We Urge You to Oppose a Therapy Ban Bill.

Fact Sheet: Harms of Censoring Change-Allowing Therapy

Dear Legislator:

HIGHLIGHTS OF OUR CONCERNS

(1) Therapy bans take away 1st Amendment rights. US Supreme Court: professional speech has the same 1st Amendment rights as other speech; effectively abrogated 9th&3rd Circuit Ct decisions on which bans have relied. Fed judge: Orlando, FL ban fails *all* 1st Amendment tests.

(2) Over a century of research finds that some people change their sexual attraction and behavior through a variety of safe and effective, non-aversive, mainstream therapy methods used by professional therapists worldwide. ACLU RI: marriages and families can be saved.

(3) APA Task Force: Said no research meeting scientific standards shows today's change-allowing talk therapy to be harmful or ineffective or gay-affirmative therapy to be better. Did *not* declare change-therapy unethical. Said aversive methods have not been used for 40-50 years.

4) Sexual orientation and childhood gender distress often shift or change. Living as the opposite sex and taking puberty blockers stop natural resolution of trans identity in minors.

(5) Body-altering hormones/surgery: unhealthy, 19 times higher rate of completed suicides. Sterilizing or castrating minors with hormones/surgery should be illegal. Talk therapy is safer.

6) Same-sex orientation and trans identity are *not innate,* professional organizations and research say. They say sexual abuse and family relationships may be causes for some.

(7) In these cases, *talk therapy* may be required and may result in change in sexual orientation or embracing their sex. WPATH does not recommend body-altering medical treatments when a psychiatric disorder is causing gender distress. Forbidding talk therapy leaves them no help.

(8) ACLU of Rhode Island warns: bans censor a *broad range* of therapy goals—go too far.

(9) Under a ban, change-desiring people get a therapy they don't want or none. Hopeless.

(10) Using therapy bans to influence public beliefs is unconstitutional viewpoint discrimination. National studies show conservative religious sexual minorities are happy—but use a different path than progressive LGBTs. Conservative parents, ministries, and therapists can help religious minors/adults experience this happiness. Beliefs that give them real joy may not work for your or your family member, but should they have their freedoms taken away?

Everyone has the right to walk away from sexual practices and experiences that don't work for them. Professional organizations, religious organizations, and most states agree.
Testimonies of change through therapy or faith-based ministries: VoicesOfChange.net, ChangedMovement.com, SexChangeRegret.com, tranzformed.org, I'm Not A Fraud video.
National Task Force for Therapy Equality, info@TherapyEquality.org
MORE DETAILS AND REFERENCES AT: TherapyEquality.org/HarmsOfTherapyBans

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FOR THOSE WHO WANT MORE DETAILS AND REFERENCES:

(1) **SCOTUS: professional speech has the same1st Amendment rights as other speech; effectively abrogated 9th & 3rd Circuit Court decisions on which therapy bans have relied.[1] [2] [3] Not permissible under our Constitution to allow affirmative but not change-allowing therapy.**[4] Federal magistrate judge reports Tampa, FL therapy ban was shown to fail **all** 1st Amendment tests.[5] **ACLU RI**[6] & **Religious Organizations**:[7] bans threaten 1st Amendment rights.

(2) **Over century of research, including studies published in peer-reviewed journals of the Amer. Psychological Assn. by APA members, show some people safely change their sexual attraction and behavior through therapy.**[8] Participants in these studies decreased same-sex attraction and behavior, increased opposite sex attraction and behavior, decreased depression, substance abuse, and suicidality, and increased self-esteem. Many who experienced heterosexual attraction for the first time became only heterosexually attracted. Rates of change: about the same as for anything else therapists treat.

- Therapists used a variety of safe, non-aversive,[9] well-established therapy practices used in clinics world-wide. Bans take away safe, effective therapy.
- Gay-affirming therapy[10] [11] was unacceptable to most on religious grounds.
- Some same-sex attracted minors and adults, like many people, want to be able to procreate children with their spouse and remain married, full-time parents.[12]
- ALCU Rhode Island: under a ban, there will be marriages that can't be saved.[13]
- **Several professional organizations support** this change-allowing therapy.[14]

(3) **Amer. Psychological Assn Task Force:** No research meeting scientific standards shows change-allowing therapy today is harmful/ineffective for adults/minors or affirmative therapy is better.[15] Said aversive/behavioristic methods have not been used in 40-50 years. Did *not* declare change therapy unethical.

(4) **Sexual orientation and childhood gender dysphoria often shift/change.**

- Same-sex *attraction*, *behavior*, *identity*, and *questioning* often change,[16] mostly toward or to exclusive heterosexuality,[17] for adolescents[18] and adults, men and women (American Psychological Association, rigorous research).
- Gender dysphoria resolves in 75–98% of minors. (9 professional orgs.)[19]
- **Cross dressing and puberty blockers stop natural resolution in minors.**[20]

(5) **Affirmative medical treatment is unhealthy, hardly suicide prevention. It's a risky path of:** experimental puberty-blockers[21] (no research[22]), high dose, toxic[23] wrong-sex hormones (poor research[24]), permanent infertility, potential loss of sexual function, being a medical patient for life, destroying healthy breasts and reproductive organs,[25] 2-2.5 times higher rate of heart disease and cancer **deaths**, persisting 2.8 times higher rate of psychiatric hospitalizations, **19 times higher rate *completed* suicides**—even in an affirming society.[26] **These statistics come from the *best* available research.**[27] **ACLU of Rhode Island: this treatment is highly controversial even among professionals.**[28] **Talk therapy is safer. No research shows sterilizing minors/adults is better.**

(6) **Same-sex orientation and gender dysphoria are *not innate*.**[29] [30] **Professional organizations agree they may have pathological causes.**

- The American Psychological Association's *Handbook of Sexuality and Psychology* (2014) says there is no gay gene;[31] s*ame-sex sexuality* is not simply biologically caused like skin color, always has psychological[32] or psychoanalytic (family)[33] causes, and may be caused by childhood sexual abuse for some.[34]
- 10 professional organizations say *gender dysphoria* is not simply caused by biological factors such as brain microstructures but has psychological causes.[35] The *APA Handbook*[36] and the World Professional Association for Transgender Health (WPATH) "Standard of Care"[37] say there may be pathological causes.

(7) **Treating underlying trauma or psychological causes *requires talk therapy* and may *as a by-product* change sexual orientation/gender identity.**

- The *APA Handbook* cautions the affirmative approach can neglect treating individual problems a gender dysphoric individual is experiencing.[38]
- **WPATH does not recommend medicalizing treatments when an underlying psychiatric disorder is causing gender dysphoria.**[39] **Banning therapy leaves therapists nowhere to go with these clients.**
- Failure to treat can lead to persisting trauma, adverse life consequences, and suicide. Worldwide, 90% of people who commit suicide have unresolved mental disorders.[40] So, for heavens sake, do not ban ordinary, client-directed therapy that may **as a by-product** result in sexual attraction or behavior change or in embracing innate sex. **That is all that change-allowing therapy actually is.**[41]

(8) **ACLU R.I.: Bans censor a broad range of therapy goals**.[42] For example celibacy. Also, attraction feelings for 5 year old children, sex or porn addictions, and more can only be treated if directed toward the opposite, not same, sex.[43]

(9) **Under a therapy ban, some minors don't get therapy, are left hopeless. A ban mandates therapists to affirm or be neutral about sexual and gender feelings caused by trauma.** This is harmful. People who want change-allowing therapy *do not want* LGBT-affirmative or so-called neutral therapy that just offer coping methods to go on living with it.[44] **In states that have these bans, many therapists are afraid, because of the law and legal counsel, to see change-desiring clients**, because a client's sexual attraction or gender identity may change during therapy, placing the therapist at risk. Many change-desiring minors get *no professional mental health services*. Some sexual minorities are sexual abuse victims or suicidal. Cutting off access to services is dangerous, unjust.

(10) A purpose of bans is to coerce compliance with a progressive view in a mistaken belief that the same view is best for all. ***National* studies *and* studies done by affirmative and change-allowing researchers together find liberal and conservative religious sexual minorities are equally happy, thriving, healthy, and resolved in how they relate their sexual attractions with their religious beliefs.**[45] **But they get there by contrasting beliefs and behaviors. A small study near San Francisco (Ryan et al 2018) excluded all youths who *themselves initiated* therapy, those who *changed* through therapy, and those who *happily* live according to their faith.**[46] **The study is fatally flawed. Conservative therapists, ministries, and parents can help conservative minorities experience happiness. No ideological shift is needed**.
A view that brings true joy for some may not work for you or your family member, but should they have their freedoms taken away?
Viewpoint discrimination in law is unconstitutional[47] **and bullying.**

Everyone has the right to walk away from sexual practices and experiences that don't work for them and should have support to do so.
National Task Force for Therapy Equality, info@TherapyEquality.org
ENDNOTES: MORE INFO & REFERENCES at TherapyEquality.org/HarmsOfTherapyBans

ENDNOTES GIVING MORE INFORMATION AND REFERENCES:

[1]PROFESSIONAL SPEECH HAS THE SAME CONSTITUTIONAL RIGHTS AS ANY OTHER SPEECH.
(*NIFLA v. Becerra*, 138 S.Ct. 2361, 2018.) In *NIFLA*, the Supreme Court expressly rejected the principle legal basis for the decision in *Pickup v. Brown*, in which the 9th Circuit said that SB1172, which banned sexual orientation change efforts for minors, was constitutional.

Justice Thomas, who wrote the main opinion, said (p. 14):

> This Court has never recognized 'professional speech' as a separate category of speech subject to different rules. Speech is not unprotected merely because it is uttered by professionals.
>
> As defined by the courts of appeals, the professional-speech doctrine would cover a wide array of individuals—doctors, lawyers, nurses, physical therapists, truck drivers, bartenders, barbers, and many others. See Smolla, Professional Speech and the First Amendment, 119 W. Va. L. Rev. 67, 68 (2016). One court of appeals has even applied it to fortune tellers. See Moore-King, 708 F. 3d, at 569. All that is required to make something a "profession," according to these courts, is that it involves personalized services and requires a professional license from the State. But that gives the States unfettered power to reduce a group's First Amendment rights by simply imposing a licensing requirement. States cannot choose the protection that speech receives under the First Amendment, as that would give them a powerful tool to impose "invidious discrimination of disfavored subjects.

[2] PROFESSIONAL SPEECH HAS THE SAME CONSTITUTIONAL RIGHTS AS ANY OTHER SPEECH—continued.

(*National Institute of Family and Life Advocates v. Becerra*, 138 S.Ct. 2361, 2018.) In *NIFLA*, the Supreme Court brings into serious question the 9th Circuit Court's decision in *Pickup v. Brown*, on which authors of therapy bans have relied.

Mary McAllister of Liberty Council re CA consumer fraud therapy ban bill, AB2943, 2018:

> …the United States Supreme Court's June 26, 2018 opinion in *NIFLA v. Becerra*, No. 16–1140….This decision, which reverses Ninth Circuit decisions regarding the Reproductive Freedom, Accountability, Comprehensive Care, and Transparency Act (FACT Act), places into serious question the Ninth Circuit's decision in *Pickup v. Brown,* 740 F. 3d 1208 (9th Cir. 2014), upon which the authors of AB2943 have relied. The Supreme Court's criticism of the *Pickup* ruling should be of concern to the State Senate as it considers AB2943;" Analysis: https://drive.google.com/file/d/0B9njBaZTrCfSdmZiLWF5VnJvNDExcXg5T0FPTWtvNlZnX2xB/view. Alliance Defending Freedom analysis: https://drive.google.com/file/d/0B9njBaZTrCfSVklGeII1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view

Alliance Defending Freedom analysis of *NIFLA v Becerra* and analysis of AB 2943. https://drive.google.com/file/d/0B9njBaZTrCfSVklGeII1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view

[3] Change-allowing therapy also is not only commercial speech, so it is protected speech under the U.S. Constitution. Matt Sharp, senior counsel of the constitutional law firm, Alliance Defending Freedom, gave this analysis of therapy bans when he wrote of a California bill, AB 2943, in personal communication:

> The Supreme Court has made clear that commercial speech is "speech which does no more than propose a commercial transaction." *Va. State Bd. of Pharmacy v. Va. Citizens Consumer Council, Inc.*, 425 U.S. 748, 762 (1976). Even when there is a commercial aspect to speech, that speech does not "retain[] its commercial character when it is inextricably intertwined with otherwise fully protected speech," *Riley v. Nat'l Fed'n of the Blind of N.C., Inc.*, 487 U.S. 781, 796 (1988). When protected speech is part of the speaker's message, this Court will "apply [its strict scrutiny] test for fully protected expression." *Id.* Here, AB 2943intrudes upon the purest sort of private, noncommercial, communications between a counselor and the client. It goes far beyond regulating speech that merely proposes a commercial transaction because it regulates what a counselor or therapist can and cannot say during a private session with a client. Thus, AB 2943 would be subject to strict scrutiny, which it is unlikely to survive.
>
> Importantly, the same argument regarding commercial speech was made by California when defending the California Reproductive Freedom, Accountability, Comprehensive Care, and Transparency Act in the case of *NIFLA v. Harris.* Even the 9th Circuit Court of Appeals rejected the argument that law was designed to regulate commercial speech, recognizing that it regulated the speech inside a pregnancy care center:
>
> > We find unpersuasive Appellees' argument that the Act regulates commercial speech subject to rational basis review. *See Zauderer v. Office of Disciplinary Counsel of Supreme Court of Ohio*, 471 U.S. 626, 651, 105 S.Ct. 2265, 85 L.Ed.2d 652 (1985). Commercial speech "does no more than propose a commercial transaction." *Coyote Pub., Inc. v. Miller*, 598 F.3d 592, 604 (9th Cir. 2010) (citation omitted). The Act primarily regulates the speech that occurs within the clinic, and thus is not commercial speech.
>
> *Nat'l Inst. of Family & Life Advocates v. Harris*, 839 F.3d 823, 835 n.5 (9th Cir. 2016), *rev'd and remanded sub nom. Nat'l Inst. of Family & Life Advocates v. Becerra*, 138 S. Ct. 2361 (2018).

[4] Under a therapy ban, a therapist may provide affirmative therapy at the direction of the client, but a therapist is forbidden to provide change-allowing therapy at the direction of the client. Such non-neutral application of the law is not permissible under our Constitution. Masterpiece Cakeshop, Ltd. v. Colorado Civil Rights Commission, 138 S.Ct. 1719 (2018).

Alliance Defending Freedom (personal communication):
"How does the recent ruling in Masterpiece Cakeshop impact the constitutionality of AB 2943 (the consumer fraud therapy ban bill in California that the sponsor pulled on 8/31/2018)?

> The Supreme Court held that the state of Colorado did not act with the required neutrality towards Jack Phillips when it prosecuted him for declining to create a custom-designed wedding cake to celebrate a same-sex wedding. The lack of neutrality was evidenced by the state upholding the freedom of other cake artists to decline to create cakes that celebrate messages they found offensive.
>
> AB 2943 operates in a similar manner. Counselors, religious organizations, and even churches are subjected to differential treatment when they provide fee-based services and resources to those seeking personal life changes based on their religious views. A counselor who, at the direction of a client, helps affirm the client's same-sex attractions remains free to do so. But a counselor who, also at the direction of a client, helps a client explore and pursue personal life changes for unwanted attractions is subject to liability. Such non-neutral application of the law is not permissible under our Constitution.

[5] U.S. Magistrate Judge in the Middle District of Florida recommended a preliminary injunction on Tampa, FL therapy ban, relying on, among other authorities, NIFLA v. Becerra.
Liberty Counsel press release says, "…the plaintiffs demonstrated that the law violates each and every test of the First Amendment. The plaintiffs demonstrated that the ordinance is unconstitutional because it is (1) a content restriction that is not narrowly tailored; (2) a viewpoint discrimination; (3) unconstitutionally overbroad; (4) a prior restraint; and (5) unconstitutionally vague.
https://lc.org/newsroom/details/013019-tampa-counseling-ban-enjoined-1
The judge's "Report and Recommendation:"
http://lc.org/013019TampaPIOrder.pdf

[6]ACLU of Rhode Island (March 22, 2017), Why the ACLU of Rhode Island opposes conversion therapy, but also opposes legislation to ban it. http://www.riaclu.org/blog/post/the-aclu-of-rhode-island-opposes-conversion-therapy

[7] RELIGIOUS ORGANIZATIONS that oppose a consumer fraud ban on change-allowing therapy include the two largest: **California Catholic Conference** which is the political action organization for all the Catholic bishops of the state of California and the **Ethics & Religious Liberty Commission of the Southern Baptist Convention** which is far and away the largest Protestant denomination in the U.S.(https://erlc.com/resource-library/articles/californias-latest-threat-to-religious-liberty-and-free-speech). See AB2943.com for many clergy, for example hundreds of California pastors in **Church United** (http://www.churchunited.com/impact/), **Awake America** (http://awakeamericaca.org/alerts/) and other organizations that oppose a consumer fraud ban and defend for their First Amendment rights.

[8] Over a century or research, 600 publications, and 5 meta-analyses, including peer reviewed articles published by APA members in APA journals, converge on finding that when change allowing therapy is done right, people have changed their same-sex attractions and behaviors.

On research 2000 to present:
Sprigg, P., 2018, Are Sexual Orientation Change Efforts (SOCE) Effective? Are They Harmful? What the Evidence Shows, Family Research Council, https://www.frc.org/issueanalysis/are-sexual-orientation-change-efforts-soce-effective-are-they-harmful-what-the-evidence-shows :
Read the Full Version (Issue Analysis): https://downloads.frc.org/EF/EF18I04.pdf
Read the Abbreviated Version (Issue Brief Report Summary): https://downloads.frc.org/EF/EF18I05.pdf
On research through 2009:
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-1.
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] SAFETY OF CHANGE-ALLOWING THERAPY—It's non aversive:

The American Psychological Association's (APA) task force (2009), the SPLC itself (website, 2016), and licensing board records agree: change-allowing therapy today uses *non*-aversive methods. Drs. Douglas Haldeman and Jack Drescher, who repeatedly misrepresent change-allowing therapy as using aversive methods, were authors on the APA task force and reported to the American Psychological Association in 2009 that contemporary change-allowing therapy uses *non* aversive methods (p. 82). Testimonies of aversive methods have been documented to be fraudulent and reported to the Federal Trade Commission. The APA task force authors found "no valid causal evidence" of harm (p. 42), and did not declare change therapy unethical. Actually, they said they had no scientific evidence that *LGB-affirmative* therapy is safe or effective (p. 91), and recent reviews say LGBT-affirmative therapy still has many limitations, yet the task force gave affirmative therapy a pass and recommended it. Opponents of change-allowing therapy have relied heavily on the APA Task Force Report, because the APA is one of the few organizations, perhaps the only one, that attempted to conduct a research review as a basis for its position on change-allowing therapy.

National Task Force for Therapy Equality (May 2, 2017), Federal Trade Commission Report: In Their Own Words - Lies, Deception, and Fraud - SPLC HRC NCLR, https://www.voiceofthevoiceless.info/wp-content/uploads/2017/05/In-Their-Own-Words-Lies-Deception-and-Fraud-National-Task-Force-Complaint-to-the-Federal-Trade-Commission.pdf

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.

Recent reviews find LGBT-affirmative therapy research still has many limitations: O'Shaughnessy, T., & Speir, Z. (2017) The state of LGBQ Affirmative Therapy Clinical Research: A mixed-methods systematic, p. 22. Preprint. DOI: 10.1037/sgd0000259.
Catelan, R., Brandelli Costa, A., & de Macedo Lisboa, C. (2017) Psychological Interventions for Transgender Persons: A Scoping Review, *International Journal of Sexual Health, 29*:4, 325-337, DOI: 10.1080/19317611.2017. Hembree et al (2017).

APA presidents have provided successful change therapy and opposed bans.
Former APA president: Perloff, R. (2014). A call for the American Psychological Association to recognize the client with unwanted same-sex attractions, *Journal of Human Sexuality 6*: 6-21.
Former APA president Nicolas Cummings, Ph.D., (July 30, 2013), Sexual Reorientation Therapy Not Unethical, USA Today. https://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/
Former APA President Nicholas Cummings' endorsement: Nicolosi, J. (2009). *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, Downers Grove IL.: IVP Academic.

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[10] GAY-AFFIRMATIVE THERAPY DOES NOT MEET THE NEEDS OF EVERYONE:
It may be against the religion of some or not meet their needs in a number of ways.

- **People commonly seek change allowing therapy for sexual attraction or behavior for personal reasons, not due to social pressure. Examples:**
- (1) Being gay or trans is not fulfilling for them.
- (2) They feel same-sex feelings or behaviors were caused for them by childhood sexual abuse (the American Psychological Association says excellent research supports this claim). Or they feel gender distress was caused for them by psychological or family experiences or an underlying psychiatric disorder (8 medical and mental health organizations support the possibility for that claim).
- (3) Being gay or trans does not align with their values and beliefs that should be respected. (4) They, like many people, want a heterosexual marriage and natural children with their spouse.
- **LGB-affirmative therapy for sexual orientation merely offers change-desiring clients help to clarify their sexual orientation identity self-label, in case they are interested in that**, but it does not help them change same-sex behavior or attraction.
- **It only offers support to cope with the suffering of not diminishing their unwanted feelings, but it does not lift a finger to offer trauma treatments that are open to change** (APA Task Force, 2009, p. 4). **What is more compassionate, to help people change feelings and behaviors they don't want, or to tell them they have to go on living with them?**
- **Frequently, it does not evaluate whether trauma or other psychological factors may be causing the same-sex attraction feelings or behaviors.**
- **There is no research that shows it is safe or effective to force affirmative therapy on people who don't want it.**
- **No research that meets scientific standards shows gay-affirmative therapy is better than change-allowing therapy for people who want change-allowing therapy.**

TRANS-AFFIRMATIVE THERAPY FOR GENDER DYSPHORIA DOES NOT MEET THE NEEDS OF EVERYONE:

- **It offers body-harming treatments not everyone wants.**
- **Some cannot have these treatments for medical reasons.**
- **It does not offer psychological intervention to resolve distress**.
- **Frequently, it does not evaluate whether an underlying psychiatric disorder is causing the distress over ones sex.**
- **No research that meets scientific standards has compared medical treatment to change ones body versus psychotherapy to embrace ones body (Zucker, 2018).**
- **Talk therapy is safer.**

[11]LGBT-AFFIRMATIVE THERAPY HAS LIMITED RESEARCH SHOWING IT'S SAFE OR EFFECTIVE:

American Psychological Association Task Force Report (2009), p. 91.

O'Shaughnessy, T., & Speir, Z. (2017) The state of LGBQ Affirmative Therapy Clinical Research: A mixed-methods systematic, p. 22. Preprint. DOI: 10.1037/sgd0000259. Hembree et al (2017).

Catelan, R., Brandelli Costa, A., & de Macedo Lisboa, C. (2017) Psychological Interventions for Transgender Persons: A Scoping Review, *International Journal of Sexual Health, 29*:4, 325-337, DOI: 10.1080/19317611.201

[12]**According to the American Psychological Association and abundant rigorous research internationally, most people who experience same-sex attraction also experience equal or greater opposite-sex attraction. Like many people, some both-sex attracted people desire to both conceive and raise children with their spouse. Many both-sex attracted people are in opposite-sex relationships by preference. They have a large capacity for sexual orientation change.** They commonly shift along a spectrum that ranges exclusively homosexual to mostly homosexual to bisexual (about equally attracted to both sexes) to mostly heterosexual to exclusively heterosexual. They change mostly toward or to exclusively heterosexual. Even a change of 1 or 2 steps along that spectrum toward greater opposite-sex attraction may enable someone to live their dream. Shouldn't they have the right to counseling they may need and desire to explore their capacity to make that change?

"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.

Diamond (2014), in *APA Handbook of Sexuality and Psychology, 1*:633; see also Diamond, L. & Rosky, C. (2016), Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research, 00*:1-29. DOI: 10.1080/00224499.2016.1139665.

"The largest identity group, second only to heterosexual, was 'mostly heterosexual' for each sex and across both age groups, and that group was 'larger than all the other non-heterosexual identities combined'" (abstract). "The bisexual category was the most unstable" with three quarters changing that status *in 6 years* (abstract). "[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality" (p 106).

Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41:* abstract, p. 106. https://link.springer.com/article/10.1007/s10508-012-9913-y; reviewed in Diamond & Rosky (2016), p. 7, Table 1; Diamond (2014), in *APA Handbook, 1*:638.
Mostly heterosexual individuals generally do not identify as LGB and can get overlooked by popular surveys.

[13]ACLU of Rhode Island (March 22, 2017), Why the ACLU of Rhode Island opposes conversion therapy, but also opposes legislation to ban it. http://www.riaclu.org/blog/post/the-aclu-of-rhode-island-opposes-conversion-therapy

[14]MEDICAL AND MENTAL HEALTH PROFESSIONAL ORGANIZATIONS have opposed bans on change-allowing therapy for an unwanted sexual orientation or unwanted gender identity and/or supported the right of clients to change-allowing therapy for unwanted same-sex attractions and/or unwanted gender identity: 4 Organization Joint Statement—American College of Pediatricians, American Association of Physicians and Surgeons, Christian Medical and Dental Association and Catholic Medical Association—Support Minors' Right to Therapy (5-25-2017), (https://www.acpeds.org/wordpress/wp-content/uploads/5.25.17-Joint-Therapy-letter-with-signatures.pdf), American Association of Physicians and Surgeons (https://aapsonline.org/california-proposes-bills-to-outlaw-self-determination-in-medical-therapy/), American College of Pediatricians (https://drive.google.com/file/d/0B9njBaZTrCfSZ09tRDFQaVVFN1hqVnpH-b3I5RTlqcTI5bHlB/view), Christian Medical and Dental Association (see joint statement), Catholic Medical Association (https://www.cathmed.org/resources/cma-protests-california-bill/), Society of Catholic Social Scientists, International Network of Orthodox (Jewish) Mental Health Professionals, and Alliance for Therapeutic Choice and Scientific Integrity (https://docs.wixstatic.com/ugd/ec16e9_1d6108cfa05d4a73921e0d0292c0bc91.pdf), American Association of Christian Counselors (AACC Code of Ethics, 2014, 1-120f, 1-330, 1-340, https://www.aacc.net/code-of-ethics-2/)

15 NO RESEARCH THAT MEETS SCIENTIFIC STANDARDS HAS FOUND THAT CHANGE-ALLOWING THERAPY FOR SEXUAL ATTRACTIONS OR BEHAVIOR OR FOR GENDER IDENTITY INCONGRUENCE IS HARMFUL OR INEFFECTIVE FOR ADULTS OR MINORS.

The APA Task Force Report said studies claiming to show negative outcomes of change-allowing therapy did not meet scientific standards. No conclusions can be drawn from them (pp. 37-42). It said it found "no valid causal evidence of harm" (p. 42).

It said it could draw no scientific conclusions about the safety or effectiveness of either affirmative (p. 91) or change-allowing (p. 42) therapy.

It said it based its tentative recommendations on [one-sided] anecdotal, not scientific, evidence. The report said its conclusions were tentative (p. 85).

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..

The APA task force chair refused expert change-allowing clinicians and researchers who offered to serve on the task force and chose LGB professionals who were already committed to the conclusions on political or philosophical grounds.

Recent study by Ryan et al (2018):

This study researched a small sample of young adults who identify as LGBT and go to gay venues. It automatically overlooked minorities who are happy religious conservatives or who have successfully changed, because these people do not identify as LGB or go to gay venues. The researchers rejected people who initiated getting change-allowing therapy for themselves as adolescents—people who wanted change—from being participants. The researchers did not define "conversion therapy." Was it is a parent's comment discouraging gay behavior but without effort to change the adolescent? Or 1-2 visits with a pastor not trained in counseling? It is not known how many participants even experienced therapy from a licensed, professional therapist who was actually trained in change-allowing therapy. So what the research actually studied is unknown.

(Ryan, C., Toomey, R., Diaz, R., & Russell, S. (2018), Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment, *Journal of Homosexuality*,DOI: 10.1080/00918369.2018.1538407, published online Nov. 7, 2018.)

Most often cited studies re change-allowing therapy for sexual attraction or behavior:

Sprigg, P., 2018, Are Sexual Orientation Change Efforts (SOCE) Effective? Are They Harmful? What the Evidence Shows, Family Research Council, https://www.frc.org/issueanalysis/are-sexual-orientation-change-efforts-soce-effective-are-they-harmful-what-the-evidence-shows :

Read the Full Version (Issue Analysis): https://downloads.frc.org/EF/EF18I04.pdf

Read the Abbreviated Version (Issue Brief Report Summary): https://downloads.frc.org/EF/EF18I05.pdf

Zucker re change-allowing therapy for gender incongruence:

Zucker, K. (2018), The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), *International Journal of Transgenderism*, p. 9, https://doi.org/10.1080/15532739.2018.1468293

16 AMERICAN PSYCHOLOGICAL ASSOCIATION'S *HANDBOOK* ON SEXUAL ORIENTATION CHANGE:

"...research on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or identities over time."

(Diamond, L., 2014, Chapter 20: Gender and same-sex sexuality, in *APA Handbook*, *1*: 636.)

"Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation."

(Rosario, M. & Schrimshaw, E., 2014, Chapter 18: Theories and etiologies of sexual orientation, in *APA Handbook*, *1*: 562.)

"Over the course of life, individuals experience the following: (a) changes or fluctuations in sexual attractions, behaviors, and romantic partnerships;..."

Mustaky, B., Kuper, L., and Geene, G. (2014), Chapter 19: Development of sexual orientation and identity, in *APA Handbook*, v. 1, p. 619.

RESEARCH REVIEW ON CHANGE:

"[A]dvocates for sexual minorities have…[argued] that sexual orientation is a fixed, biologically based trait that cannot be chosen or changed" (p. 2) and "openly scolded" individuals who said they experienced otherwise (p. 20). "[A]rguments based on the immutability of sexual orientation are unscientific, given that scientific research does not indicate that sexual orientation is uniformly biologically determined at birth or that patterns of same-sex and other-sex attractions remain fixed over the life course" (p. 2). "We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow" (p. 3).

Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for sexual minorities. *Journal of Sex Research*, *00(00)*, 1-29.

REBUTTAL: Rosik, C. (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

Diamond is the co-editor-in-chief of the *APA Handbook of Sexuality and Psychology*. Rosky is a law professor who won the Human Rights Campaign "Equality" award. Rosik (not to be confused with Rosky) is a former president of the Alliance for Therapeutic Choice and Scientific Integrity. Diamond is a recognized expert in sexual orientation change through life experience, and Rosik is an expert in sexual orientation through therapy (an intensified life experience).

THE CAN'T CHANGE MYTH HARMS LGB PEOPLE WHO CHANGE. Many therapy ban supporters indicate sexual orientation cannot change, causing those who experience change through life experience to think they are the only one who has changed or something is wrong with them. Perpetrating the "can't change" myth is harmful. "Many of these women were rejected and stigmatized by their own lesbian communities when they embarked on these unexpected relationships" (Diamond, L., 2008, *Sexual Fluidity: Understanding Women's Love and Desire*. Cambridge, Mass.: Harvard Press, p. 114).

SOME WHO CHANGED THROUGH THERAPY express regret for the years they delayed change because they were told change was not possible through life experience or counseling.

[17]According to the American Psychological Association and abundant rigorous research internationally, MOST PEOPLE WHO EXPERIENCE SAME-SEX ATTRACTION ALSO EXPERIENCE EQUAL OR GREATER OPPOSITE-SEX ATTRACTION. THEY COMMONLY SHIFT ALONG A SCALE that ranges from exclusively homosexual to mostly homosexual to bisexual (about equally attracted to both sexes) to mostly heterosexual to exclusively heterosexual. They change mostly toward or to exclusively heterosexual. Researchers who are themselves LGB consider a change of 1 or 2 steps along that spectrum to be sexual orientation change. **Even a change of 1 or 2 steps along that spectrum toward greater opposite-sex attraction may enable someone to live their dream. Shouldn't they have the right to counseling they may need and desire to explore their capacity to make that change?**

"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.

Diamond (2014), in *APA Handbook of Sexuality and Psychology, 1*:633; see also Diamond, L. & Rosky, C. (2016), Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research, 00*:1-29. DOI: 10.1080/00224499.2016.1139665.

"The largest identity group, second only to heterosexual, was 'mostly heterosexual' for each sex and across both age groups, and that group was 'larger than all the other non-heterosexual identities combined'" (abstract). "The bisexual category was the most unstable" with three quarters changing that status *in 6 years* (abstract). "[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality" (p 106).

Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41:* abstract, p. 106. https://link.springer.com/article/10.1007/s10508-012-9913-y; reviewed in Diamond & Rosky (2016), p. 7, Table 1; Diamond (2014), in *APA Handbook, 1*:638.

Mostly heterosexual individuals generally do not identify as LGB and can get overlooked by research or popular surveys.

[18] MANY ADOLESCENTS CHANGE SAME-SEX ATTRACTION, BEHAVIOR, AND IDENTITY.

• Most questioning adolescents become heterosexual.

Ott, M. Corliss, H., Wypij, D., Rosario, M., Austin, B. (2011) Stability and change in self-reported sexual orientation in young people: Application of mobility metrics. Archives of Sexual Behavior, 40: 519–532. doi:10.1007/s10508-010-9691-3; Author manuscript available in PMC 2012, June 1. Known as the "GUTS" study.

• 42% of all men who experienced same-sex behavior did so before age 18 and never again.

Laumann, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S. (1994). *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago and London: The University of Chicago Press.

• 48% of boys who were only attracted to the same sex at age 16 were only attracted to the opposite sex at age 17.

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

A question has been raised as to whether the boys may have been jokesters in giving these responses. But their rates of attraction change are compatible with rates of behavior change given by adults in the Laumann et al (1994) study above.

[19] GENDER DYSPHORIA USUALLY RESOLVES NATURALLY BY LATE ADOLESCENCE:
ENDOCRINE SOCIETY AND 6 CO-SPONSORING ORGANIZATIONS:
80-95% COME TO ACCEPT THEIR INNATE SEX.
Endocrine Society Guideline is co-sponsored by 6 additional US and European organizations: American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.
(Hembree, W., Cohen-Kettenis, P., Gooren, L., Hannema, S., Meyer, W., Murad, M., Rosenthal, S., Safer, J., Tangpricha, V., & T'Sjoen, G., 2017, Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guildeline. *J Clin Endocrinol Metab,102*:1–35, http://dx.- doi.org/10.1210/jc.2017-01658, p.10.)
AMERICAN PSYCHIATRIC ASSOCIATION:
70-98% of boys and 50-88% of girls who are distressed by the sex of their bodies come to embrace their innate sex. Desistance rates calculated from persistence rates, DSM-5, p. 455.
(American Psychiatric Association, 201, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Arlington, VA: American Psychiatric Association.)
AMERICAN PSYCHOLOGICAL ASSOCIATION:
No less than 75% come to embrace their bodies.
(Bockting, W., 2014, Chapter 24: Transgender Identity Development, In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, Volume 1, p. 744.)
RESEARCH: About 80-95% COME TO ACCEPT THEIR INNATE SEX.
(Cohen-Kettenis P, Delemarre-van de Waal, H., & Gooren L. (2008), The treatment of adolescent transsexuals: Changing insights, J Sex Med, 5:1892–1897, DOI: 10.1111/j.1743-6109.2008.00870.x)
CRITIQUE OF ATTEMPTS TO DENY MOST COME TO ACCEPT THEIR SEX:
Zucker reviewed research on which the American Psychiatric Association, in the *Diagnostic and Statistical Manual*, based its figures of low persistence of gender incongruence. Zucker strongly criticized arguments attempting to call these figures a myth. He called their view "The Myth of Persistence".
(Zucker, K. (2018), The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), *International Journal of Transgenderism*, pp. 2-3, 11, https://doi.org/ 10.1080/15532739.2018.1468293)

[20]AFFIRMING CHILDREN TO DRESS AND LIVE AS THE OPPOSITE SEX STOPS NATURAL RESOLUTION AND LOCKS THEM IN TO BEING TRANSGENDER FOR LIFE:
Endocrine Society Guideline and 6 co-sponsoring organizations (2017, p. 12).
American Psychological Association (*APA Handbook of Sexuality and Psychology*, 2014, 1:744, 750).

PLACING MINORS ON PUBERTY BLOCKERS DOES NOT GIVE THEM A PAUSE;
IT LOCKS THEM IN FOR LIFE.
"In other words rather than only 20% remaining with gender dysphoria, now 100% believe that their mind and body do not match after taking puberty blockers and will go on to dangerous cross sex hormones and irreversible surgical procedures."
Laidlaw, M. (2018-10-24), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/ Dr. Laidlaw, endocrinologist, expert witness to CA legislators.

[21]PUBERTY BLOCKERS ARE EXPERIMENTAL—HIGH RISK:
CAUSE SUDDEN CARDIAC DEATH:
may result from what is used as a puberty blocker with youth.
Gagliano-Juca, T., Traveison, T., Kantoff, P. Nguyen, P. L., Taplin, M-E, Kibel, A., Huang, G., Bearup, R., Schram, H., Manley, R., Beleva, Y., Edwards, R., Basaria, S. (2018). Androgen Deprivation Therapy is Associated with Prolongation of QTc Interval in Men With Prostate Cancer. Journal of the Endocrine Society, 2: 485-496.
MAY AFFECT BRAIN DEVELOPMENT
(Endocrine Society Guideline with 6 co-sponsoring organizations, 2017, pp. 14-15).

[22]PUBERTY BLOCKER TREATMENT IS NOT EVIDENCE-BASED:
As yet, we have *no* science on the long term medical effects of blocking puberty. This treatment is not evidence-based as supporters claim. The National Institutes of Health in 2015 began a study of transgender youth that will be the first to track medical effects of delaying puberty and only the second to follow its psychological impacts. It will not be completed until 2020. This study is only for 5 years, not long enough to give long term/endpoint outcomes.
Olson, J., Garofalo, R., Rosenthal, St., Spack, N. (2015-2010) The Impact of Early Medical Treatment in Transgender Youth. National Institutes of Health. (Grant study description.) http://grantome.com/grant/NIH/R01-HD082554-01A1

[23]HIGH DOSE CROSS-SEX HORMONES ARE TOXIC—HIGH RISK:
WPATH, Standards of Care (2011), pp. 37-40, 50, 97-104.
RISKS FOR WOMEN:
polycythemia, weight gain, balding, sleep apnea, possible cardiovascular disease, diabetes type 2, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine).
RISKS FOR MEN:
gallstones, weight gain, blood clots (venous thromboembolisms), and sexual dysfunction; also possible cardiovascular disease, diabetes type 2, and breast cancer.
Hembree et al. (2017), pp. 21-25.
Testimony of Michael Laidlow, M.D., Endocrinologist, CA Senate Judiciary Committee, 6/26/2018.

CAUSE 2 TO 2.5 TIMES HIGHER RATES OF DEATH FROM HEART DISEASE OR CANCER.
See footnotes 20 and 22.
CROSS-SEX HORMONES INDUCE ABNORMAL, PATHOLOGIC STATES:
“There is no such thing as 'trans puberty’. What happens is that the abnormal, pathologic state of hypogonadotropic hypogonadism is induced by puberty blocking medications. Then dangerous high dose hormones of the opposite sex are given to cause hirsutism (hair growth of the face, chest, back and abdomen) in females and gynecomastia (abnormal breast tissue growth) in males. The medications also atrophy and chemically degrade the sex organs.”
Laidlaw, M. (2018-10-24), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/ Dr. Laidlaw, endocrinologist, expert witness to CA legislators.

[24] CROSS-SEX HORMONES NOT EVIDENCE BASED:
WPATH Standards of Care (2011), p. 24. “To date, no controlled clinical trials of any feminizing/masculinizing hormone regimen have been conducted to evaluate safety or efficacy in producing physical transition.”
Endocrine Society Guideline (with 6 co-sponsoring organizations) (2017):
See ratings (indicated by a row of circles) of referenced research throughout the Guideline indicating low and very low quality research.

[25] Endocrine Society Guideline (Hembree, et al, 2017), WPATH Standards of Care (2011). World Professional Association for Transgender Health (WPATH) (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351

[26] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, La˚ngstro¨m N, et al. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885. Sweden is one of the most trans-affirmative and liberal nations in the world.

[27] THESE DEVASTATING OUTCOMES ARE FROM THE BEST RESEARCH AVAILABLE:.
The Centers for Medicare & Medicaid Services (CMS), 2016 (Obama administration) reported this study (Dhejne et al, 2011) was one of only two studies that assessed long term endpoint outcomes (request for surgical reassignment reversal and morbidity/mortality). The CMS report said about this study that showed these devastating outcomes:

> *Although the data are observational, they are robust because the Swedish national database is comprehensive* (including all patients for which the government had paid for surgical services) and is notable for uniform criteria to qualify for treatment and financial coverage by the government….
>
> Dhejne et al., (2011) tracked all patients who had undergone reassignment surgery (mean age 35.1 years) over a 30 year interval and compared them to 6,480 matched controls. *The study identified increased mortality and psychiatric hospitalization compared to the matched controls. The mortality was primarily due to completed suicides (19.1-fold greater than in control Swedes), but death due to neoplasm and cardiovascular disease was increased 2 to 2.5 times as well.* We note, mortality from this patient population did not become apparent until after 10 years. *The risk for psychiatric hospitalization was 2.8 times greater than in controls even after adjustment for prior psychiatric disease (18%).* The risk for attempted suicide was greater in male-to-female patients regardless of the gender of the control. Further, *we cannot exclude therapeutic interventions as a cause of the observed excess morbidity and mortality.*

Centers for Medicare & Medicaid Services, August 30, 2016, Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282.

[28]MEDICAL TRANSITIONING TREATMENT IS CONTROVERSIAL IN THE MEDICAL PROFESSION ITSELF:
ACLU of Rhode Island (March 22, 2017), blog, http://www.riaclu.org/blog/post/the-aclu-of-rhode- island-opposes-conversion-therapy
Cantor, J. (2018), American Academy of Pediatrics policy and trans-kids: Fact-checking. Sexology Today! http://www.sexologytoday.org/2018/10/american-academy-of-pediatrics-policy.html
gdworkinggroup.org
YouthTransCriticalProfessionals.org
4thWaveNow.com

[29] Sex is innate. Sexual orientation, gender identity, and nonconforming sexual expression are not innate. Identical twins have the same genes, pre-natal hormones, and brain microstructures. If a trait is determined by these factors, both twins will have the same trait in nearly 100% of sets of identical twins. Here's what research has found:
If one twin is male, the other is male also nearly 100% of time.
If one twin is female, the other is female also nearly 100% of the time.
If one twin is homosexual, other is homosexual 14% of the time.
If one twin is transsexual, the other is transsexual 28% of the time.
If one twin is gender non conforming, the other usually is not.
References:
Transsexual:
Older study reported in Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association, Volume 1, pp. . 739-758.
Same study updated by adding participants: Diamond, M., 2013, Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation, *International Journal of Transgenderism, 14*:1, 24-38.
Figure of 20% in abstract corrected to 28% by calculation from Table 5, p. 28, as reported in Haynes, L., (September 27, 2016), The American Psychological Association Says Born-That-Way-and-Can't-Change Is Not True of Sexual Orientation and Gender Dysphoria, p. 6, https://docs.wixstatic.com/ugd/ec16e9_a50743b8ec98406aa43437c6ffe1c697.pdf
"Transsexual" was defined in the study as a person who had been living as the opposite sex. Because the study used a small convenience sample, the figure of 28% can be expected to decrease as more representative and larger samples are studied.

Homosexual:
Bailey, J., Vasey, P. Diamond, L., Breedlove, S., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest, 17*:74-76. DOI: 10:1177/1529100616637616.
Pairwise concordance = 14%, calculated from probandwise concordance = 25%; 28/114 = about 25%; see bottom of Table 4 on p. 75. Pairwise concordance used to make figures between this research and M. Diamond's study comparable.
Diamond, L. & Rosky, C. (2016). Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities. Journal of Sex Research, 00:4. DOI: 10.1080/00224499.2016.1139665

Non conforming behavior: Bailey et al (2016), p. 76.

[30]PRENATAL HORMONES DO NOT DETERMINE SAME-SEX ATTRACTION:

"The overall body of evidence is mixed (as critiqued by Jordan-Young, 2012), again suggesting that prenatal hormones potentially contribute to same-sex sexuality in some individuals but do not determine it.….Hence, as with the genetic data, the evidence [for prenatal hormones] does not support straightforward causation" (Diamond & Rosky, 2016, p. 6).

Prenatal Hormones—The Fraternal Birth Order Effect (FBO) Theory:

- Applies to about 15% to 28 1/2% of males, no females.
- Might contribute 33%-34% of the variance— about as much as genes contribute—32% or "somewhat" (p. 76)—but does not cause homosexuality. There still have to be environmental causes.

(Bailey et al, 2016, pp. 76, 79)

Some Problems with the fraternal birth order (FBO) theory:

- Male identical twins have the same number of older brothers, but, if one is homosexual, the other usually is not.
- Some very large, rigorous studies failed to find the FBO effect.

Bailey, J., Vasey, P. Diamond, L., Breedlove, S., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest, 17*:45-101. DOI: 10:1177/1529100616637616.

Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research, 00*(00), 1-29, DOI: 10.1080/00224499.2016.1139665

[31] AMERICAN PSYCHOLOGICAL ASSOCIATION AND RESEARCH SAY THERE IS NO GAY GENE:

"[W]e are far from identifying potential genes that may explain not just male homosexuality but also female homosexuality." (Rosario & Schrimshaw 2014, in *APA Handbook, 1*: 579.)

"Based on what we know about molecular genetics findings in general…we expect that any sexual-orientation genes will have small effects individually" (Bailey et al, 2016, p. 77).
In 2014, the *APA Handbook* said, "Those [genetic] contributions appear to be substantial, given genetic heritability estimates of approximately 40% to 50% for both sexes" (Rosario & Schrimshaw 2014, in *APA Handbook, 1*: 579). That level of heritability was downrated to 32% in 2016 by the reviews of both Bailey et al (p. 76) and Diamond and Rosky (p. 4). "Our best estimate of the magnitude of genetic effects is moderate—certainly not overwhelming. In contrast, the evidence for environmental influence is unequivocal" (Bailey et al, 2016, p. 76).

The genetic effect on sexual orientation is now estimated to be less than estimates of heritability "for a range of characteristics that are not widely considered immutable [unchangeable], such as being divorced, smoking, having low back pain, and feeling body dissatisfaction" (which have heritability rates of 40% to 60%, Diamond & Rosky, 2016, p. 4).

"Based on the evidence from twin studies, we believe that we can already provide a qualified answer to the question, 'Is sexual orientation genetic?' That answer is 'Probably somewhat genetic, but not mostly so'….There can be little doubt that sexual orientation is environmentally influenced" (Bailey et al., 2016, p. 76; see also Diamond & Rosky, 2016, p. 4).

"[W]e focus on one of the largest recent studies, whose findings align with the findings of other similar studies. Researchers analyzed the genomes of more than 23,000 men and women that had been collected by the company 23andMe, and found no genetic loci that were significantly associated with sexual orientation in either men or women (Drabant et al., 2012). However, the marker that came closest to statistical significance among men was located on pericentromeric chromosome 8, a region which had been identified as a possible marker for male sexual orientation in a previous genome-wide association study (Mustanski et al., 2005). As with the findings of heritability, this supports a genetic contribution to sexual orientation, but not genetic determination" (Diamond & Rosky, 2016, p. 4).

Epigenetics

"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" (Diamond & Rosky, 2016, p. 4, emphasis by the authors). The same principle would apply to the notion of being "born" with the complex traits of transgender, transsexual, or nonconforming gender identity or expression.

[32] SAME-SEX ATTRACTION OR BEHAVIOR IS NOT SIMPLY BIOLOGICALLY CAUSED, *ALWAYS* HAS PSYCHOLOGICAL CAUSES:
"The inconvenient reality....is that social behaviors are always jointly determined" by nature, nurture, and opportunity.
(Kleinplatz, P. & Diamond, L., 2014, in *APA Handbook 1:* 256-257.)
"Nurture" in psychological terms usually designates family experiences in particular.

[33] PSYCHOANALYTIC CAUSES OF SAME-SEX SEXUALITY:
"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" (Rosario & Schrimshaw, 2014, in *APA Handbook of Sexuality and Psychology, 1*: 583).

Regarding family dynamics: The APA Task Force accepted uncritically studies that did not meet its own scientific standards but that supported the view that sexual orientation is not caused by psychoanalytic factors/family dynamics or trauma (pp. 82, 86). It made this view a "key" research finding on which it based its conclusions. Yet it held studies that supported change-allowing therapy to its highest standards meticulously and said no conclusions could be drawn. If the Task Force had applied its standards consistently, it would have said it could draw no conclusions as to the causes of same-sex sexuality or concluded that people change their sexual orientation through therapy. "[T]here appears to be substantial bias."
Rosik, C. (2012). Did the American Psychological Association's *Report on Appropriate Therapeutic Responses to Sexual Orientation* apply its research standards consistently? A preliminary examination. *Journal of Human Sexuality, 4*:70-85. http://media.wix.com/ugd/

[34] CHILDHOOD SEXUAL ABUSE MAY LEAD TO HAVING A SAME-SEX PARTNER FOR SOME. A THERAPY BAN MANDATES THERAPISTS TO AFFIRM FEELINGS AND BEHAVIORS VICTIMS FEEL WERE FORCED ON THEM BY PERPETRATORS. THIS IS HURTFUL.

The *APA Handbook of Sexuality and Psychology,* that the American Psychological Association has declared authoritative, says that, unlike skin color, sexual attraction is not simply biologically caused; there are psychological causes such as childhood sexual abuse. It reviews research, including a rigorous, 30 year study of documented cases of childhood sexual abuse, that shows "associative and potentially causal links" between childhood sexual abuse and same-sex sexuality. Is it more compassionate to relieve sexual abuse victims of feelings and behaviors they don't want or to tell them they have to live with them? More from the *APA Handbook of Sexuality and Psychology* (2014) on the 30 year study:

> 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). 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 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). To help control for possible confounding factors, the authors conducted post hoc analyses controlling for number of lifetime sexual partners and sex work, but the association remained. The effect in women was smaller (odds ratio 2.11) and a statistical trend (*p* .09). (Mustanski, B., Kuper, L., and Geene, G. (2014), *APA Handbook of Sexuality and Psychology.)*

Regarding trauma: The Task Force accepted uncritically studies that did not meet its own scientific standards but that supported the view that sexual orientation is not caused by psychoanalytic factors/family dynamics or trauma (pp. 82, 86). It made this view a "key" research finding on which it based its conclusions. Yet it held studies that supported change-allowing therapy to its highest standards meticulously and said no conclusions could be drawn. If the Task Force had applied its standards consistently, it would have said it could draw no conclusions as to the causes of same-sex sexuality or concluded that people change their sexual orientation through therapy. "[T]here appears to be substantial bias."

Rosik, C. (2012). Did the American Psychological Association's *Report on Appropriate Therapeutic Responses to Sexual Orientation* apply its research standards consistently? A preliminary examination. *Journal of Human Sexuality, 4*:70-85. http://media.wix.com/ugd/

[35] 10 PROFESSIONAL ORGANIZATIONS AGREE GENDER IDENTITY INCONGRUENCE HAS PSYCHOLOGICAL CAUSES:
Endocrine Society and 6 co-sponsoring organizations:
"Results of studies from a variety of biomedical disciplines—genetic, endocrine, and neuroanatomic—support the concept that gender identity and/or gender expression likely reflect a complex interplay of biological, environmental, and cultural factors."
Endocrine Society Guideline (2017), pp. 6-7.
The American Psychological Association's *Handbook of Sexuality and Psychology* says transgender identity is not simply biologically determined, has psychological causes, and may be pathological. Affirmative treatment may neglect individual problems gender dysphoric minors are experiencing.
APA Handbook of Sexuality and Psychology (2014), *1*: 743-744, 750.
American Psychiatric Association: "[I]n contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development." (DSM-5, p. 451) "Overall, current evidence is insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system." (DSM-5, p. 457).
American Association of Pediatricians: Gender identity "results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions." p. 2.See also p. 4. Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness (2018), Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics 142(4)*: e20182162.

[36] TRANSGENDER IDENTITY MAY HAVE PATHOLOGICAL CAUSES:
The American Psychological Association's *Handbook of Sexuality and Psychology* says transgender identity has psychological causes and may be pathological. It also says affirmative treatment may neglect individual problems gender dysphoric minors are experiencing.
APA Handbook of Sexuality and Psychology (2014), *1*: 743-744, 750.

[37] "Gender dysphoria" may be "secondary to or better accounted for by other diagnoses."
WPATH(2011). Standards of Care, http://www.wpath.org/ site_page.cfm?pk_association_webpage_menu=1351, p. 24

Psychological disorders may diminish or resolve through insight from life-experience or psychotherapy. Sex change, however, treats only the symptom of gender distress—and does not treat a psychological disorder (such as gender trauma) that may be causing it—leading some to sex-change regret after the "new car smell" wears off.

Trans regret testimonies of underlying gender trauma:.sexchangeregret.com, tranzformed.org.

[38] American Psychological Association's *APA Handbook of Sexuality and Psychology* cautions that affirmative treatment may neglect treating individual problems a child is experiencing. Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Dia- mond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association, *1*: 744, 750.

[39] WPATH(2011). Standards of Care, http://www.wpath.org/ site_page.cfm?pk_association_webpage_menu=1351, p. 24.

[40] World-wide, 90% of people who commit suicide have mental disorders.

Cavanagh, J., Carson, A., Sharpe, M. & Lawrie, S. (2003), Psychological autopsy studies of suicide: a systematic review, Psychological Medicine, 33: 395–405, Cambridge University Press, DOI: 10.1017/S0033291702006943

Among adolescents in the U.S. who attempt suicide, 96% had at least one pre-existing mental disorder.

Nock, M., Green, J., Hwang, I., McLaughlin, K., Sampson, N., Zaslvsky, A., and Kessler, R. (2013), Prevalence, correlates and treatment of lifetime suicidal behavior among adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A), JAMA Psychiatry, 70(3): p. 18, Table 3, doi: 10.1001/2013.jamapsychiatry.55.

[41] WHAT CHANGE-ALLOWING THERAPY ACTUALLY IS:

Opponents use the term "conversion therapy" like a kitchen sink into which they throw all kinds of things that are not even therapy, and certainly are not change-allowing therapy—so they can make it sound like therapists are doing things they are not.

Reparative therapy is trademarked. It is not "conversion therapy" which is an ill-defined term made up by opponents.

The United States Patent and Trademark Office accurately defines what Reparative TherapyTM actually is: "Mental health therapy services, namely, voluntary psychotherapy for individuals seeking to explore underlying psychodynamic factors which may have led to the development of unwanted same-sex attractions, in which treatment interventions are directed toward resolution of underlying gender-related traumas reported by the client using evidence-based treatment interventions."

The *APA Handbook* affirmed same-sex sexual orientation is caused by *psychoanalytic* factors, may be caused by sexual abuse *trauma*, and often *changes*. The *APA Handbook* (2014) thereby corrected the APA Task Force Report (2009) that had relied on studies that did not meet its own criteria.

We use evidence-based treatments for trauma and sexual addictions and well established practices used in clinics around the world and supported by several professional organizations. Change-allowing therapy today does not try to change sexual orientation or gender identity or guarantee change. Changes are by-products of client-directed therapy.

[42] ACLU of Rhode Island (March 22, 2017), Why the ACLU of Rhode Island opposes conversion therapy, but also opposes legislation to ban it. http://www.riaclu.org/blog/post/the-aclu-of-rhode-island-opposes-conversion-therapy.

[43]**Therapists will be required to discriminate against clients based on sexual orientation. Many kinds of symptoms and recognized disorders**—from unwanted emotional and sexual ties that a sexual abuse victim may experience toward an abuser, to desire of adolescents to have sex with much younger children, to compulsive sexual thoughts, to pornography addiction or sexual addiction, and more—**could be treated only if directed toward the opposite, not same, sex.**

Jospeph Nicolosi, Jr., Ph.D. (Feb. 14, 2018). Expert testimony in Maine, audio and written, http://www.therapyequality.org/testimony-dr-joseph-nicolosi-jr.

Joseph Nicolosi, Jr., Ph.D. (April 3, 2018). Expert testimony in California in opposition to AB 2943, Privacy and Consumer Protection Committee. http://calchannel.granicus.-com/MediaPlayer.php?view_id=7&clip_id=5330.

[44] LGB-AFFIRMATIVE THERAPY only helps individuals clarify their sexual identity self-label (in case they are interested in that, but does not help to change same-sex behavior or attraction) and offers support to cope with the suffering of not diminishing their unwanted feelings, but does not lift a finger to offer trauma treatments that are open to change (APA Task Force, 2009, p. 4).

Transgender-affirmative treatment offers body-harming treatments, not psychological intervention to resolve distress over ones innate body sex and help the client embrace their innate body.

THERE IS NO RESEARCH THAT SHOWS THAT AFFIRMATIVE THERAPY IS SAFER OR MORE EFFECTIVE THAN CHANGE-ALLOWING THERAPY.

[45] A study of happiness in a nationally representative sample of LGBT individuals reported: "Surprisingly, no significant differences [in happiness] are found between mainline Protestants (whose church doctrine often accepts same-sex relations) and evangelical Protestants (whose church doctrine often condemns same-sex relations)." (Abstract)
Barringer, M., Gay, D. (2017), Happily religious: The surprising sources of happiness among lesbian, gay, bisexual, and transgender adults, *Sociological Inquiry, 87*, 75–96, DOI: 10.1111/soin.12154

"What this study does suggest is that, however they do it, the LGB Mormon population's reconciliation of particular facets of their sexual and religious identities does not lead them to having discernibly worse mental or physical health than their non-LBG Mormon and LGB non-Mormon counterparts. " (p. 741)
Stephen C. (2017), The LGB Mormon Paradox: Mental, Physical, and Self-Rated Health Among Mormon and Non-Mormon LGB Individuals in the Utah Behavioral Risk Factor Surveillance System, Journal of Homosexuality, 64:6, 731-744, DOI: 10.1080/00918369.2016.1236570

A recent study of Mormons conjointly conducted by affirmative and change-allowing researchers together found no difference between religiously conservative Mormons who identified as same-sex attracted and religiously progressive Mormons or former Mormons who identified as LGBT in measures of anxiety, depression, substance abuse, flourishing, life satisfaction, or physical health. Yet the conservative Mormons engaged in less same-sex sexual behavior, scored higher on homonegative views, and were less open about their sexual attraction. Both groups were equally resolved in how they integrated their beliefs about same-sex sexuality and their religious beliefs. They achieved integration and flourishing by contrasting paths.
Lefevor, G., Sorrell, S., Kappers, G., Plunk, A., Schow, R., Rosik, C., & Beckstead, A. (2019), Same-Sex Attracted, Not LGBQ: The Associations of Sexual Identity Labeling on Religiousness, Sexuality, and Health Among Mormons, Journal of Homosexuality, DOI: 10.1080/00918369.2018.1564006

Another recent study conjointly conducted by affirming and change-allowing researchers found sexual minorities who live in relationship options that are consistent with conservative faiths can experience satisfaction that is real.
Lefevor, G., Beckstead, L., Schow, R., Raynes, M., Mansfield, T., Rosik, C. (2019), Satisfaction and health within four sexual identity relationship options, *Journal of Sex and Marital Therapy*, http://www.tandfonline.com/action/showCitFormats?doi=10.1080/0092623X.2018.1531333

One of the authors of the conjoint studies, Dr. Christopher Rosik, concludes from studies like these that research on psychology and religion in sexual minorities "almost always overlooks non-LGB identified and satisfied religiously conservative sexual minority folks, so it should not be generalized to them. When studies include them, as ours does, or is taken from large, representative samples, the results are not always (often not?) in keeping with the conventional APA wisdom." (Private communication, 1/30/2019)

[46] Ryan 2018 et al. used a small convenience sample of participants they found at LGBT venues near San Francisco. They excluded youths who safely and effectively *changed* through therapy and those who *happily* live according to their faith, because these do not go to LGBT venues near San Francisco. Minors who initiated change-allowing therapy on their own without parent or care-giver initiation were intentionally excluded from the study (p. 5).
Change-allowing therapy was defined as parent or care-giver initiated efforts by a therapist or religious leader. So we do not know how many, if any, participants saw a licensed mental health professional or how many saw an untrained pastor a time or two (p. 6). It is unclear what the research studied. The biased participant selection and lack of clarity of what the research studied cause the study to be fatally flawed.
If coercion was a problem, it can be solved by training therapists how to better evaluate whether the minor desires the therapy goal.
Ryan, C.,Toomey, R., Diaz, R. & Russell,S. (2018): Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment, Journal of Homosexuality, DOI: 10.1080/00918369.2018.1538407

[47] Alliance Defending Freedom (May 9, 2017). Legal Analysis of Amendment No 640 to Nevada SB 201.