



## WHAT HAPPENS WHEN THERAPY IS BANNED?

---

25 states<sup>i</sup> have rejected therapy bans because they cause these harms and injustices:

### Effects of childhood sexual abuse can be treated if the effects are heterosexual, but not if they are homosexual.

The American Psychological Association acknowledges in its *APA Handbook of Sexuality and Psychology* which it has declared “authoritative” [1a] that there are psychological causes [1b] for sexual variations, such as childhood sexual abuse [1c]. This means one effect of childhood sexual abuse may be that the victim begins to experience same-sex attractions or behaviors. These may be confusing, and victims may feel they do not represent the true self. Is it more compassionate to help relieve these feelings or behaviors or to tell victims they have to live with them? A therapy ban requires the therapist to deny treatment for the trauma and its link to the sexual variation distress, or the therapist will be criminalized.

### More sexual attractions, romantic fantasies, or behaviors caused by sexual abuse:

- unwanted emotional and sexual ties to the abuser, desire to have sex with minors
- desire to exhibit genitals, desire to rub genitals against non-consenting individuals
- compulsive sexual thoughts, pornography addiction

The way this law is written, a therapist can help if these attractions or behaviors are heterosexual, but not homosexual, or the therapist is criminalized.

### Rapid onset gender dysphoria fueled by internet social contagion cannot be treated.

There is a recent epidemic of troubled adolescents, especially girls, many of whom have autism spectrum disorder, who are flooding to sex change clinics [2] thinking this will solve all their problems. Many liberal professionals and parents are urgently agreeing with us that these adolescents need therapy to resolve their rapid onset gender dysphoria. [This bill denies parents' rights to choose that therapy.](#)

### Instead, this bill legislates gender dysphoric children onto a path of:

*experimental* puberty blockers, toxic hormones that *often sterilize them for life*, having their *breasts surgically removed, potential castration, and a higher rate of completed suicides* even if they live in a liberal and affirming community, [3] all with the assumption minors are competent to choose these treatments, and all before they are old enough to drive—but forbids them *talk* therapy to help them *embrace* their body.

### Bans hide from minors and parents the reality that same-sex attraction and gender dysphoria, unlike skin color, often diminish or change.

As many as 98% of boys and 88% of girls [4] and no less than 75% of boys and girls come to identify with their innate body sex if supported through natural puberty and not socially transitioned to live as the opposite sex. [1d]

- American Psychiatric Association, *Diagnostic and Statistical Manual, Fifth Edition*
- American Psychological Association, *APA Handbook of Sexuality and Psychology*

Same-sex attractions, behaviors, romantic partnerships, and orientation identities often change, mostly to or toward exclusive heterosexuality, for both men and women, adolescents and adults.

- American Psychological Association, *APA Handbook of Sexuality and Psychology* [1e]
- Many Studies That Meet Rigorous Scientific Standards [5]



## WHAT HAPPENS WHEN THERAPY IS BANNED?

---

### Safe and effective therapy that is open to a client's goal of change is banned.

Even the Southern Poverty Law Center affirms “conversion therapy” uses only *non-aversive* methods. Stories of “therapy torture” and “aversion therapy” have been documented to be fraudulent in a [report to the Federal Trade Commission](#). [6] Our licensed professional therapists follow a code of ethics and use only mainstream, contemporary, and ethical forms of therapy. [7] Any therapy can only be effective when clients *want* it and *apply* themselves. Where parents and their sexually variant children disagree on therapy goals, we try to help them have a mutually respectful and caring relationship.

Over a hundred years of research, including studies published in the American Psychological Association's peer-reviewed journals by APA members, show that when the therapy is done right, it is effective. [8] A new five-year study of adult male clients who have unwanted same-sex attraction is currently underway and meets American Psychological Association standards. Results in the first year found distress *decreased*, sense of wellbeing *increased*, heterosexual thoughts and feelings *increased*, and homosexual thoughts and feelings *decreased*. [9]

### Government takes away freedoms and rights.

Our clients have the *same* freedom and the right as everyone else *to resolve unwanted feelings*, love who *they* want, and choose *their* gender identity. No one should take that away from them.

Some want to live and love according to their religious faith. No one should deny them that right. Several professional organizations support a client's right to therapy for unwanted sexual variations that is in accord with their religious faith.<sup>ii</sup>

### Minors targeted by therapy bans often cannot get therapy at all.

In states that have banned therapy, minors who have an unwanted sexual variation are, like most people, not willing to go to a therapist who is not open to their goal of change. At the same time, *many therapists are afraid to see them at all as a result of the law*. In addition, since same-sex sexuality and gender dysphoria in minors frequently change, there is a question as to whether, if a client changes during therapy, a therapist is in violation of the law. The California Board of Behavioral Science has repeatedly declined to clarify this question. Some therapists have decided to stop seeing all sexually variant minors to avoid risk. *Minors with unwanted sexual variations are not being served. Some are sexual abuse victims and are suicidal. Therapy bans are harmful and unjust.*

All professional organizations and state licensing boards already address the concerns behind this bill without incurring its harms. We recommend continuing to rely on these current mechanisms while voting against this bill.

Respectfully,  
National Task Force for Therapy Equality  
[www.therapyequality.org](http://www.therapyequality.org)

Therapy Ban Harm Fact Sheet with references at: [TherapyEquality.org/FactSheet](http://TherapyEquality.org/FactSheet)



## WHAT HAPPENS WHEN THERAPY IS BANNED?

---

### References

Therapy Ban Harm Fact Sheet with references at: [TherapyEquality.org/FactSheet](http://TherapyEquality.org/FactSheet)

[1a,b,c,d,e,f] Tolman, Deborah L. & Diamond, Lisa M. (Co-Editors-in-Chief), 2014, *APA Handbook of Sexuality and Psychology, Vol. 1: Person-based approaches*. Washington, DC, US: American Psychological Association. xxviii 804 pp., <http://dx.doi.org/10.1037/14193-000>.

(1a) 1: xvi. (1b) 1: 583, 743. (1c) 1: 609-610. (1d) Calculated from 1: 744. ((1e) 1: 636, 562, 619.

[2] Kaltiala-Heino et al. (2015), Two years of gender identity service for minors: Overrepresentation of natal girls with severe problems in adolescent development, *Child and Adolescent Psychiatry and Mental Health* 9: 9, DOI 10.1186/s13034-015-0042-y, Abstract, p. 7; Wood, H., Sasaki, S., Bradley, S., Singh, D., Fantus, S., Owen-Anderson, A., Di Giacomo, A., Bain, J. & Zucker, K. (2013) Patterns of Referral to a Gender Identity Service for Children and Adolescents (1976–2011): Age, Sex Ratio, and Sexual Orientation, *Journal of Sex & Marital Therapy*, 39: 1-6.

[3] Cecilia, D., Lichtenstein, P., Boman, M., Johansson, A., Langstrom, N., Landen, M. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. *Plos One*

[4] American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association. Desistance rates calculated from p. 455.

[5] Diamond, L. & Rosky, C., 2016, Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities, pp. 6-7 and Table 1, DOI: 10.1080/00224499.2016.1139665. Critique: Rosik, D. 2016). Research review: The quiet death of sexual orientation immutability; How science loses when political advocacy wins. <http://www.learntolove.co.za/images/Quiet-Death-of-Sexual-Orientation-Immutability.pdf>

[6] National Task Force for Therapy Equality, (May 1, 2017). Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud. <http://www.therapyequality.org/national-task-force-therapy-equality-complaint-ftc-report> pp, 16-17.

[7] Alliance for Therapeutic Choice and Scientific Integrity/NARTH Institute. [TherapeuticChoice.com](http://TherapeuticChoice.com).

[8] (Report Summary:) What research shows: NARTH's response to the APA claims on homosexuality: Summary of *Journal of Human Sexuality* (Volume I), pp. 1-5.

<https://www.scribd.com/document/125145105/Summary-of-Journal-of-Human-Sexuality-Volume-I>.

(Full Report:) Phelan, J., Whitehead, N., & Sutton, P.M. (2009), What research shows: NARTH's response to the APA claims on homosexuality: A report of the scientific advisory committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality*, 1: 1-121.

<https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>

[9] Pela, C. & Nicolosi, J. (March 10, 2016) Clinical outcomes for same-sex attraction distress: Well-being and change, Conference of the Christian Association for Psychological Studies (CAPS), Pasadena, CA.

<http://www.josephnicolosi.com/collection/outcome-research> .

---

<sup>i</sup> States that have rejected therapy bans: Arizona, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Kentucky, Massachusetts, Maine, Maryland, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, West Virginia, Wisconsin. 1/19/2018

<sup>ii</sup> The following organizations support the right of clients to therapy that aligns with their religious values and beliefs: American Association of Physicians and Surgeons, American College of Pediatricians, American Association of Christian Counselors, Christian Medical and Dental Association, Catholic Medical Association, International Network of Orthodox (Jewish) Mental Health Professionals, and Alliance for Therapeutic Choice and Scientific Integrity. Collectively, these organizations comprise *about 80,000 licensed mental and medical health practitioners* who value the right of self-determination for clients and their families.