



# Oppose Banning “Conversion” Therapy

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## Serious Harms of Censoring Change-Allowing Therapy

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### HIGHLIGHTS OF OUR CONCERNS: 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 bans have relied. **New York City repealed its own ban rather than lose at SCOTUS.**<sup>1 2 3</sup>
- (2) A Kaiser-Permanente study found **psychiatric disorders, often with hospitalization, led up to onset of gender non congruence in 66% of adolescent cases.**<sup>4</sup> The World Professional Assoc. for Transgender Health said, when psychiatric disorders cause gender dysphoria, it does not recommend gender affirming treatment.<sup>5</sup> Banning talk therapy leaves little help.
- (3) A gene study of nearly half a million people said **LGB behaviors are influenced some by genes but largely by early experiences,**<sup>6</sup> and research and professional consensus agree that non congruent gender identity is also caused by a mixture of biological and environmental influences<sup>7 8</sup>—**like other traits therapists help people diminish or change every day.**
- (4) **The *APA Handbook of Sexuality and Psychology*, which the American Psychological Association declared authoritative,<sup>9</sup> and research, say family factors<sup>10 11 12</sup> and childhood sexual abuse<sup>13 14</sup> may be causal factors** in having same-sex partners for some, and family pathology<sup>15 16</sup> may be a causal factor for transgender identity. Affirmative therapy requires affirming LGBTQ feelings or behaviors caused by trauma. It denies harmful underlying causes for some. Treating underlying causes may shift/change LGBTQ feelings. Failure to treat<sup>17 18</sup> can lead to mental health disorders and suicide.<sup>19 20</sup> Contemporary, ethical<sup>21 22</sup> therapists who are open to change use evidence based trauma interventions and well established practices used by therapists worldwide. There is no reason why this therapy should be more harmful or less effective than any other therapy. Some clients report their depression<sup>23</sup> or suicidality<sup>24</sup> subsides from this therapy. A therapy ban will deprive patients of much needed therapy.
- (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.<sup>25 26 27 28 29 30</sup> **They can change.**
- (6) Childhood gender dysphoria overwhelmingly resolves by adulthood if minors are supported through puberty.<sup>31 32</sup> Living as the opposite sex and puberty blockers stop natural resolution.<sup>33</sup>
- (7) **Sex hormones and surgeries lead to 2-2.5 times higher rates of deaths from cancers and heart disease, 19 times higher rate of completed suicides.**<sup>34 35</sup>
- (8) **Sterilizing or castrating minors with hormones or surgery should be illegal.**
- (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, shows some people change their sexual attraction and behavior through a variety of safe and effective, non-aversive, mainstream therapy methods.**<sup>36 37</sup>



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(10) The APA task force: **(i) 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.** It’s still true.<sup>38 39</sup> **(ii) Did *not* declare change-allowing therapy unethical.** **(iii) Said aversive methods have not been used for 40-50 years.**<sup>40</sup> **(iv) Said it based its recommendations on anecdotal evidence, not on research that met its standards.**<sup>41</sup>

(11) **A number of professional organizations oppose gender affirmative treatment<sup>42</sup> and support change-allowing therapy.<sup>43</sup> A consensus of professional organizations does not in fact exist.** The scientific process, not legislative fiat or activist lobbies in professional guilds, should resolve these scientific questions.

**Everyone has the right to walk away from sexual practices and experiences that don’t work for them. Everyone should have the right to live the way that brings them happiness.**<sup>44</sup>

National Task Force for Therapy Equality, [info@TherapyEquality.org](mailto:info@TherapyEquality.org)  
MORE INFO & REFERENCES at [TherapyEquality.org/HarmsOfTherapyBans](http://TherapyEquality.org/HarmsOfTherapyBans)

#### Endnotes:

<sup>1</sup>*NIFLA v. Becerra*, 138 S.Ct. 2361, 2018, p. 14.

<sup>2</sup>*Masterpiece Cakeshop, Ltd. v. Colorado Civil Rights Commission*, 138 S.Ct. 1719 (2018).

<sup>3</sup> 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>

<sup>4</sup> Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics*. 2018;141(5):e20173845

<sup>5</sup> “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](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351), p. 24



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<sup>6</sup> 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/>

<sup>7</sup> Hembree, W., et al. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*, 102:1–35, <https://academic.oup.com/jcem> , p. 6-7.

Six co-sponsoring Associations with the Endocrine Society: Amer. Assn. of Clinical Endocrinologists, Amer. Soc. of Andrology, Eur. Soc. for Pediatric Endocrinology, Eur. Soc. of Endocrinology, Pediatric Endocrine Soc., and World Prof. Assn. for Transgender Health.

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.

<sup>8</sup> 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: pp. 74-76. Non conforming behavior: pp. 46, 76.

Gender identity discordant: 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>

<sup>9</sup> Vandeboss, 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>



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<sup>10</sup> 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 reveal 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. However, gender nonconformity was not the only explanation for adverse experiences (p. 7).

<sup>11</sup> *APA Handbook*, 1:583



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<sup>12</sup> 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>

<sup>13</sup> 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

<sup>14</sup> *APA Handbook*, 1:609-610

<sup>15</sup> 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.



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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.

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<sup>17</sup> APA Handbook, 1: 744, 750.

<sup>18</sup> Becerra-Culqui, et al. (2018).

<sup>19</sup> 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., Zaslavsky, 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.





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<sup>20</sup> Dhejne (2011).

<sup>21</sup> Alliance Practice Guidelines Task Force (2017). Guidelines for the Practice of Sexual Attraction Fluidity Exploration in Therapy, Alliance for Therapeutic Choice and Scientific Integrity Task Force on Guidelines for the Practice of Sexual Attraction Fluidity Exploration in Therapy (SAFE-T), [https://a20ceadd-0fb7-4982-bbe2-099c8bc1e2ae.filesusr.com/ugd/ec16e9\\_68b6f7dbe5bc4daab554c37ee9bcf29f.pdf](https://a20ceadd-0fb7-4982-bbe2-099c8bc1e2ae.filesusr.com/ugd/ec16e9_68b6f7dbe5bc4daab554c37ee9bcf29f.pdf)

<sup>22</sup> International Federation for Therapeutic Choice and Scientific Integrity, Standards, <https://iftcc.org/standards/>

<sup>23</sup> Nicolosi J., Byrd, A., Potts, R. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*, 86:1071-1088.

<sup>24</sup> Karten, E.Y., & Wade, J.C. (2010). Sexual Orientation Change Efforts in Men: A Client Perspective. *Journal of Men’s Studies*, 18(1), 84-102. DOI: 10.3149/jms.1801.84

<sup>25</sup> *APA Handbook*, 1:636, 562, 619.

<sup>26</sup> Ott, et al. (2011).

<sup>27</sup> 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.

<sup>28</sup> 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

<sup>29</sup> Savin-Williams, Joyner, & Rieger (2012). 41: abstract, p. 106.

<sup>30</sup> 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

<sup>31</sup> 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>

<sup>32</sup> Laidlaw, M. (Oct. 24, 2018), The gender identity phantom, <http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/>



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<sup>33</sup> APA Handbook (2014), 1:750. Hembree, et al. (2017), p. 11.

<sup>34</sup> 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.

<sup>35</sup> A 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>.

<sup>36</sup> **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>

<sup>37</sup> Testimonies of change through therapy or faith-based ministries: [VoicesOfChange.net](http://VoicesOfChange.net), [ChangedMovement.com](http://ChangedMovement.com), <https://www.exodusglobalalliance.org/firstpersonc7.php> , <https://www.exodusglobalalliance.org/testimoniesc877.php> , [SexChangeRegret.com](http://SexChangeRegret.com), [tranzformed.org](http://tranzformed.org). [FreeToLoveMovie.com](http://FreeToLoveMovie.com)

<sup>38</sup> This small study near San Francisco, purporting to show harm from “conversion therapy,” looked at only parent-initiated efforts, by surveying adults who currently frequent LGBT bars, and asked about their adolescent experiences with regard to “conversion therapy.” By research design, the study excluded any youth who may have changed through therapy since they recruited study subjects only from LGBT-supportive venues. The survey 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.

<sup>39</sup> Federal judge’s decision: <http://lc.org/PDFs/Attachments2PRsLAs/100419TampaOrder-GrantingMSJ.pdf> , p. 32.





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<sup>40</sup> 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.

40-50 yrs—since about the 1960’s or 1970’s: pp. 22, 82.

<sup>41</sup>APA Task Force (2009).

No causal evidence of harm: 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: 49, 85. No studies reporting harm met task force scientific standards. The APA task force used the reports of harm as anecdotal evidence and based its recommendations on them. The researchers erroneously believed sexual attraction does not change. The *APA Handbook* corrected that 5 years later, but the *APA Handbook* erroneously said contemporary therapists are still using behavioristic (potentially aversive?) methods.

<sup>42</sup> Multiple medical groups throughout the world, including the [Royal College of General Practitioners](#), the [Swedish Pediatric Society](#) and the [Royal Australian College of Physicians](#) have warned against these "gender affirmative" interventions.

See also:

[gdworkinggroup.org](http://gdworkinggroup.org)

[YouthTransCriticalProfessionals.org](http://YouthTransCriticalProfessionals.org)



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<sup>43</sup> 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 orgs around the world,**
- International Network of Orthodox (Jewish) Mental Health Professionals,
- 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.acpedcs.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/0B9njBaZTrCfSZ09tRD-FQaVVFN1hqVnpHb3I5RTlqcTI5bHlB/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,
- Alliance for Therapeutic Choice and Scientific Integrity ([https://docs.wixstatic.com/ugd/ec16e9\\_1d6108cfa05d4a73921e0d0292c0bc91.pdf](https://docs.wixstatic.com/ugd/ec16e9_1d6108cfa05d4a73921e0d0292c0bc91.pdf))
- American Association of Christian Counselors ( AACCC Code of Ethics, 2014, 1-120f, 1-330, 1-340, <https://www.aacc.net/code-of-ethics-2/> ),
- Association of Christians in Health and Human Services.

<sup>44</sup> 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.