



Dear Legislator,

Our organization of mental health professionals urges you to *oppose any legislation* that would ban so-called “conversion therapy” for minors. Many states have rejected these bans.

- Everyone has the freedom and the right to resolve unwanted feelings, love who they want, and embrace their body sex.
- Sexual orientation and gender identity are not biologically determined like skin color,¹ and psychological and family factors are causes.² Transgender identity may be pathological.³
 - American Psychological Association, *APA Handbook of Sexuality and Psychology*⁴ which the APA has approved (given its “imprimatur”) and declared “authoritative.”⁵
- This bill legislates gender dysphoric children onto a path of experimental puberty blockers and toxic sex-change hormones, that often sterilize them for life, having their breasts chopped off, and potentially castration, all before they are old enough to drive, yet forbids them *talk* therapy to help them embrace their body.
- As many as 98% of boys and 88% of girls⁶ and no less than 75% of boys and girls⁷ come to identify with their innate body sex if supported through natural puberty and not socially transitioned.⁸
 - American Psychiatric Association, *Diagnostic and Statistical Manual, Fifth Edition*
 - American Psychological Association, *APA Handbook of Sexuality and Psychology*
- A rigorous study of 16-year-old boys who identified as exclusively same-sex attracted found that one year later, only 11% still did.⁹ 90% of the exclusively and strongly same-sex attracted boys experienced father absence or loss.¹⁰ Absence of a parent, especially the parent of the same sex as the child, can lead to same-sex attraction, behavior, and orientation identity.
 - Several Studies That Meet Rigorous Scientific Standards¹¹
- Childhood sexual abuse may potentially lead to having a same-sex partner for some.
 - American Psychological Association, *APA Handbook of Sexuality and Psychology*.¹²
- The full acceptance of transgender identity approach “runs the risk of neglecting individual problems the child might be experiencing....”¹³
 - American Psychological Association, *APA Handbook of Sexuality and Psychology*

Talk therapy treats individual problems that may be causing gender distress or same-sex attraction for some. A therapy ban takes away a child’s right to that talk therapy.

- Even the Southern Poverty Law Center affirms “conversion therapy” uses only non aversive methods.¹⁴ Stories of “therapy torture” and “aversion therapy” have been documented to be fraudulent in a report sent to the Federal Trade Commission.¹⁵
- More than 100 years of research have found the therapy is safe and effective.¹⁶ A new five-year study of adult male clients who have unwanted same-sex attraction feelings is currently underway and meets APA standards. Results in the first year found distress decreased, sense of wellbeing increased, heterosexual thoughts and feelings increased, and homosexual thoughts and feelings decreased.¹⁷
- Leading suicide researchers found that, world-wide, 90% of people who commit suicide had mental disorders. The researchers’ number one prevention recommendation is to let them have psychotherapy.¹⁸
- The following organizations support therapy that helps minors who have unwanted sexual attraction or gender identity feelings to go on their journey and become able to love who they want and love their body: Association of American Physicians and Surgeons, American College of Pediatricians, American Association of Christian Counselors, Christian Medical and Dental Association, Catholic Medical Association, and Alliance for Therapeutic Choice and Scientific Integrity. Collectively, these organizations comprise *over 100,000 licensed mental and medical health practitioners* who value the right of self-determination for clients and their families.

Sincerely,

National Task Force for Therapy Equality
(TherapyEquality.org)



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Endnotes

¹ Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities. “[A]dvocates for sexual minorities have... [argued] that sexual orientation is a fixed, biologically based trait that cannot be chosen or changed,” but, “We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow.”

The authors are two highly regarded LGBT civil rights activists—psychology professor Lisa Diamond, who is a co-editor-in-chief of the *APA Handbook of Sexuality and Psychology*, and law professor Clifford Rosky, who won the Equality award from the Human Rights Campaign.

² The *APA Handbook of Sexuality and Psychology* states clearly, “Biological explanations...do not entirely explain sexual orientation,” and psychological factors are causes of sexual orientation. Rosario & Schrimshaw, 2014, in *APA Handbook*, v. 1, p. 583.

³ Bockting, W. (2014). Chapter 24: Transgender Identity Development. In *APA Handbook of Sexuality and Psychology*, 1:743.

⁴ Tolman, Deborah L. (Ed); Diamond, Lisa M. (Ed); Bauermeister, José A. (Ed); George, William H. (Ed); Pfaus, James G. (Ed); Ward, L. Monique (Ed). (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>

⁵ Series Preface, in *APA Handbook of Sexuality and Psychology*, 1:xvi.

⁶ Calculated from American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), p. 544. Arlington, VA: American Psychiatric Association, p 455.

⁷ Calculated from Bockting, in *APA Handbook*, 1:744.

⁸ Bockting, 2014, in *APA Handbook*, 1: 744.

⁹ Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>, p. 486; also reported in Savin-Williams, R. (2006) Who’s Gay? Does it matter? *Current Directions in Psychological Science*, 15: p. 40)

¹⁰ Udry and Chantala found that [90% of boys who had strong same-sex interest had absent fathers—a very strong relationship. Among boys, the greater the degree of same-sex attraction, the greater the likelihood of father absence, delinquency, and suicidal thoughts. As opposite sex interest also rose to the highest level, that strong relationship completely disappeared](#) (Udry & Chantala, 2005, p. 487).

¹¹ Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>. See also Frisch, M. and Hviid, A. (2006), Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, 35:533-547; Frisch, M. & Hviid, A. (2007). Reply to Blanchard’s (2007) “older-sibling and younger-sibling sex ratios in Frisch and Hviid’s (2006) national cohort study of two million Danes,” *Archives of Sexual Behavior*, 36:864-867. Francis, A. M.(2008), Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4):371-377, DOI:10.1080/00224490802398357; D.M. Fergusson, L.J. Norwood, & A.L. Beautrais, (1999), Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56:876-880, esp. p. 879.

¹² Mustaky, B., Kuper, L., and Geene, G. (2014) Chapter 19: Development of sexual orientation and identity. In *APA Handbook of Sexuality and Psychology*, pp. 609-610. The authors say, “One of the most methodologically rigorous studies in this area...found that men with documented histories of childhood sexual abuse had 6.75 times greater odds...of reporting ever having same-sex sexual partners....The effect in women was smaller...and a statistical trend...” They acknowledged there are “associative or potentially causal links” between childhood sexual abuse and ever having a same-sex partner.

Wilson, H. & Widom, C. (2010). Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up. *Archives of Sexual Behavior*, 39, 63–74. doi:10.1007/s10508-008-9449-3.

¹³ Bockting, 2014, in *APA Handbook*, 1:750.

¹⁴ [National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017.](#) <http://www.therapiequality.org/national-task-force-therapy-equality-complaint-ftc-report?LTWA>, pp. 16-17.

¹⁵ [National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017.](#) <http://www.therapiequality.org/national-task-force-therapy-equality-complaint-ftc-report?LTWA>

¹⁶ 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. Available at www.narth.com at the online bookstore, https://media.wix.com/ugd/ec16e9_04d4fd5fb7e044289cc8e47dbaf13632.pdf

¹⁷ 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>. Study is designed to meet standards of an APA 2009 task force.

¹⁸ Cavanagh, J., Carson, A., Sharpe, M. & Lawrie, S. (2003) Psychological autopsy studies of suicide: a systematic review. *Psychological Medicine*, 33: 395-405.