Oppose “Conversion” Therapy Ban

Serious Harms of Therapy Censorship Against Change

Dear Legislator,

PLEASE CONSIDER THIS EVIDENCE: Right to Happiness

(1) **SCOTUS says professional speech has the same 1st Amendment rights as other speech.** It abrogated 9th and 3rd Circuit Ct decisions on which therapy bans have relied.[1] [2]

(3) **A gene study, by more than 20 researchers in 7 nations, of nearly half a million people found same-sex behavior is influenced somewhat by genes but largely by life experience in the environment.**[3] Research and professional consensus agree that incongruent gender identity is also caused by a mixture of biological and environmental influences[4] [5]—**like other unchosen, complex traits therapists help people diminish or change every day.**

(2) **Psychiatric disorders and suicidality usually EXIST BEFORE onset of gender-sex incongruence. Psychiatric disorders cause 90% of suicides.[6] Treating psychiatric disorders resolves suicidality and may resolve gender incongruence. Large, rigorous studies show gender affirmative hormones and surgeries do not resolve mental disorders or suicidality.[7] [8] [9] An 8 year Kaiser-Permanente study found** 71% to 75% of gender incongruent adolescents (ages 10 to 17) had psychiatric disorders in their lifetime BEFORE gender incongruence, compared to 3% to 4% of sex accepting peers. In the 6 months BEFORE first medial evidence of gender incongruence, depression was 23 to 24 times higher, and suicidal ideation 45 to 54 times higher.[10] Stigma cannot possibly cause these extremely high rates that precede thoughts about gender. But psychiatric disorders, suicidal thoughts, and underlying trauma could lead to rejecting ones sex and developing an adapted identity. **The World Professional Assoc. for Transgender Health said, when psychiatric disorders cause gender dysphoria, it does not recommend gender affirming medical treatment.[11] Banning psychotherapy to resolve gender dysphoria leaves little help.**

(4) **The American Psychological Association’s *APA Handbook of Sexuality and Psychology*[12] and research say family factors[13] [14] [15] and childhood sexual abuse[16] [17] may be causal factors** in having same-sex partners for some, and family pathology[18] [19] may be a causal factor for transgender identity for some. Some clients want to explore these causes and heal. There is no reason why this therapy should be less safe or effective than any other therapy. A ban will deprive patients of much needed therapy conversations.

(5) The *APA Handbook* and robust research internationally have established that same-sex attraction, romantic partnerships, behavior, and identity all commonly shift or change for adolescents and adults, men and women.[20] [21] [22] [23] [24] [25] **They can change.**

(6) Childhood gender dysphoria overwhelmingly resolves by adulthood if minors are supported through puberty.[26] [27] Living as the opposite sex and puberty blockers stop natural resolution.[28]

(7) **Cross sex hormones and surgeries sterilize children[29] and lead to** 2-2.5 times higher rates of deaths from cancers, strokes, and heart attacks, 19 times higher rate of completed

suicides—[30] [31] potentially a shorter life. Long term, it is *not* transgender health and is *not* suicide prevention.[32] Yet psychiatric hospitalizations still persist at a 2.8 times higher rate.
(8) **Sterilizing children should be illegal, not therapy conversations.**

(9) **One of the most comprehensive reviews ever conducted on over a century of change-allowing therapy research,** including studies published by APA members in APA peer-reviewed journals, **gives evidence some people change their sexual attraction and behavior** through a variety of safe and effective, non-aversive, mainstream therapy methods.[33]

(10) Replicated, randomized, controlled trials published by gay-affirming researchers in peer-reviewed journals show men can be effectively helped to **decrease casual same-sex behavior significantly and lastingly through standard therapies or peer support** to reduce HIV transmission, especially so for men who have children.[34] A therapy ban must allow help to decrease same-sex or gender incongruent behavior that is dangerous or illegal. If it does so, it should allow anyone this help for whatever reason they wish, without discrimination. It is next to impossible for a therapist to help someone reduce behavior while assuring the desire to engage in it is maintained and does not decrease. Behavior and the desire to engage in it are inseparably linked, and therapists help people change behavior by decreasing their desire to engage in it. A therapy ban must allow anyone help to decrease whatever same-sex or gender incongruent behavior they wish and the desire to engage in it for whatever reason they wish, without discrimination. Most who have same sex attraction are also attracted to the opposite sex, according to the *APA Handbook of Sexuality and Psychology*,[35] and most who are in a relationship are with the opposite sex.[36] Some want this help to save their family.

(11) An American Psychological Association task force: **(i) Said no research meeting scientific standards shows today's change-allowing talk therapy to be harmful or ineffective[37] or gay-affirmative therapy to be better,[38] [39] and a federal district judge found it's still true.**[40] (ii) It did *not* declare change-allowing therapy unethical. **(iii) It said aversive methods have not been used for 40-50 years.**[41] (iv) It said it based its recommendations on anecdotal evidence, not research that met its standards.[42] It said research participants reported they **changed same-sex attraction or behavior or gender identity through therapy.**[43]

(13) **Several professional organizations oppose gender affirmative procedures,[44] and several support change-allowing therapy.[45] A professional consensus on therapy censorship does not in fact exist.** The scientific process, not legislative fiat or activist lobbies in professional guilds, should resolve these scientific questions.

Everyone should have the right to walk away from sexual or gender practices and experiences that don't work for them and to have support to live the way that brings them happiness.[46] **Testimonies:** VoicesOfChange.net and more at this endnote:[47].
See TherapyEquality.org/HarmsOfTherapyBans for more information.
Sincerely, *Laura Haynes, Ph.D.,* Chair of Research and Legislative Policy, Representing the National Task Force for Therapy Equality, research@TherapyEquality.org; P.O. Box 653, Tustin, CA 92781.

MORE INFO & REFERENCES at TherapyEquality.org/HarmsOfTherapyBans
Or see the following endnotes.

Endnotes:

[1] *NIFLA v. Becerra*, 138 S.Ct. 2361, 2018, p. 14.

[2] Hobson, J. & Hagan, A. (Sept. 24, 2019). New York City To Repeal Ban On Gay Conversion Therapy, https://www.wbur.org/hereandnow/2019/09/24/new-york-city-ban-gay-conversion-therapy. Plaintiff’s arguments given against NYC ban leading to NYC repealing its therapy censorship:https://adflegal.blob.core.windows.net/mainsite-new/docs/default-source/documents/legal-documents/schwartz-v.-city-of-new-york/schwartz-v-city-of-new-york---complaint.pdf?sfvrsn=a8d0354_4

[3] Genetics of Sexual Behavior: A website to communicate and share the results from the largest study on the genetics of sexual behavior, https://geneticsexbehavior.info/what-we-found/ ;based on: Ganna, A., et al. (2019). Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior, Science 365, eaat7693 (2019). DOI: 10.1126/science. aat7693, https://geneticsexbehavior.info/wp-content/uploads/2019/08/ganna190830.pdf

[4] At least 14 professional organizations around the world, including 10 endocrine societies internationally, agree that incongruent gender identity develops from a mixture of biological influences and life experiences in the social environment: The Endocrine Society and 6 organizations that co-sponsored its Guideline: the American Association of Clinical Endocrinologists, American Society of Androlgy, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, World Professional Association for Transgender Health (Hembree et al., 2017) and in addition the Asian Pacific Pediatric Endocrine Society, Japanese Society of Pediatric Endocrinology, Sociedad Latino-Americana de Endocrinologia Pediatrica, Chinese Society of Pediatric Endocrinology and Metabolism (Lee et al., 2016), American Psychological Association (Bockting 2014, vol. 1, p. 743), American Academy of Pediatricians (Rafferty, 2018, p. 4), and British Psychological Society (2012, p. 25).
Hembree, W., et al. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guildeline. J Clin Endocrinol Metab,102:1–35, https://academic.oup.com/jcem , p. 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, 1: 743-744, 750.
American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA: American Psychiatric Association, pp. 451-459. See especially pp. 451, 457.
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. P. 4, see also p. 4.

[5] Identical twins share the same genes, prenatal hormones, and number of older brothers. Identical twins are always the same sex. Sex is 100% determined by genes and prenatal hormones. But if one twin comes to have LGB experiences, discordant gender identity, or discordant gender expression, the other usually does not. This shows that influences other than genes or prenatal hormones are predominant causal factors.
Bailey et al. (2016): LGB experiences: pp. 74-76. Non conforming gender expression: pp. 46, 76.
Incongruent gender identity: Diamond, M. (2013). Transsexuality among twins: Identity concordance, transition, rearing, and orientation, *International Journal of Transgenderism, 14:*1, 24-38,(Print) 1434-4599 (Online) Journal homepage: http://www.tandfonline.com/loi/wijt20 Journal homepage: http://www.tandfonline.com/loi/wijt20

[6]Cavanagh, J.T.O., Carson, AJ., Sharpe, M. & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine, 33:*395–405. Cambridge University Press DOI: 10.1017/S003329170200694 ; https://www.cambridge.org/core/journals/psychological-medicine/article/psychological-autopsy-studies-of-suicide-a-systematic-review/49EED-F1D29B26C270A2788275995FDEE

[7] “Gender affirming” hormone blockers, hormones, and surgeries do not reduce medical visits or prescriptions for depression or anxiety, or hospitalizations following suicide attempts, according to a study of transgender individuals in the entire Swedish population. This study published by the official journal of the American Psychiatric Association gives us the largest data set on long term outcomes.
Branstrom, R. & Pachankis, J.E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American Journal of Psychiatry 177(8)*:727-734. See Abstract. See Addendum and Correction to original 2019 publication to the article. https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2019.19010080
The label for the puberty blocker drug, Lupron, that is being given to gender distressed children, cautions providers to “monitor for development or worsening of psychiatric symptoms. Use with caution in patients with a history of psychiatric illness.”
Lupron Depot-PED (2017). Important new update to the prescribing information for Lupron Depot-PED (leuprolide acetate for depot suspension) injection, powder, lyophilized, for suspension. http://lupron.com/Content/pdf/LUPRON_DEPOT-PED_Label_Change_Highlights.pdf

[8]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.

[9]An Obama administration US gov. research review said Dhejne et al. (2011) is one of the best studies we have.
Centers for Medicare & Medicaid Services (August 30, 2016). Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), p. 62, https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282.

[10] Becerra-Culqui TA, Liu Y, Nash R, et al. (2018). Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics, 141(5):* e20173845 ; https://pubmed.ncbi.nlm.nih.gov/30476120-letter-to-the-editor-endocrine-treatment-of-gender-dysphoricgender-incongruent-persons-an-endocrine-society-clinical-practice-guideline/

[11] “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

[12] Vandenboss, G. (2014), Series Preface, in Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology, 1*: xvi, Washington D.C.: American Psychological Association, http://dx.doi.org/10.1037/14193-000

[13] Baams L. (2018). Disparities for LGBTQ and gender nonconforming adolescents. Pediatrics, 141(5): e20173004. http://pediatrics.aappublications.org/content/early/2018/04/12/peds.

LGBT youth were more likely to have grown up with household dysfunction defined by parent incarceration, problem drinking, or abuse of illegal or prescription drugs. This is included in both the household dysfunction and polyvictimization groups.
But not significant for Q youth, p. 3.

LGBTQ youth more likely to experience psychological and/or physical abuse that may have included witnessing domestic violence (p. 4) and polyvictimization that adds household dysfunction and sexual abuse.

Gender nonconforming adolescents, especially bisexuals, had experienced more types of abuse. Transgender identity, especially for boys, was associated with more kinds of adverse experiences (household dysfunction, physical and/or sexual abuse, and polyvictimization, p. 6).

Sexual orientation and gender identity are generally confounded with gender nonconformity. However, this study specifically measured gender nonconformity separately and controlled for it, making it possible to discover that the association between LGBTQ youth and adverse experiences is not simply explained by gender nonconformity. pp. 6-7.

Gender nonconforming adolescents (especially bisexual and transgender identified) had experienced more types of adverse experiences. Gender nonconformity, however, was not the only explanation for adverse experiences (p. 7).

[14] *APA Handbook of Sexuality and Psychology* (2014), vol. 1, p. 583

[15] Absence of a parent, especially the parent of the same-sex as the child, is a small but significant and potentially causal factor found internationally for same-sex attraction, behavior, and marriage found in several large, robust, population-based, prospective, longitudinal studies below.
The first 6 years of life for both sexes and adolescence for girls may be sensitive periods (Frisch & Hviid, 2006).
Fergusson, D., Horwood, L., Beautrais, A. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56*:p. 878.
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. http://www.tandfonline.com/doi/full/10.1080/00224490802398357?scroll=top&needAccess=true
Frisch, M. & Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes. *Archives of Sexual Behavior, 35, pp.* 533-547. https://link.springer.com/article/10.1007/s10508-006-9062-2
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.
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

[16] 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

[17] *APA Handbook of Sexuality and Psychology* (2014), vol. 1, pp. 609-610

[18] 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), vol. 1, pp. 743-744, 750.

[19] Baams L. (2018). Disparities for LGBTQ and gender nonconforming adolescents. Pediatrics, 141(5): e20173004. http://pediatrics.aappublications.org/content/early/2018/04/12/peds.

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*LGBTQ youth more likely to experience psychological and/or physical abuse that may have included witnessing domestic violence (p. 4) and polyvictimization (relatively high probabilities for all adverse experiences, p. 5).

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*Gender nonconforming adolescents (especially bisexual and transgender identified, and particularly transgender identified biological boys) had experienced more types of adverse experiences. Gender nonconformity, however, was not the only explanation for adverse experiences. p. 7.

[20] *APA Handbook, 1*:636, 562, 619.

[21] 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.

[22] Of all men who experienced same-sex behavior, 42% 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.

[23] Mock, S. E., & Eibach, R. P. (2012). Stability and change in sexual orientation identity over a 10-year period in adulthood. *Archives of Sexual Behavior, 41*, 641–648. doi:10.1007/s10508-011-9761-1

[24] Savin-Williams, R., Joyner, K., & Rieger, G. (2012), Prevalence and stability of self-reported sexual orientation identity during young adulthood, Archives of Sexual Behavior, 41:Abstract, p. 106, DOI 10.1007/s10508-012-9913-y

[25] Dickson, N., Paul, C., & Herbison, P. (2003). Same-sex attraction in a birth cohort: Prevalence and persistence in early adulthood. Social Science and Medicine, 56, 1607–1615. doi:10.1016/S0277-9536(02)00161-2

[26] Hembree, et al., (2017), p.11. DSM-5, p. 455. APA Handbook, 1:744, 750.
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)
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)

[27] Laidlaw, M. (Oct. 24, 2018), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/

[28] APA Handbook of Sexuality and Psychology (2014), vol. 1, p. 750. Hembree, et al. (2017), p. 11.

[29] **Children’s Hospital Los Angeles** consent form for gender affirming hormones:
Puberty blockers plus cross-sex hormones sterilize children. “If your child starts puberty blockers in the earliest stages of puberty, and then goes on to gender affirming hormones, they will not develop sperm or eggs. **This means that they will not be able to have biological children**.” (p. 32)
Estrogen for boys/men may affect fertility and sexual function permanently.
“Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication….”
“Testicles may shrink by 25-50%….”
“Erections may not be firm enough for penetrative sex.” (p. 28).
Testosterone for girls/women may affect fertility permanently.
“It is not known what the effects of testosterone are on fertility. Even if you stop taking testosterone it is uncertain if you will be able to get pregnant in the future.” (p. 35)
Children’s Hospital Los Angeles (2016). Children’s Hospital Los Angeles Assent to Participate in Research Study. https://drive.google.com/file/d/1Q-zJCivH-QW7hL25idXT_jITfJZUUm1w/view?usp=sharing
See also:
Olson-Kennedy, J., Rosenthal, S.M., Hastings, J. & Wesp, L. (2016). Health considerations for gender nonconforming children and transgender adolescents: Gender Affirming Hormones: Preparing for gender-affirming hormone use in transgender youth. University of California at San Francisco (UCSF) Medical Center, Transgender Care. https://transcare.ucsf.edu/guidelines/youth
Fenway Health (2019). Informed Consent Form for Puberty Suppression. https://fenway-health.org/wp-content/uploads/Informed-Consent-for-Puberty-Suppression-4-2019.pdf

[30] 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.

[31] An Obama administration US gov. research review said Dhejne et al. (2011) is one of the best studies we have.
Centers for Medicare & Medicaid Services (August 30, 2016). Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), p. 62, https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282.

[32] A small 2018 study near San Francisco, purporting to show harm to minors from “conversion therapy,” looked at only parent-initiated efforts. Ethical change-allowing therapists do not do parent-initiated therapy, so this research does not apply to them. By research design, the study excluded any youth who may have changed through therapy, since researchers recruited research participants only from LGBT-supportive venues, and youth who changed do not go to these venues. This method is common in research that claims to show harm. As Dr. Christopher Rosik says, it is like surveying divorcees to find out if marital therapy is safe or effective. The survey said it did not study client-initiated therapy at all. It has nothing to say about it.
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.

[33]**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
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

[34]Several peer-reviewed scientific articles have documented that casual same sex behavior can be significantly reduced through therapy. Standard therapies, culturally adapted standard therapy, and a peer support group with lay counseling have all been demonstrated in replicated, randomized, controlled trials to significantly decrease casual same sex behaviour (number of same sex partners) by nearly a half to virtually three-quarters (on average, so decrease was even greater for some) and maintain gains at 6 months, 8 months, and/or 1 year follow up. Taking the studies together, a range of ethnic groups, levels of education, and incomes was represented. This research was conducted by gay affirmative researchers to help men who have sex with men decrease drug use and risky sexual behaviour with the goal of reducing HIV transmission. One of these studies found that men who have children and men who have a negative view of men having sex with men were particularly successful at decreasing casual same-sex behavior. (Nyamathi et al., 2017)

Nyamathi, A., Reback, D.J>, Shoptaw, S., Salem, B.E., Zhang, S. & Yadav, K. (2017). Impact of Tailored interventions to reduce drug use and sexual risk behaviors among homeless bay and bisexual men. American Journal of Men’s Health, Vol. 11(2) 208–220. https://journals.sagepub.com/doi/abs/10.1177/1557988315590837

Reback, C. J., & , S. (2014). Development of an evidence-based, gay-specific cognitive behavioral therapy intervention for methamphetamine-abusing gay and bisexual men. *Addictive Behaviors, 39,* 1286-1291. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf

Shoptaw, S., Reback, C.J., Larkins, S., Wang, P., Rotheram-Fuller, E., Dang, J., & Yang, X. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *Journal of Substance Abuse Treatment, 35*, 285-293. doi:10.1016/j.jsat.2007.11.004 ;https://europepmc.org/article/MED/15845315

Shoptaw, S., Reback, C.J., Peck, J.A., Yan, X., Rotheram-Fuller, E., Larkins, S., Veniegas, R.C., Freese, T.E., & Hucks-Ortiz, C. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. Drug and Alcohol Dependence, 78, 125-134.

[35] Some lawmakers may assume that everyone who is attracted to the same sex would be happier in a same sex relationship. This is an invalid assumption. The *APA Handbook of Sexuality and Psychology* (2014) says, “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 also has been found internationally. (Tolman & Diamond, *APA Handbook*, vol. 1, p. 633)

[36] Many same sex attracted individuals are in opposite sex relationships. The definitive document in the U.K. found that 31 percent of LGB identified individuals in the United Kingdom were married in 2017, two-thirds of them to the opposite sex. (ONS, 2017) In the U.S., a nationally representative study found that, among bisexuals who were in any committed relationship, the vast majority were in an opposite sex relationship (86 percent of bisexual men and 73 percent of bisexual women who were in a committed relationship). (Herek et al., 2010, calculated from Table 8)

Office of National Statistics (2017). Sexual orientation, UK:2017; Experimental statistics on sexual orientation in the UK in 2017 by region, sex, age, marital status, ethnicity and socio-economic classification. *Statistical Bulletin*, 2017, p. 10, Figure 5. Sexual orientation, UK.pdf. https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017

Herek, G.M., Norton, A.T., Allen, T.J., & Sims, C.L. (2010). Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. *Sexuality Research Social Policy, 7*, 176–200. https://link.springer.com/content/pdf/10.1007%2Fs13178-010-0017-y.pdf

[37]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, No causal evidence of harm from change-allowing therapy: p. 42, 82, 91.

[38] APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009), p. 91. No research existed to show affirmative therapy was safe, effective, or better, but the task force gave it a pass and recommended it anyway. The task force was biased.

[39] A recent study claimed affirmative treatment (puberty blockers) reduced suicidality in gender discordant adolescents. Turban et al. (2020,) analyzed retrospective self-reports of 3,394 transgender adults, ages 18 to 36 who knew about puberty suppression when they were adolescents. These participants were selected from a far larger convenience sample obtained by the advertising of transgender activist organizations. The survey found that, on 8 out of 9 measures of suicidality and mental health, there was no statistically significant difference between transgender adults who had or did not have puberty suppression. Those factors for which there was no difference were suicidality past 12 months in the forms of ideation, ideation with plan, ideation with plan and attempt, and attempt resulting in inpatient care, as well as lifetime suicidal attempts, past-month severe psychological distress, past-month binge drinking, and lifetime illicit drug use. The one statistically significant finding was a difference in lifetime suicidal ideation but not lifetime suicidal attempts. A trend close to significance in the unpredicted direction was that those who *received* puberty suppression were nearly three times (OR 2.8) *more* likely to attempt suicide resulting in inpatient care. These results as a whole do not present a resounding case for puberty suppression.
The study controlled for other factors that it found were, unlike pubertal suppression, associated with past-month severe psychological distress and past-year suicidal ideation. These factors were relationship status, age, and type of nonconforming gender identity (stated in explanation under Table 2). They add to the growing list of factors for transgender suicidality. One cannot simply assume severe psychological distress or suicidality among transgender adults is caused by change-allowing therapy or by not having obtained affirmative medical interventions in adolescence.

Turban, J.L., King, D., Carswell, J.M., Keuroghlian, A.S. (Feb. 2020). Pubertal suppression for transgender youth and risk of suicidal ideation. Pediatrics, 145(2): e20191725. https://pediatrics.aappublications.org/content/145/2/e20191725

[40] A federal district judge ended a city therapy ban pertaining to minors in Tampa, Florida, because even the highly qualified expert witnesses for the city admitted there is no evidence that meets scientific standards that shows therapy that is open to a minor client's goal of change is unsafe or ineffective. http://lc.org/PDFs/Attachments2PRsLAs/100419TampaOrderGrantingMSJ.pdf, p. 32.

[41] APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). 40-50 yrs—since about the 1960’s or 1970’s: pp. 22, 82.

[42]APA Task Force (2009).
No causal evidence of harm: pp. 42, 82 91. Reported research participants (from over a century of research) reported they changed sexual attraction or behavior, and some (from a small number of studies) said they were harmed: pp. 49, 85. No studies reporting harm met task force scientific standards: p. 42. The APA task force used the reports of harm as anecdotal evidence and based its recommendations on them. The researchers said one of the “key” “findings in the research” on which it “built” its conclusions and recommendations was that sexual attraction does not change through life experience: pp. 63, 86. If that were true, sexual attraction could not change through therapy. The *APA Handbook of Sexuality and Psychology* concluded 5 years later, however, that research had established that same-sex attraction, fantasies, behavior, and orientation identity all commonly change through life experience for men and women, adolescents and adults (2014, vol. 1, pp. 636, 562, 619).

[43] “For instance, participants reporting beneficial effects in some studies perceived changes to their sexuality, such as in their sexual orientation, gender identity, sexual behavior, sexual orientation identity….” APA Task Force (2009), p. 49.

[44] MULTIPLE MEDICAL GROUPS THROUGHOUT THE WORLD have warned against these “gender affirmative’” interventions, including the Royal College of General Practitioners, Swedish Pediatric Society, Royal Australian College of Physicians, Society for Evidence Based Gender Medicine (international), Pediatric and Adolescent Gender Dysphoria Working Group (international), and Youth Trans Critical Professionals.

[45] MEDICAL AND MENTAL HEALTH PROFESSIONAL ORGANIZATIONS have opposed bans on therapy that is open to a client’s goal of change for an unwanted sexual orientation or unwanted gender identity and/or supported the right of clients to such therapy for unwanted same-sex attractions and/or unwanted gender identity:

- International Federation for Therapeutic and Counseling Choice (https://iftcc.org/standards/)
- International Federation of Catholic Medical Associations (FIAMC) — **has 65 member organizations around the world**
- International Network of Orthodox (Jewish) Mental Health Professionals
- American Association of Physicians and Surgeons (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://aapsonline.org/california-proposes-bills-to-outlaw-self-determination-in-medical-therapy/
- American College of Pediatricians (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://acpeds.org/position-statements/psychotherapy-for-unwanted-homosexual-attraction-among-youth
- Christian Medical and Dental Association (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://cmda.org/position-statements/
- Catholic Medical Association (U.S.A.) (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://www.cathmed.org/resources/cma-protests-california-bill/
- Society of Catholic Social Scientists,
- 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/

[46] Here are common reasons people want change-allowing therapy: (1) They identified as LGBTQ and had LGBTQ experiences, but ultimately they did not find it fulfilling. (2) They feel their LGBTQ attractions or behaviors were caused by trauma, and they want the right to heal. (3) They want to live according to their beliefs or ethics that bring them happiness. (4) They want to save their marriage and family and go on raising their children as a full-time mom or dad. Or they aspire to procreate children with a future spouse and raise them together. Those who seek therapy, not the state, should choose who gets therapy and for what reasons. We urge the state not to support discrimination over who can get help and what help they can get.

[47] Testimonies of change through therapy or faith-based ministries: VoicesOfChange.net, ChangedMovement.com, https://www.exodusglobalalliance.org/firstpersonc7.php , https://www.exodusglobalalliance.org/testimoniesc877.php , SexChangeRegret.com, tranzformed.org,Transgender Transformed.