Linked to Genes,” while the Wall Street Journal trumpeted, “Research Points Toward a ‘Gay’ Gene.” Two later headlines in the New York Times illustrate the ongoing effort to keep the theory alive: “Study Reveals New Difference between the Sexes” and “For Gay Men, Different Scent of Attraction.”⁹⁹

Prof. Paul McHugh of Johns Hopkins University said: “Unlike the traits of race and sex, and again despite popular beliefs to the contrary, no replicated scientific study supports the view that sexual orientation is determined at birth.”¹⁰⁰

93 Turkheimer, E. (2011). Genetics and human agency: Comment on Dar-Nimrod and Heine (2011). *Psychological Bulletin*, 137(5), p. 826.

94 K. Servick, Study of gay brothers may confirm X chromosome link to homosexuality, Nov. 17, 2014, <http://news.sciencemag.org/biology/2014/11/study-gay-brothers-may-confirm-x-chromosome-link-homosexuality>.

95 E. Turkheimer (2000), “Three laws of behavior genetics and what they mean,” *Current Directions in Psychological Science*, 9, 160-164; quotes p. 162.

96 Dar-Nimrod, I., & Heine, S.J. (2011b). Some thoughts on essence placeholders, interactionism, and heritability: Reply to Haslam (2011) and Turkheimer (2011). *Psychological Bulletin*, 137(5), 829-833. (quote on p. 831).

97 Turkheimer, E. (2011). Genetics and human agency: Comment on Dar-Nimrod and Heine (2011). *Psychological Bulletin*, 137(5), 825-828.

98 No, Scientists Have Not Found the ‘Gay Gene’. theatlantic.com, Oct. 10, 2015.

99 New York Times. March 17, 2005, p. A25; and New York Times, May 10, 2005, p. 1.

100 Dr. Paul McHugh’s amicus brief to the SCOTUS on *Obergefell v. Hodges*.

The American Psychological Association has reviewed the research literature on origins of same-sex sexuality in the *APA Handbook of Sexuality and Psychology (APA Handbook)*.¹⁰¹ There is no question that the APA considers its *Handbook* to be authoritative. In its “Series Preface,” the *APA Handbook on Sexuality and Psychology* states:

With the imprimatur of the largest scientific and professional organization representing psychology in the United States and the largest association of psychologists in the world, and with content edited and authored by some of its most respected members, the *APA Handbooks in Psychology* series will be the indispensable and authoritative reference resource to turn to for researchers, instructors, practitioners, and field leaders alike.¹⁰²

The American Psychological Association (APA) could not confer any higher authority on the *APA Handbook of Sexuality and Psychology* than it does, bestowing its “imprimatur” and calling it “authoritative.” In addition, Dr. Lisa Diamond, a self-avowed lesbian, is co-editor-in-chief of the *Handbook*, and she authors and co-authors chapters in it. She qualifies as one of the APA’s “most respected members.”

Regarding whether there is a “gay gene,” Rosario and Scrimshaw say in the *APA Handbook*, “[W]e are far from identifying potential genes that may explain not just male homosexuality but also female homosexuality.”¹⁰³ The authors of the *APA Handbook* still hold that as-yet-unidentified genes contribute toward same-sex attraction in some way.

Diamond and colleagues said in 2016, “To provide a basis of comparison, it is helpful to note that higher estimates of heritability (ranging from .4 [40%] to .6 [60%]) have been found for a range of characteristics that are not widely considered immutable, such as being divorced, smoking, having low back pain, and feeling body dissatisfaction.”¹⁰⁴ One may well note that these conditions (with the exception generally for lower back pain) are also widely considered to be changeable for some through psychological intervention and without harm.¹⁰⁵ Estimates of heritability for same-sex attraction are 40% to 50% in the *APA Handbook*¹⁰⁶ but 32% in more recent publications of Diamond and colleagues.¹⁰⁷

With respect to the role of epigenetics, Diamond and Rosky point out, “In essence, the current scientific revolution in our understanding of the human epigenome challenges the very notion of being “born gay,” along with the notion of being “born” with any complex trait. Rather, our genetic legacy is dynamic, developmental, and environmentally embedded” (emphasis added).¹⁰⁸

Regarding the fraternal birth order hypothesis, Diamond and Rosky conclude: “Prenatal hormones potentially contribute to same-sex sexuality in some individuals but do not determine it.”¹⁰⁹

Historically, some have conceded that some same-sex sexuality is not biologically determined while maintaining that some is. Kleinplatz and Diamond conclude: “The inconvenient reality... is that social behaviors are always jointly determined by ‘a range of constitutional propensities interacting with a range of facultative opportunities’ ... rendering the entire constitution-facultative distinction (and, of course, its implied nature-nurture distinction) overly simplistic.”¹¹⁰

Diamond and Rosky explain: “Even if sexual orientation were wholly determined by genes or by perinatal hormones, it would not mean that it was immutable, given that immutable means unchangeable. Although the status of a trait as biologically determined is

*Diamond and Rosky explain:
“Even if sexual orientation were wholly determined by genes or by perinatal hormones, it would not mean that it was immutable, given that immutable means unchangeable. Although the status of a trait as biologically determined is often inflated with its capacity to change over the life course, these are not synonymous constructs.”*

101 D. Tolman & L. Diamond, Co-Editors-in-Chief, 2014, *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association.

102 *Ibid.*, 1:xvi.

103 Rosario & Scrimshaw, 2014, 1:579, in *APA Handbook*.

104 Diamond & Rosky, 2016, p. 4.

105 As an example, for smoking, the APA developed and offers a psychological intervention in the form of a free mobile app, which lists evidence-based smoking-cessation interventions and other resources (APA, 2016, p. 76).

106 Rosario & Scrimshaw, 2014, 1:579. in *APA Handbook*.

107 Diamond & Rosky, 2016, p. 2; taken from Bailey et al including Diamond, 2016, p. 76.

108 *Ibid.*

109 *Ibid.*, 2016, p. 4.

110 Kleinplatz & Diamond, 2014, 1:257, in *APA Handbook*.

often inflated with its capacity to change over the life course, these are not synonymous constructs.”¹¹¹

In summary, the scientific literature *does not* (emphasis added) support sexual orientation being genetically or biologically determined.

E. What Else Contributes to Same-Sex Attractions and Gender Dysphoria?

The 2008 American Psychological Association’s brochure (and their current website, April 2017) states:

There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.¹¹²

Dr. Jeffrey Satinover says of homosexuality: “It is most often a deeply-embedded condition that develops over many years, beginning long before the development of moral and self-awareness, and is genuinely experienced by the individual as though it was never absent in one form or another. It is, in other words, similar to most human characteristics, and shares with them the typical possibilities for, and difficulties in, achieving sustained change.”¹¹³

Dr. Nicholas Cummings, Ph.D., Sc.D. (past APA president, 20 years Chief of Mental Health of Kaiser-Permanente HMO, practiced in San Francisco) oversaw the treatment of 18,000 gay and lesbian clients in their system over the years with conflicts over their homosexuality and personally treated 2000.¹¹⁴ He concluded:

There are many kinds of homosexuality: “There are as many kinds of homosexuals as heterosexuals. Homosexuality is not a unitary experience. [Some gays were quite promiscuous in response to a chaotic upbringing; some had wonderful families. Some were very conforming with traditional gender roles and others were not.]. No single cause for all homosexuality: “Dogmatism about causes is unwarranted . . . clinical experience contradicts efforts to reduce homosexuality to one set of factors.”¹¹⁵

In 2001, a study published by Tomeo, et al. found that 942 nonclinical adult participants: homosexual molestation was reported by 46% of the homosexual men, but 7% of the heterosexual men; and 22% of lesbian women, but only 1% of heterosexual women.¹¹⁶

In the *APA Handbook of Sexuality and Psychology*, Mustanski, Kuper, and Greene confirm there is excellent research evidence for “associative or potentially causal links” between childhood sexual abuse and ever having same-sex partners, especially for some men.¹¹⁷ They said, “The largest reviews of the literature in this area indicated that MSM [men who have sex with men] report rates of childhood sexual abuse that are approximately three times higher than that of the general male population (Purcell, Malow, Dolezal, & Carballo-Dieguez, 2004).”¹¹⁸

Mustanski and colleagues continue in the *APA Handbook*: “One of the most methodologically rigorous studies in this area used a prospective longitudinal case-control design that involved following abused and matched nonabused children into adulthood 30 years later. It

111 Ibid.

112 <http://www.apa.org/topics/sexuality/orientation.aspx>

113 Satinover, Jeffrey, MD, “Dr. Jeffrey Satinover, M.D. Testifies in Mass. in Defense of the Family,” www.Satinover.com, 4/29/2004.

114 Cummings, N. (July 30, 2013). Sexual reorientation therapy not unethical: Column; Southern Poverty Law Center wrongly fighting against patients’ right to choose. <http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>

115 Warren Throckmorton, PhD, “Homosexuality and Psychotherapy: An Interview with Nicholas Cummings,” February 19, 2007.

116 Tomeo, ME, “Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons.” *Arch Sex Behav.* 2001 Oct;30(5):535-41.

117 Mustanski, Kuper, & Greene, 2014, 1:609-610, in *APA Handbook*.

118 Ibid.

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found that men with documented histories of childhood sexual abuse had 6.75 times greater odds than controls of reporting ever having same-sex sexual partners (H. W. Wilson & Widom, 2010...The effect in women was smaller (odds ratio = 2.11) and a statistical trend (p = .09).”¹¹⁹

Not only sexual trauma, but psychoanalytic factors also contribute to same-sex attractions, according to the *APA Handbook of Sexuality and Psychology* upon which the APA confers its imprimatur and which it declares “authoritative.” In the *Handbook*, Rosario and Schrimshaw say: “Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies are evident as main effects or in interaction with biological factors....A joint program of research by psychoanalysts and biologically oriented scientists may prove fruitful.”¹²⁰

There is excellent research showing loss of living with a biological parent, as through death, divorce, end of parent co-habitation, or unknown paternity, is potentially causally linked to same-sex attraction, relationships, and self-label identity. Evidence comes from three large, prospective, longitudinal, population-based studies.¹²¹

In the most stunning of these, a study of an entire population cohort of 2 million Danes found that loss of a biological parent—especially the parent of the same-sex as the child, especially during the first six years of life, and for girls the death of the mother during adolescence—was potentially causally related to entering a same-sex marriage rather than an opposite-sex marriage. The effects were stronger for boys than for girls.¹²² The study found no evidence of the FBO effect. These findings give evidence that potentially causal social environmental factors have effects in the earliest years of childhood development. Hence, evidence for an early origin for same-sex sexuality does not in itself argue for a biological origin.

In America, similar evidence was found by studies that used the data set of the National Longitudinal Study of Adolescent to Adult Health, or Ad Health.¹²³ In one of these studies, Francis¹²⁴ looked at the first two waves conducted with participants at ages 16 and 17. He found that growing up without a biological mother increased the likelihood of identifying as non heterosexual by 9.5 percentage points for girls and by 4.5 percentage points for boys. Thus, mother absence was related to increased non-heterosexual identity, especially in daughters. A boy growing up without either biological parent increased the likelihood of same-sex attraction, behavior, and sexual orientation identity. The study failed to find evidence for the FBO effect.

But Francis did not find a relationship specifically between absence of the father and same-sex sexuality for a son during the first two waves of the Ad Health study. Udry and Chantala¹²⁵ looked at the first three waves, obtaining data at ages 16, 17, and 18 through 24, from the Ad Health data set. Unlike Francis, Udry and Chantala measured sexual attraction on two separate scales for degree of same-sex attraction and degree of opposite-sex attraction. They found that among boys who had strong same-sex interest, 90% had absent fathers, a very strong affect. The stronger the degree of same-sex attraction, the greater the likelihood of father absence, delinquency, and suicidal thoughts. As opposite sex attraction also rose, that relationship completely disappeared.¹²⁶ Where the biological father was present, boys were likely to experience opposite-sex attraction, possibly alongside same-sex attraction. Girls who grew up with their father absent evidenced high sex interest directed at either sex.¹²⁷ Thus, father absence was related to same-sex attraction, especially in boys.

There is evidence that transgender identity also may not be a normal sexual variation. The APA Handbook says the origin of transgender identity is “most likely the result of a complex interaction between biological and environmental factors...”

119 Ibid., p. 609.

120 Rosario & Shrimshaw, 2014, 1:583, in APA Handbook.

121 Frisch, M. and Hviid, A., Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, 2006,35:533-547; Francis, A. M., Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 2008, 45 (4):371-377, DOI:10.1080/00224490802398357; J.R. Udry & K. Chantala, Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 2005, 37:481-497, <http://dx.doi.org/10.1017/S0021932004006765>.

122 Frisch & Hviid, 2006, p. 545.

123 K.M. Harris, C.T. Halpern, E. Whitsel, J. Hussey, J. Tabor, P. Entzel, and J.R. Udry, *The National Longitudinal Study of Adolescent to Adult Health: Research Design*, 2009, <http://www.cpc.unc.edu/projects/addhealth/design>

124 A. M. Francis, Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 2008, 45 (4):371-377, DOI:10.1080/00224490802398357

125 Udry, & Chantala, 2005.

126 Ibid., p. 487.

127 Ibid., p. 491.

The falsehoods that the SPLC, HRC, and NCLR promote lead the public and some mental health professionals to assume that all individuals who experience any same-sex attraction are really exclusively homosexual and would be happier leaving their heterosexual marriage and breaking up their family to go have same-sex relationships.

Regarding childhood gender dysphoria or distress, the *APA Handbook* has some important things to say. There is evidence that transgender identity also may not be a normal sexual variation. The *APA Handbook* says the origin of transgender identity is “most likely the result of a complex interaction between biological and environmental factors... Research on the influence of family of origin dynamics has found some support for separation anxiety among gender-nonconforming boys and psychopathology among mothers.”¹²⁸

Further, Bockting says in the *APA Handbook*: “Premature labeling of gender identity should be avoided. Early social transition (i.e., change of gender role, such as registering a birth-assigned boy in school as a girl) should be approached with caution to avoid foreclosing this stage of (trans)gender identity development.” If there is early social transition, “the stress associated with possible reversal of this decision has been shown to be substantial....”¹²⁹

The American Psychological Association, in its *Handbook*,¹³⁰ and the American Psychiatric Association in its Diagnostic and Statistical Manual¹³¹ say there are three approaches to treatment: attempts to lessen the dysphoria and nonconformity, attempts to get the environment—family, school, and community—to fully accept the child’s gender-variant identity, and the wait-and-see approach. The *APA Handbook* warns that the full acceptance approach “runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist.”

F. Living Things Change and So Can Same-Sex Attraction: Change is Well Documented in Adolescents and Adults without Intervention

Conventional wisdom that the *APA Handbook* says it is not true is that same-sex attraction never changes. The *APA Handbook* states: “[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time.”¹³² “Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation.”¹³³ “Over the course of life, individuals experience the following:...changes or fluctuations in sexual attractions, behaviors, and romantic partnerships.”¹³⁴

The *APA Handbook* states: “[I]n all studies, heterosexual identified individuals show greater stability than non heterosexual...”¹³⁵ That is, change is greater for same-sex sexuality than for heterosexuality.

Many individuals who seek therapy with the goal of making a significant and meaningful shift in their sexual attraction already begin with some degree of opposite-sex attraction alongside same-sex attraction, and the combination generally increases potential for change. In the *APA Handbook*, Dr. Diamond states: “Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical ‘type’ of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true. Individuals with nonexclusive patterns of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception.” This pattern has been found internationally.¹³⁶

128 Bockting, W. (2014). Chapter 24: Transgender Identity Development. In D. Tolman, & L. Diamond, Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology* (2 volumes), 2014, Washington D.C.: American Psychological Association.

129 Ibid., 1:744.

130 Ibid., 1:750-751.

131 American Psychiatric Association, 2013, DSM-5, p. 455.

132 L. Diamond, “Chapter 20: Gender and same-sex sexuality,” in D. Tolman & L. Diamond, Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, 2014, Washington D.C.: American Psychological Association, 1:636.

133 M. Rosario & E. Schrimshaw. “Ch. 18: Theories and etiologies of sexual orientation,” in D. Tolman & L. Diamond, Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, 1:562).

134 B. Mustaky, L. Kuper, and G. Geene, “Chapter 19: Development of sexual orientation and identity” in D. Tolman, L. Diamond, Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, 2014, 1:619.

135 Diamond, 2014, 1:636.

136 Diamond, 2014, 1:633.

Plentiful evidence (multiple large, prospective, longitudinal, representative sample and cohort studies) makes clear that both-sex attracted individuals (including bisexual and mostly heterosexual individuals) account for most same-sex sexuality, and both-sex attracted individuals experience the most change in attraction, behavior, and identity over time.¹³⁷

Kleinplatz and Diamond say: “Historically such individuals [mostly heterosexual] have been treated with skepticism and suspicion by laypeople and scientists alike. They have been viewed as either closeted lesbian, gay, or bisexual individuals (who cling to a mostly heterosexual label to avoid the stigma associated with same-sex sexuality) or as confused or questioning ‘heteroflexibles.’”¹³⁸

Kleinplatz and Diamond urge that “it is critically important for clinicians not to assume that any experience of same-sex desire or behavior is a sign of latent homosexuality and instead to allow individuals to determine for themselves the role of same-sex sexuality in their lives and identity.”¹³⁹

The falsehoods that the SPLC, HRC, and NCLR promote lead the public and some mental health professionals to assume that all individuals who experience any same-sex attraction are really exclusively homosexual and would be happier leaving their heterosexual marriage and breaking up their family to go have same-sex relationships. An anecdotal illustration of the harm comes from the experience of a man whose therapist told him his sexual attraction could not change, and he would be happier leaving his wife and daughter to have gay relationships. In despair, not relief, he left his marriage and family, and for nine years he had gay relationships, living a life he did not want to live. At the end, he decided to get help to change his sexual attraction, and he married a woman. But he grieves the years he and his daughter lost that he was not living with her and raising her full time, a loss that can never be made up to them.¹⁴⁰

Yes, they should. Some non exclusively same-sex attracted individuals want to protect their heterosexual relationship and family by stopping periodic same-sex behavior. Should they be able to get that help? Yes, they should, Some non exclusively same-sex attracted minors or young adults aspire to be able to be in an opposite sex relationship and to procreate children with their partner and raise them together, as many people aspire to do, but they may need help to change periodic or a small amount of same-sex attraction. The SPLC, HRC, and NCLR tell them they can never change and try to make therapy to help them be illegal.

Also, both the American Psychiatric Association¹⁴¹ and the American Psychological Association¹⁴² recognize childhood transgender identity fluctuates. As many as 75% to 98% of gender-confused boys and as many as 75% to 88% of gender confused girls will eventually accept their chromosomal sex by adolescence or adulthood if allowed to do so.

Change is the norm for sexual orientation and childhood gender dysphoria. Therapy that is open to exploring an individual’s potential for a shift in sexual attraction or gender identity is better aligned with the norm of change and direction of change for sexual orientation and childhood gender dysphoria than is gay-affirmative or transgender-affirmative therapy.

Adolescents who experience any same-sex attraction, behavior, or identity self-label should not be led to interpret these as meaning they have a stable sexual orientation trait. Researchers nowadays do not even try to measure homosexuality as a stable or coherent trait. Instead, they often measure sexual orientation by one or more of three separate components: sexual attraction, behavior, or self-label identity. The *APA Handbook* says these do not necessarily match within the same individual.¹⁴³

137 R. Savin-Williams, K. Joyner, & R. Rieger, Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior*, 2012, 41:104, 106, 109; Diamond & Rosky, 2016, pp. 6-9; see Table 1 on p. 7; Diamond, 2014, 1:633-635, in *APA Handbook*.

138 Kleinplatz & Diamond, 1:256, in *APA Handbook*.

139 *Ibid.*, 1:257.

140 Personal communication between this man and one of the authors of this document. This man was not a client of anyone associated with this document.

141 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association, 2013, calculations from p. 455 yield the 98% and 88% figures.

142 W. Bockting, “Chapter 24: Transgender Identity Development,” in D. Tolman & L. Diamond, Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, 1:744 gives the 75% figure.

143 Rosario & Schrimshaw, 1:558-559; Diamond, 2014, 1:634; both in *APA Handbook*.

Diamond and Rosky concluded: “Several... studies have now been completed and they unequivocally demonstrate that same-sex and other-sex attractions do change over time in some individuals.” Across several large, population-based, prospective, longitudinal studies, among same-sex attracted individuals who changed, 50 to 100% changed to exclusive heterosexuality.

For example, heterosexual minors who had same-sex attraction and behavior forced upon them by childhood molestation could have bisexual attraction, homosexual behavior, and heterosexual identity, if there is a sense that the same-sex sexuality does not represent the authentic self.

Diamond and Rosky concluded: “Several...studies have now been completed and they unequivocally demonstrate that same-sex and other-sex attractions do change over time in some individuals.”¹⁴⁴ Across several large, population-based, prospective, longitudinal studies, among same-sex attracted individuals who changed, 50 to 100% changed to exclusive heterosexuality.¹⁴⁵

Opponents of SOCE often claim that sexual attraction can never change from exclusively same-sex attraction to exclusively opposite-sex attraction. But that is not true. The University of Chicago 1994 (US) National Health and Social Life Survey (UHSL) conducted by Laumann and colleagues reported that “men who report same-gender sex only before they turned eighteen, not afterward, constitute 42 percent of the total number of men who report ever having a same-gender experience.”¹⁴⁶ This study continues to be highly regarded and has not ceased to be cited by leading researchers to this day, as exemplified by numerous citations in the *APA Handbook*.¹⁴⁷

There is yet more excellent evidence of complete change from exclusive same-sex attraction to exclusive opposite-sex attraction in adolescents. The National Longitudinal Study of Adolescent to Adult Health (Ad Health) is also highly regarded and is reviewed in the *APA Handbook*. It has now gone through five waves of data collection on a large, nationally representative sample. Udry and Chantala, examining the data from the first two waves, found 89% of exclusively same-sex attracted boys experienced change in sexual identity in just one year from age 16 to age 17. After one year’s time, only 11% remained identified as exclusively same-sex attracted. The majority, 54%, migrated toward or to exclusive heterosexuality, with 48% exclusively opposite-sex attracted and 6% newly attracted to both sexes. These results show that nearly half of adolescent boys changed from exclusive homosexual attraction to exclusive heterosexual attraction in just one year. For 35% of the boys, same-sex attraction dropped out, but heterosexual attraction had not developed. They became neither-sex attracted. Boys who were neither-sex attracted in early adolescence went on to develop attraction to women in the Ad Health study as Savin-Williams and Ream continued to follow them.¹⁴⁸

In support of findings of Savin-William and Ream, it may be noted here that similar results were found in the Growing Up Today Study (GUTS) in 2013. This study is a large, prospective, longitudinal cohort study of the children of women participating in the Nurses’ Health Study II. The researchers, Ott and colleagues, documented the plasticity of same-sex sexuality of youth beginning at ages 9 through 14 and following up every two years thereafter.¹⁴⁹ They found that youth who were unsure or uncertain of their sexual identity predominantly migrated to an exclusive heterosexual identity.¹⁵⁰

Savin-Williams and Ream (2007), commenting on the findings of the first three waves of the Ad Health study, said that, overall, the majority of shifts in sexual behavior were toward heterosexuality.¹⁵¹ “Participants indicating non heterosexuality in Wave 1 were often not the same individuals who indicated non heterosexuality one and five years later.”¹⁵² “All attraction categories other than opposite-sex were associated with a lower likelihood of stability over time.”¹⁵³

144 Diamond & Rosky, 2016, p. 6.

145 Ibid., p. 7, Table 1.

146 E. O. Laumann, J. H. Gagnon, R. T. Michael, & S. Michaels, *The Social Organization of Sexuality: Sexual Practices in the United States*, Chicago: University of Chicago Press, 1994, p. 296.

147 Examples in *APA Handbook*, 2014: Diamond 1:645; Rosario & Schrimshaw, 1:557, 558-559, 564.

148 Rosario & Schrimshaw, 2014, 1:256, in *APA Handbook*, regarding Savin-Williams & Ream, 2007.

149 M. Ott, D. Wypij, H. Corliss, M. Rosario, S. Reisner, A. Gordon, S. Austiln, Repeated changes in reported sexual orientation identity linked to substance use behaviors in youth, *Journal of Adolescent Health*, 2013 52(4): 465-472. <http://dx.doi.org/10.1016/j.jadohealth.2012.08.004>.

150 Rosario & Schrimshaw, 2014, 1:562, in *APA Handbook*.

151 Savin-Williams and Ream, 2007, p. 386.

152 Ibid., p. 393.

153 Ibid., p. 389.

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Reflecting on the first four waves of the Ad Health study, Savin-Williams and Joyner in 2014 observed that: “approximately 80% of adolescent boys and half of adolescent girls who expressed either partial or exclusive same-sex romantic attraction at Wave I ‘turned’ heterosexual (opposite-sex attraction or exclusively heterosexual identity) as young adults.”¹⁵⁴

There has been some debate as to whether some of the adolescent participants that Savin-William and Ream studied in the first three waves acted as “jokesters” in their responses, resulting in the high rates of same-sex attracted adolescents becoming heterosexual.¹⁵⁵ However, the authors had noted that their findings are consistent with those of other highly regarded studies, including that of Laumann and colleagues. The latter, one may note, obtained their findings from retrospective reports by adults aged 18 to 59,¹⁵⁶ not from 16 or 17 year olds. Savin-Williams and colleagues had highlighted that Laumann et al. “expressed doubt about the extent to which non heterosexual sexual categories, behaviors, and attractions remained stable over time.... Yet, researchers readily acknowledge the existence of such sexual groups (“gay youth”) with little evidence that these individuals will be in the same group a month, a year, or a decade henceforth.”¹⁵⁷

It was important that students’ sexual confusion is not entrenched by the born-that-way-and-can’t-change rhetoric of the SPLC, HRC, and NCLR. The norm is that most will experience change if allowed to. It is possible, however, that some may need help from therapy in the process.

Prof. Paul McHugh said: “... researchers have found that all three of the most frequently mentioned dimensions of sexual orientation – attraction, behavior, and identity – are subject to change over time.”¹⁵⁸

From Columbia University Press: “At clinical conferences one often hears . . . that homosexuality is fixed and unmodifiable. Neither assertion is true...The assertion that homosexuality is genetic is so reductionist that it must be dismissed out of hand as a general principle of psychology.”¹⁵⁹

Dr. Dean Hammer said: “Women tend to be more sexually fluid. We’ve interviewed lesbians who have always identified as lesbian but who fantasize about men.”¹⁶⁰

Dr. Lisa Diamond determined from her research: “Sexuality identity is far from fixed in women who aren’t exclusively heterosexual.”¹⁶¹

Dr. Lisa Diamond, co-editor in chief of the *APA Handbook of Sexuality and Psychology*, an avowed lesbian, and a political activist, is adamantly on a campaign to get political activists such as those at the SPLC, HRC, and NCLR, to stop perpetrating the harmful claim that sexual orientation does not change, like skin color. For nearly a decade, she has not backed down on her mission, yet the SPLC, HRC, and NCLR have knowingly continued to push their false and misleading claims.

The following are some examples of her statements that such claims are false, misleading, and harmful.

Dr. Diamond reported on her 10-year longitudinal study of non-heterosexual women in her book, *Sexual Fluidity: Understanding Women’s Love and Desire*. This book won the “Distinguished Book Award” from the APA Division 44 (LGBT). In this book, Dr. Diamond weighed in on the harm of political activists promoting the “can’t change” myth. She acknowledged that, for political motives, some activists “keep propagating a deterministic model: sexual minori-

154 R. Savin-Williams, & K. Joyner., The dubious assessment of gay, lesbian, and bisexual adolescents of Add Health. Archives of Sexual Behavior, 2014, 43(no. 3): 413-422. See p. 416 for quote. <http://dx.doi.org/10.1007/s10508-013-0219-5>.

155 For an overview of the debate, see L. Mayer, & P. McHugh, Sexuality and gender: Findings from the biological, psychological, and social sciences, The New Atlantis, A Journal of Technology & Society, Special Report, Fall 2016, 50:1-143. <http://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

156 Laumann et al. 1994.

157 Savin-Williams & Ream, 2007, p. 389.

158 Dr. Paul McHugh’s amicus brief to the SCOTUS on Obergefell v. Hodges.

159 Friedman, R.C. and Downey, J.I., 2002, Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice, New York: Columbia University Press, p. 39.

160 John Gallagher, “Gay for the Thrill of it,” The Advocate, Feb. 17, 1998.

161 Diamond, L.M., Sexual Identity, Attractions, and Behavior Among Sexual Minority Women Over a 2 Year Period, Developmental Psychology, 2000, 36(2), pp. 241-250

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ties are born that way and can never be otherwise.” She addressed the question, “[I]s it really so bad that it is inaccurate?” Her answer was, “Over the long term, yes, particularly because women are systematically disenfranchised by this approach.” She said this deceptive practice does harm to women who have experienced sexual attraction fluidity and have “thought there was something wrong with them.” She said this “silencing is ironic,” because it is being inflicted by the modern lesbian/gay/bisexual rights movement.¹⁶²

In a 2013 lecture to an LGBT audience at Cornell University, Dr. Diamond said, “I feel as a community, the queers have to stop saying, ‘Please help us. We’re born this way, and we can’t change’ as an argument for legal standing. I don’t think we need that argument, and that argument is going to bite us in the ass, because now we know that there’s enough data out there, that the other side is aware of as much as we are aware of it.”¹⁶³ In other words, she said, “Stop saying ‘born that way and can’t change’ for political purposes, because the other side knows it’s not true as much as we do.”

A 2016 “Annual Review of Sex Research Special Issue” of the Journal of Sex Research features a review by Diamond and attorney, Rosky. The abstract says, “We review scientific research and legal authorities to argue that the immutability of sexual orientation should no longer be invoked as a foundation for the rights of individuals with same-sex attractions and relationships (ie., sexual minorities)....arguments based on the immutability of sexual orientation are unscientific, given what we now know from longitudinal, population-based studies of naturally occurring changes in the same-sex attractions of some individuals over time.... arguments about the immutability of sexual orientation are unjust....”¹⁶⁴

In this paper, the authors further said: “We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow.”¹⁶⁵

Diamond and Rosky testify that the immutability claims of activists, such as those in the SPLC, HRC, and NCLR, are “unjust.” Diamond testifies such claims cause harm, and the methods of political activists who perpetrate the falsehood inflict “silencing.” They lead individuals who experience change in same-sex attractions to think there is something wrong with them and can leave them feeling alone in their experience.

H. No “Electric Shock,” “Electroconvulsive Shock,” or Credible Evidence of Harm

The SPLC has admitted electric shock is not presently being used at all in psychotherapy to change sexual attraction or behavior. As we will document, so that would mean they admit it is not being used on minors. Is there credible evidence that electric shock has ever been used on children or adolescents to change sexuality?

An extensive research review by an APA task force in 2009¹⁶⁶ concluded there is no research on sexual orientation change efforts for children¹⁶⁷ or adolescents.¹⁶⁸ Although the task force conducted a review of behavior modification research on sexual orientation change efforts, it found no research showing that electric shock has ever been used or coerced on children or adolescents to modify sexuality. In fact, it said there is no research on change therapy for minors whatever. Those who make such claims furnish no scientific research or reliable evidence of such a practice either. The petitioners of this complaint to the FTC do not use electric shock methods, nor do they know of anyone who does, and certainly not with minors.

Historically, aversive methods such as electric shock were used with informed and consenting adult clients by mainstream psychotherapists, especially in the 1960’s and early 1980’s, as a small, experimental part of the dominant form of psychotherapy at the time called behavior modification. The philosophy of behavior modification was to treat only objectively observable behaviors, not internal experiences per se. Behavior modification provided pos-

¹⁶² Ibid., 2008, pp. 256-257.

¹⁶³ Diamond, L. (Published Dec. 6, 2013). Lisa Diamond on sexual fluidity of men and women, Cornell University. From Diamond, L. (Oct. 17, 2013). Just how different are female and male sexual orientation? Human Development Outreach and Extension Program. <https://www.youtube.com/watch?v=m2rTHDOuUBw>.

¹⁶⁴ Diamond & Rosky, 2016, p. 1.

¹⁶⁵ Ibid., p. 3.

¹⁶⁶ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009, Washington, DC: American Psychological Association.

¹⁶⁷ Ibid, p. 72.

¹⁶⁸ Ibid, p. 73.

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itive consequences for behaviors a client wanted to increase and aversive consequences for behaviors a client wanted to decrease. When electric shock was used, an adult client chose the level of shock, and the shock was delivered into a muscle in an arm or leg, never the genitals. The use of electric shock was voluntary, not coerced. Aversive methods such as electric shock certainly were not used just for unwanted sexual behaviors. They were also used for cessation of smoking and for alcohol abuse.¹⁶⁹

Behavior modification was so popular among therapists that an individual practically had to be a behaviorist to be the chair of a psychology department in a college or university. Therapists flocked to huge conferences on behavior modification. Use of electric shock to diminish same-sex attraction stopped, not because of lawsuits, but because the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual, second edition. By the end of the 1980's, behavior modification was being replaced by cognitive behavioral therapy (CBT) that was becoming dominant, and aversive methods such as electric shock went by the wayside.

To our knowledge, psychotherapists have not used electric shock or other aversive methods for decades, and we know of no reliable evidence that licensed psychotherapists ever used electric shock on minors for sexual behaviors. If anyone who was born in recent decades claims they received electric shock or aversive methods from a licensed mental health professional when they were a child, especially for same-sex attractions or gender identity, their claim should be taken with a very large grain of salt. But if there was a case where such a method was used, the claimant should make a complaint to the licensing board in their state, and doing so will stop its use.

There is no evidence that "electroconvulsive shock" was ever used by licensed mental health professionals to modify sexuality, contrary to the claims of the NCLR and Washington state bill HB 2541 quoted above. Electroconvulsive shock therapy (ECT) is a method used by some psychiatrists for the most severe cases of depression, mania, or some other severe psychiatric disorders.¹⁷⁰ Electroconvulsive therapy is not the electric shock method that was used in behavior modification to modify behavior. We know of no instances where clients were caused to convulse from electric shock as a method of modifying behavior or sexuality. There is little doubt that the purpose in using the term "electroconvulsive electric shock" is to alarm and deceive legislators into banning therapy.

The SPLC, HRC, and NCLR claim that therapy with minors that is open to SOGI change results in "suicide" or "death." Opponents frequently cite research by Ryan et al. (2009) about suicide in same-sex attracted minors as if it is about SOCE change therapy, but therapy that is open to SOGI change was not even mentioned in the study, and there was no indication any of the participants had such therapy.¹⁷¹

Opponents not only regularly claim therapy that is open to change employs aversive methods such as electric shock or electroconvulsive shock therapy and leads to suicide and death. Opponents also often claim the American Psychological Association Task Force Report in 2009 found scientific evidence that sexual orientation change efforts are ineffective or harmful, even using such words as "dangerous," "psychologically damaging" or "stark," but such claims are false. Diamond and Rosky are guilty of this, as a review by Rosik penetratingly critiques.¹⁷²

In reality, the APA task force report found research evidence for the safety and effectiveness of both therapy that is open to change and gay-affirmative therapy to be inconclusive. "Inconclusive" just means the task force had no idea. The Task Force also reported that no data for the safety of gay-affirmative therapy existed.¹⁷³ Lack of evidence as to whether a

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169 D. Byrd & J Phelan, Facts and myths on early aversion techniques in the treatment of homosexual attractions. <https://www.narth.com/aversion-techniques->

170 Electroconvulsive therapy and other depression treatments. WebMD, <http://www.webmd.com/depression/guide/electroconvulsive-therapy#1>

171 Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (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.

172 C. Rosik, Research review: The quiet death of sexual orientation immutability; How science loses when political advocacy wins, 2016, <http://www.learntolove.co.za/images/Quiet-Death-of-Sexual-Orientation-Immutability.pdf>

173 American Psychological Association Task Force., Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009, Washington, DC: American Psychological Association.

Yet the evidence that sexual orientation change efforts, or SOCE, are harmful is virtually all anecdotal – the kind of evidence which critics of SOCE refuse to accept with regard to the effectiveness question.

[T]he APA reported anecdotal evidence of both benefits and harms, but ultimately declared that “the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm.”

therapy is safe or effective—whether the therapy be heterosexual affirmative therapy or gay affirmative therapy—does not equal evidence that the therapy is ineffective or harmful. Put another way, lack of evidence does not equal evidence of lack.

If lack of conclusive research evidence is grounds for labeling a goal of therapy, “harmful, quackery, snake oil, bogus, consumer fraud” and something that “should be banned,” then gay-affirmative therapy, transgender-affirmative therapy, “wait-and-see” therapy, and many other approaches to therapy should be given those same labels and be “banned.”

Peter Sprigg, senior fellow for policy studies at the Family Research Council, offered the following analysis of what the APA has said about sexual orientation change efforts in his testimony to the state of Vermont.¹⁷⁴

The American Psychological Association (APA), under the sway of ideological opponents of reorientation therapy, has criticized and discouraged (but never banned) reorientation therapy. Yet even the APA acknowledges that: “participants reporting beneficial effects in some studies perceived changes to their sexuality, such as in their sexual orientation [attraction], gender identity, sexual behavior, [and/or] sexual orientation identity.”

Critics cite another APA statement that there is “no sufficiently scientifically sound evidence that sexual orientation can be changed.” This, however, means only that the evidence does not meet all the criteria for “gold standard” social science research, such as large, random samples, a prospective and longitudinal design (tracking people before, during, and after therapy), and use of a control group.

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Psychotherapy, in general, results in harm for 5-10% of adults and 15-24% of minors.¹⁷⁵ For anti-change therapy activists to justify their claims, they would need research that meets scientific standards and demonstrates that harm from therapy that is open to change significantly exceeds the general rate of harm and is prevalent. No such data exists.

Wild anecdotes claiming harm from therapy that is open to change that some opponents’ repeat should be carefully checked for validity. The fact is, there are 600 reports of successful sexual orientation change spanning 125 years. Dr. Alfred Kinsey himself, arguably the father of scientific study into homosexuality, helped more than 80 homosexual men make a “satisfactory heterosexual adjustment, which either accompanied or largely replaced earlier homosexual experience.” The record includes that he helped “a boy”¹⁷⁶

Former APA president Nicholas Cummings initiated the 1975 APA resolution that homosexuality is not a mental illness. As Kaiser San Francisco psychology chief, he saw “hundreds” of homosexuals “change and live very happy heterosexual lives.”¹⁷⁷ Dr. Robert Spitzer, famous for his parallel resolution to remove homosexuality from the list of mental disorders in the American Psychiatric Association, published research showing change therapy is effective for

174 P. Sprigg, Written Testimony in Opposition to Vermont Bill S. 132, Re: Prohibition of “conversion therapy” on minors, February 26, 2016. <http://www.frc.org/testimony/testimony-by-peter-sprigg-in-opposition-to-vermont-bill-s-132>

175 Lambert, M. (2013). The efficacy and effectiveness of psychotherapy. In Michael J. Lambert (Ed.), *Bergin and Garfield’s Handbook of Psychotherapy and Behavior Change* (6th Edition), pp. 169-218. Hoboken, NJ: Wiley.; Lambert, M., & Ogles, B. (2004). *The efficacy and effectiveness of psychotherapy*. New York, NY: Wiley.

176 Pomeroy, W. (1972). *Dr. Kinsey and the Institute for Sex Research*. N.Y. Harper and Row. Pp. 75-77.

177 See: N. Cummings, 2011 NARTH Conference: Dr. Cummings, Convention, National Association of Research and Therapy for Homosexuality (NARTH), Phoenix, AZ. See 29:20 min to 33:10 min. <https://www.youtube.com/watch?v=B-KxYBch2LVM>. Cummings also submitted an affidavit in the SPLC’s lawsuit against JONAH.

those who seek it.¹⁷⁸ Rebutting controversy, the editor of the prestigious journal that published the study confirmed the research was sound.¹⁷⁹

An early report on a current longitudinal research being conducted in response to the APA Task Force recommendations is finding reorientation therapy to be safe and effective.¹⁸⁰ Testimonies of real individuals who actually experienced successful and safe change in sexual attraction through therapy can be found at: Voices-of-Change.org.

V. PETITIONERS' STATEMENT: PROTECT THERAPY EQUALITY FOR MINORS THAT HAVE UNWANTED SAME-SEX ATTRACTIONS OR GENDER IDENTITY

California was the first of a handful of states to ban sexual orientation or gender identity (SOGI) change efforts for minors. Since that time, several states and multiple cities and other jurisdictions have moved to enact similar bans, despite having truthful and scientifically accurate information. Thank you for the opportunity to provide information and share concerns about the unintended consequences we have seen from this anti-change-therapy legislation, and the three organizations discussed in this complaint that are known to be pushing these bills across the country.

Therapy that is open to SOGI change is generally not a form of therapy but openness to a client's freely chosen goal of change using any contemporary form of talk therapy. Contemporary licensed mental health professionals use no coercion or aversive methods. If any exceptions occurred, licensing boards would address these issues. The SPLC, HRC, and NCLR grotesquely misrepresent therapy that is open to a client's goal of change in sexual attraction or behavior or gender identity. Their flagrant and deceptive claims scare minors and adults and are used to deprive children of therapy.

The SPLC, HRC, and NCLR also perpetuate the false and misleading impression that sexual orientation is immutable like skin color. Sexual orientation is not resistant to change; in fact, it is the norm for sexual orientation to change. The American Psychological Association recognizes sexual orientation change.¹⁸¹ Abundant excellent research has now established that sexual orientation—including attraction, behavior, and identity self label—all three—is fluid for both adolescents and adults and for both genders, and exceptions for LGB individuals are a minority. Change from exclusive homosexual attraction to exclusive heterosexual attraction occurs frequently among adolescents.¹⁸² Sometimes sexual attraction and identity change more than once.¹⁸³ Imagine a statement that skin color changes, sometimes from extremely light to extremely dark, in both adolescents and adults and in both men and women, sometimes more than once, and the exceptions are the minority. Such a statement would be absurd. Sexual orientation is not like skin color. "Born that way and can't change" is not true.¹⁸⁴

In addition, both the American Psychiatric Association¹⁸⁵ and the American Psychological Association¹⁸⁶ recognize gender identity fluctuates for the vast majority of minors, again, unlike skin color.

Individuals who experience same-sex sexuality and gender variation have a right to know the truth about change. Perpetrating the falsehood that same-sex sexuality and childhood gender variation do not change leaves those who experience change—most individuals who experience same-sex sexuality or childhood gender distress—to think there is something

178 R. L. Spitzer, Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*, 2003, 32(5):403-417. doi: 10.1037/t02175-000.

179 Dreger, A., How to ex an "ex-gay" study. April 11, 2012, *Psychology Today Blog*. <http://www.psychologytoday.com/blog/fetishes-i-dont-get/201204/>

180 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.joseph-nicolosi.com/collection/outcome-research>

181 Diamond, 2016, 1:642, in *APA Handbook*.

182 Udry & Chantala, 2005, found that 48%, nearly half, of exclusively homosexually attracted boys aged 16 became exclusively heterosexual one year later at age 17. Laumann et al., 1994, found that 42% of men who ever had same-sex relationships never did so again after age 18.

183 Katz-Wise & Hyde, 2014.

184 Per research reviews by Diamond & Rosky, 2016, and by Whitehead & Whitehead, 2016.

185 American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Arlington, VA: American Psychiatric Association, pp. 451-459. See especially pp. 455-456.

186 Bockting, 2014, 1:744, in *APA Handbook*.

The SPLC, HRC, and NCLR also perpetuate the false and misleading impression that sexual orientation is immutable like skin color. Sexual orientation is not resistant to change; in fact, it is the norm for sexual orientation to change. The American Psychological Association recognizes sexual orientation change.

Most adolescents and adults who identify themselves as same-sex-attracted will change toward or to exclusive opposite sex attraction. Therapy that is open to change is far more congruent with the norm of change in adolescent and adult sexual attraction development than is gay-affirmative therapy. So it should be successful for some, and how dangerous can it be?

wrong with them, and it subjects them to feeling alone in their experience. As Rosik summarized from Diamond and Rosky:

“Immutability arguments actually marginalize and stigmatize those who do not experience their sexuality as fixed,”¹⁸⁷ namely, most same-sex attracted minors and adults.

Non-heterosexual adults who have not experienced fluidity themselves are the minority and are more likely to believe sexual orientation is resistant to change for all non-heterosexuals,¹⁸⁸ contrary to abundant and conclusive research.¹⁸⁹ The SPLC, HRC, and NCLR seek therapy bans that privilege minors who do not change over minors who do change or could change with help from therapy, that is, most SOGI minors.

One gets the impression from the SPLC, HRC, and NCLR that same-sex attracted minors and adults are exclusively and permanently same-sex attracted, so attempts to change same-sex attraction are attempts to change a person’s essential or core self, hence impossible and harmful. However, abundant research has established that the majority of individuals who experience same-sex attraction (SSA) not only experience change in sexual attraction, they also already experience opposite-sex attraction (OSA). In fact, the majority of individuals who experience SSA are mostly opposite sex attracted (mostly OSA). These mostly heterosexual individuals are greater in number than all other individuals with gay, lesbian, and bisexual attractions combined. The majority of bisexually attracted individuals experience change toward or to exclusive heterosexual attraction. The majority of mostly heterosexually attracted individuals undergo a complete transformation to exclusive heterosexual attraction.¹⁹⁰

Some who are attracted to both sexes are in heterosexual relationships and desire therapy to help them be faithful and keep their families together. Some youths are not yet in relationships, but they aspire to have faithful heterosexual relationships and families and need therapy assistance to fulfill their potential to do so. The SPLC, HRC, and NCLR create a false portrayal of sexual orientation that excludes them—the vast majority of same-sex attracted individuals— and deprives them of therapy appropriate to their needs.

Most adolescents and adults who identify themselves as same-sex-attracted will change toward or to exclusive opposite sex attraction.¹⁹¹ Therapy that is open to change is far more congruent with the norm of change in adolescent and adult sexual attraction development than is gay-affirmative therapy. So it should be successful for some, and how dangerous can it be?¹⁹²

According to the American Psychiatric Association’s Diagnostic and Statistical Manual, Fifth Edition (DSM-5) and the *APA Handbook of Sexuality and Psychology*, as many as 75%¹⁹³ to 98%¹⁹⁴ of gender dysphoric boys and as many as 75%¹⁹⁵ to 88%¹⁹⁶ of gender dysphoric girls eventually accept their chromosomal sex. Therapy that is open to change is far more congruent with the norm of gender dysphoria development in minors than is transgender-affirmative therapy, so it should be successful for some, and how dangerous can it be?

There is credible scientific evidence that childhood sexual molestation¹⁹⁷ and parent absence through death, divorce, end of parent co-habitation, or unknown paternity are potentially causally linked to same-sex sexuality.¹⁹⁸ Some individuals would like to decide for them-

187 Rosik, 2016, p. 10.

188 Katz-Wise & Hyde (2014). Sexual fluidity and related attitudes and beliefs among adults with a same- gender orientation. *Archives of Sexual Behavior*. DOI 10.1007/s10508-014-0420-1.

189 See these reviews: Diamond, L. (Published Dec. 6, 2013). Lisa Diamond on sexual fluidity of men and women, Cornell University. From Diamond, L. (Oct. 17, 2013). Just how different are female and male sexual orientation? Human Development Outreach and Extension Program. <https://www.youtube.com/watch?v=m2rTHDOuUBw>; Diamond & Rosky, 2016; APA Handbook, 2014; Whitehead & Whitehead, 2016.

190 Diamond & Rosky, 2016, p. 7 and Table 1; Savin-Williams, Joyner, & Reiger, 2012, APA Handbook, 2014.

191 Udry & Chantala, 2005; Savin-Williams & Ream, 2007; Laumann et al., 1994.

192 Savin-Williams & Ream, 2007; Savin-Williams, Joyner, and Rieger, 2012; see analysis of these studies in Whitehead & Whitehead 2013, Ch.12, pp. 231-235.

193 American Psychiatric Association, 2013, DSM-5, calculated from p. 455.

194 Bockting, 2014, 1:744, in APA Handbook.

195 American Psychiatric Association, 2013, DSM-5, calculated from p. 455

196 Bockting, 2014, 1:744, in APA Handbook.

197 Rosario & Shrimshaw, 2014, 1:583, in APA Handbook; Tomeo, ME, “Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons.” *Arch Sex Behav*. 2001 Oct;30(5):535-41.

198 Frisch, M. and Hviid, A., Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes., *Archives of Sexual Behavior*, 2006, 35:533-547; Francis, A. M., Family and sexual ori-

selves whether their sexual orientation or gender identity (SOGI) represents an authentic or positive variation of sexuality for themselves. No activist organization, professional organization, or legislature should decide that for others. A position that sexual variation is always normal and positive marginalizes and stigmatizes those who are experiencing a painful link between trauma, parent loss, other psychoanalytic injuries, and same-sex sexuality.

The SPLC, HRC, and NCLR have, through propagating falsehoods to legislatures, caused therapy to be denied to heterosexual children who had same-sex sexuality forced on them through childhood molestation. These children specifically want therapy that will help them CHANGE their attractions and behavior. Depriving children of therapy to help them change same-sex attraction or behavior abuses victims of childhood sexual abuse.

All have a right to know that non-heterosexual orientation and childhood gender confusion change spontaneously in most cases and therapy assistance may be needed to help.

Therapy that is open to change seeks to help parents love their same-sex attracted (SSA) or transgendered or gender non-conforming (TGNC) minor who may have suffered psychological injuries and respect their child's wish to have or not have therapy that is open to change.

The American Psychiatric Association could not conclude whether various therapeutic approaches for children—to change gender dysphoria, to affirm TGNC identity, or to “wait and see”—affected whether gender dysphoria persisted or changed, because no systematic longitudinal studies of gender dysphoric children exist, nor can conclusions be made on safety or harm of these various psychotherapeutic approaches.¹⁹⁹

Bockting says in the *APA Handbook* that there is evidence of pathology in the etiology of transgender or transsexual identity.²⁰⁰ He warns against early social transitioning, because most children will eventually identify with their chromosomal sex, but transitioning may foreclose a child's gender identity development.²⁰¹ If the child transitions back to identifying with the chromosomal sex, it may be challenging to reverse the social role, and the stress of doing so has been shown to be substantial.²⁰² Early social transitioning also risks neglecting individual problems that the child might be experiencing.²⁰³ Children should be able to receive therapy for such problems that may be leading to their transgender identity. Unfortunately, opponents seek to deprive such children of therapy, contrary to the advice of Bockting in the authoritative *APA Handbook of Sexuality and Psychology*.²⁰⁴

Protocols for chemical transitioning of transgender adolescents and adults are based on research that is rated to be of poor and very poor quality. It is known that puberty blocking hormones and cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks.²⁰⁵

Changes in sexuality are not only spontaneous. Sexual orientation also may change through an individual's choices. On choice, Rosik quotes Diamond and Rosky this way, in a not-so-subtle rebuke to the APA, the authors observe that, “Both scientists and laypeople commonly claim that same-sex sexuality is rarely or never chosen (e.g., American Psychological Association, 2008), and individuals who claim otherwise (or who imply the capacity for choice by using terms such as sexual preference instead of sexual orientation) are often interpreted as misguided, insensitive, or homophobic. Yet similar to bisexuals, individuals who

entation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 2008, 45 (4):371-377. DOI:10.1080/00224490802398357; Udry, J.R., & Chantala, K., Risk factors differ according to same- sex and opposite-sex interest. *Journal of Biosocial Science*, 2005, 37, 481-497. <http://dx.doi.org/10.1017/S0021932004006765>.

199 American Psychiatric Association, 2013, DSM-5, p. 455.

200 Bockting, 2014, 1:743, in *APA Handbook*.

201 *Ibid.*, 1:744.

202 *Ibid.*, 1:744, 750.

203 *Ibid.*, 1:750.

204 Bockting, 2014, 1:743-744, 750, in *APA Handbook*.

205 See: Olson-Kennedy, J and Forcier, M. (November 4, 2015). “Overview of the management of gender nonconformity in children and adolescents.” UpToDate. http://www.uptodate.com/contents/overview-of-the-management-of-gender-nonconformity-in-children-and-adolescents?source=search_result&search=overview+of+the+management+of+gender+nonconformity+in+children+and&selectedTitle=1%7E150; Hembree, W. C., et al. (2009) Endocrine treatment of transsexual persons: An Endocrine Society clinical practice guideline. *J Clinical Endocrinology and Metabolism*.; 94: 3132-3154. <http://press.endocrine.org/doi/pdf/10.1210/jc.2009-0345>; Moore, E. Wisniewski, A. & Dobs, A. (2003). Endocrine treatment of transsexual people: A review of treatment regimens, outcomes, and adverse effects. *The Journal of Clinical Endocrinology & Metabolism* 88(9):3467-3473. doi: 10.1210/jc.2002-021967. <http://press.endocrine.org/doi/pdf/10.1210/jc.2002-021967>.

Protocols for chemical transitioning of transgender adolescents and adults are based on research that is rated to be of poor and very poor quality. It is known that puberty blocking hormones and cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks.

Many minors who actually do have same-sex attraction or gender distress think their experience is something they are born with that can never be otherwise, potentially leading to depression, anxiety, and suicidal thoughts for some minors, excessive distress for their parents and families. These beliefs also lead to depression and anxiety for some adults, and excessive distress for the spouses and children of same-sex attracted adults who may fear marriage and family breakdown as a result. Attacks on therapy add to these harms.

perceive that they have chosen some choice in their same-sex sexuality are more numerous than most people think.”²⁰⁶

What we know is that sexual orientation ordinarily changes, some individuals change by choosing to change, and same-sex sexuality is potentially causally linked to childhood molestation, parent absence, or other psychoanalytic factors that are treatable. Since we know these things, it makes little sense to say the only place where sexual orientation does not change is in therapy. We also know childhood gender dysphoria usually resolves toward the child accepting the chromosomal sex by adulthood if allowed to, and the condition may be due to pathology. Childhood gender dysphoria, too, should be changeable in therapy.

All have a right to know that therapy that is open to a goal of change is an option by which some, though not all, make a significant and meaningful shift in their sexual orientation or gender identity. A research review of “600 reports of clinicians, researchers, and former clients—primarily from professional and peer-reviewed scientific journals” conducted over “125 years of clinical and scientific reports...documents[s] that professional-assisted and other attempts at volitional change from homosexuality toward heterosexuality has been successful for many and that such change continues to be possible for those who are motivated to try.”²⁰⁷

VI. CONCLUSION

The HRC, SPLC, and NCLR have been documented in this report to be actively promoting harmful, dangerous, deceptive, and misleading campaigns to mislead and deceive the public and shut down licensed therapists who are helping clients distressed by unwanted same-sex attractions and gender identity confusion. The National Task Force for Therapy Equality respectfully asks the Federal Trade Commission to review their hate campaigns and immediately order them to cease operating.

The SPLC, HRC, NCLR, and others are continually portraying that same-sex attractions comes in two types, gay and straight, that are fixed at birth and never change, like skin color. Their portrayals also create the impression that the probability of being LGBT is far higher than it actually is. Gallop polls indicate these organizations, along with other willing organizations and individuals, have successfully convinced a majority of the American public to believe these deceptions.

A Gallop poll also shows the public has believed that the large numbers of LGBT displayed to them in the media accurately indicate how many people of LGBT. Gallop reported: “The American public estimates on average that 23% of Americans are gay or lesbian, little changed from Americans’ 25% estimate in 2011, and only slightly higher than separate 2002 estimates of the gay and lesbian population. These estimates are many times higher than the 3.8% of the adult population who identified themselves as lesbian, gay, bisexual or transgender in Gallup Daily tracking in the first four months of this year.

There is anecdotal evidence that many adolescents think there is a high probability they could be LGBT, and they are worried over it. Teens are straining to detect whether they might be same-sex attracted based on very little evidence. They are wondering, if they admire another teen of their own sex that does mean they are gay? If there is any indication of any degree of potential same-sex attraction, that would mean they are gay, and only if there is none would it mean they are straight, with no in-between.

Whichever it is will be permanent and determine their future. Parents are hearing from their children that their children are confused, worried, and even downright panicked. Many youths are wondering whether they are transgender. Not only is the extreme and false message of sexual variations being delivered, but there is anecdotal evidence it is being concerningly overdone. Research evidence indicates that unsure youth turn out to be heterosexual, but for many of them, worrying over what their sexual orientation or gender identity is has

206 Rosik, 2016, p. 11, quoting Diamond & Rosky, 2016, p. 20.

207 What Research Shows: NARTH’s Response to the APA Claims on Homosexuality (Summary), p. 1, Family Watch International, http://www.familywatchinternational.org/fwi/NARTH_what_research_shows.pdf; The summary was of a full article, J. Phelan, N. Whitehead, & P.M. Sutton, 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, 2009, *Journal of Human Sexuality*, 1: 1-121. Available at https://media.wix.com/ugd/ec16e9_04d4fd-5fb7e044289cc8e47dbaf13632.pdf

become one more thing adolescents are having to worry about without good reason, and their parents and teachers do not have the accurate knowledge to help them through it either.

Many minors who actually do have same-sex attraction or gender distress think their experience is something they are born with that can never be otherwise, potentially leading to depression, anxiety, and suicidal thoughts for some minors, excessive distress for their parents and families. These beliefs also lead to depression and anxiety for some adults, and excessive distress for the spouses and children of same-sex attracted adults who may fear marriage and family breakdown as a result. Attacks on therapy add to these harms.

The public should have a right to know that no one is born with a same-sex sexual orientation or transgender or nonconforming identity. Adolescents and adults should have access to accurate scientific knowledge that same-sex attraction, behavior, and self-label identity as well as childhood gender distress change for most, mostly toward or to the norm of heterosexuality and identity with ones chromosomal sex.

Individuals should have the right to know that many, though not all, make a significant and meaningful shift in their same-sex attraction or gender identity variation, some of them assisted by therapy that is open to their goal of change. In the best study on adolescents, 89 percent of same-sex attracted boys changed, and in just one year. Only 11 percent did not change. The SPLC, HRC, and NCLR make a claim (which has poor empirical support) that “reorientation therapy may harm the self-esteem of those who do not change”—the 11% in this study. But it makes no sense to address that theoretical harm by hiding the truth from, and denying help to, the 89% of teens who may lose, or overcome, their same-sex attractions,” explains Peter Sprigg, senior fellow for policy studies at Family Research Council.²⁰⁸

For those who do not change in therapy, not all regret that they tried. Therapy has many benefits. Laws that ban therapy privilege those who do not experience sexual orientation or gender identity change over those who do and who are the majority.

There are other harmful results of the “can’t change” deception being perpetrated by the SPLC, HRC, and NCLR. Individuals with same-sex attractions who change, the majority, are left to feel there is something wrong with them and that they are alone in their experience.²⁰⁹ Another harm of the “can’t change” falsehood is that children with a gender identity variation who believe they are born that way and can never change may pursue hasty social transitioning of gender identity or even premature chemical or surgical gender transitioning contrary to the advice of the *APA Handbook of Sexuality and Psychology*.²¹⁰ It is tragic that minors may permanently remove healthy parts of their own bodies and render their bodies forever infertile when, if allowed, they more than likely would come to accept their chromosomal sex.

The SPLC, HRC, and NCLR conspire to keep from the public the knowledge that some children had same-sex attraction forced on them because a pedophile or older adolescent sexually abused them. For some children, absence or loss of a biological parent, especially a parent of the same sex as the child, affected the development of the child’s sexual orientation. Other psychoanalytic or social environmental factors may also have diverted a child’s sexual orientation.²¹¹

Some of these children do not experience their sexual variation as normal or authentic for them. They are marginalized by the generalization that sexual variation is always normal. They desire therapy to help them change their unwanted sexual attraction or behavior. Treatment for links between their sexual variation and childhood sexual molestation, the effects of an absent parent—especially the parent of the same-sex as the child, or other social environmental factors could lead to a significant and meaningful shift in that variation for some. The SPLC, HRC, and NCLR seek to make helping these children change their sexual attraction or behavior illegal. Banning therapy for children whose sexual orientation or gender identity may have been injured also bans speech about such realities from therapy.

Some individuals who have changed through therapy have regretted that these political organizations, some professional organizations, their culture, or their family led them to believe they could not and should not try to change their sexual attraction or behavior through therapy. They feel they have lost years of their lives that could have been lived the way they are now able to live because they finally did have therapy.

208 Sprigg, P. (February 26, 2016). Testimony delivered against S. 132. Retrieved online from: <http://legislature.vermont.gov/assets/Documents/2016/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.132/S.132--Peter%20Sprigg%20-%20Family%20Research%20Council-Written%20Testimony%20-%20Opposition%20to%20the%20Bill-3-11-2016.pdf>

209 Diamond, 2008, pp. 256-257.

210 Bockting, 2014, 1:744, 750, in *APA Handbook*.

211 Rosario & Schrimshaw, 1:583, in *APA Handbook*; Bockting, 2014, 1:743, in *APA Handbook*.

Coercing any goal of therapy on a client is unethical, because it violates the client's right to self-determine the goal of therapy and risks being ineffective and harmful.

Therapy bans for these children are cruel and unjust. In effect these children are victimized twice, first by their sexual abuser or other life injuries, and second by these organizations that deprive them of therapy. Heterosexual-affirming therapy is more appropriate for them than gay affirmative therapy, but opponents want them only to have a choice of gay-affirmative therapy or therapy that will not lift a finger to try to help them change their attractions and behaviors to match who they feel themselves most authentically to be.

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A small minority of states has banned therapy that is open to sexual variation change. Lawmakers in these states failed to foresee that individuals who are distressed by their unwanted sexual orientation or unwanted gender identity are not going to go to a gay-affirmative or gender-variant-affirmative therapist or a therapist who does not share their values and whom they do not trust. They are now being sent to unlicensed counselors or getting no help at all. These minors are not being served. Some have been victims of sexual abuse and are suicidal. Some aspire to live according to their chromosomal gender or to be faithful in a heterosexual relationship with family, as do most individuals.

Therapists should not have to abandon such individuals under threat of being thrown out of their professional organizations, losing their licenses, or being bankrupted. Banning sexual orientation or gender identity change efforts for individuals who desire it has been harmful and ineffective.

It should not be missed that laws banning openness to sexual variation change place all therapists in a dangerous trap — regardless of their view on sexual orientation, gender identity, or therapy that is open to change. If a client desires help to change sexual attraction or behavior, it is unethical for any therapist to provide gay- or gender-variant-affirmative therapy, because the client does not want it. Coercing any goal of therapy on a client is unethical, because it violates the client's right to self-determine the goal of therapy and risks being ineffective and harmful.

The therapist cannot provide or refer the client for therapy that is open to change, because doing so is against the law. Ethically, the therapist cannot abandon the client. If the therapist agrees to treat the client for other concerns though not for the goal of changing sexual attraction or gender identity, there is the real possibility that fluidity, fluctuation, or change in the client's sexual orientation or gender identity will occur, and then it is an open question as to whether the therapist may be in violation of the law. At least, the therapist is opened up to liability.

Some therapists are afraid of treating adolescents who want therapy that is open to sexual orientation or gender identity change, and at the same time, they are afraid of discriminating against taking some adolescents as clients based on unwanted sexual orientation, unwanted gender identity, or goal of therapy. An unintended consequence of the laws passed already in a handful of states has been that some therapists are discerning that their only protection is to stop treating all adolescents or all adolescents who have unwanted same-sex attraction or unwanted gender variation, and most especially if they want therapy to explore their potential for sexual variant change.

Some sexually variant minors are already being turned away from professional mental health services. For example, the California Board of Behavioral Science has been asked more than once to clarify the law on this very liability question and has declined. All banned providers and their sexually variant minor clients are endangered. Bans on sexual orientation or gender identity change efforts are not safe or effective, and the work of HRC, SPLC, and NCLR are actively putting minors, and their families, in danger of not receiving competent, qualified mental healthcare while deceiving consumers and the general public. We respectfully ask you to put an end to these dangerous and deceptive hate campaigns so that future lives can be saved.

SIGNATORIES

American College of Pediatricians

Christian Medical and Dental Associations

Alliance for Adolescent Health

Family Watch International

Voice of the Voiceless

Center for Family and Human Rights

Alliance for Therapeutic Choice and Scientific Integrity

Jewish Institute for Global Awareness