Response to California Assembly Concurrent Resolution 99 (ACR 99) by Assembly Member Low Which Seeks to Take Away the Freedom to Give or Receive Assistance for Sexual Attraction or Gender Identity Change

People should have the freedom to pursue what brings them true happiness and joy. ACR 99 is trying to cut people off from their own pathway to happiness.

This resolution tells Californians of many religions that their faith is unacceptable to the state. Politicians are telling California churches, synagogues, and mosques what they should and should not teach, and claiming Californians of traditional faiths cause health disparities.

Traditional faiths are not the cause of health disparities in sexual orientation or gender identity diverse individuals as Assemblyman Low and others simply presume. National research and research done conjointly by both affirmative and change-allowing researchers together finds that individuals who experience same-sex attraction and live according to their traditional religious faith are no less happy or healthy than individuals in liberal faiths or no faith who live out an LGBT identity. In fact, many experience happiness, thriving, and health.[1]

Religiously traditional parents, pastors, faith-based ministries, and therapists are uniquely able to assist individuals who experience unwanted same-sex attraction or unwanted gender incongruence to enjoy this happiness. Politicians should not take away the freedom to obtain their help.

Professional organizations agree that same-sex attraction and gender dysphoria are not simply biologically caused,[2] they often change,[3] [4] and they have psychological causes[5] that may be pathological [and treatable].[6] Abundant research supports that trauma such as childhood sexual abuse may lead to same-sex sexuality or transgender identity for some.[7]

The often misrepresented American Psychological Association task force report (2009) actually said there was no research that met its standards and showed change-allowing therapy is ineffective or harmful. It acknowledged that contemporary change-allowing therapy does not use aversive methods. It further acknowledged that it based its tentative conclusions on anecdotal, not scientific, evidence from a small number of studies it said did not meet its scientific standards. Yet it neglected to give the same weight to anecdotal evidence from a century of research showing that attractions toward people of the same sex have changed.[8]

Contrary to misrepresentations, therapists who are open to a client's goal of change use non-aversive, well-established mainstream practices and evidence-based treatments for trauma and addictions used by professional therapists worldwide. Victims of child sexual abuse have a right to client-directed therapy that may, as a by-product, result in a change in sexual attraction or behavior or result in embracing one's innate biological sex.

Resolving psychological reasons a person rejects their body sex averts medical procedures to try to look like the other sex that result in permanent loss of fertility, sexual function, breasts, and reproductive organs, a lifetime of being a medical patient, persisting

higher rates of psychiatric hospitalizations, and higher rates of death by heart disease, cancers, suicide, and more.[9] ACR 99 promotes these harms, by censoring talk therapy.

Reasons people seek professional change-allowing talk therapy include:

> (1)They identified as gay or transgender and lived as such but ultimately did not find it fulfilling. (2) Some same-sex attracted moms and dads love their spouse and children and want to change their attractions to save their marriage and family. ACR 99 is trying to take away their right to get help from a therapist or even their pastor. (3) Some want to live in accordance with their values and beliefs that should be respected. (4) Some feel same-sex attraction or rejecting their sex was forced on them by perpetrators of childhood sexual abuse, and they want therapy to heal and change. Is it more compassionate to help them or to just give them coping methods to go on living with it? Failure to treat trauma is negligent and increases suicides.[10] (5) Some individuals suffering from gender dysphoria do not want body harming medical procedures or cannot have them for medical reasons; prohibiting talk therapy leaves them nowhere to go.

By definition, “change-allowing” therapies are compassionate not coercive, accepting not condemning, physically noninvasive rather than causing permanent body harm.

Self-selected self-care directly rests upon the underlying foundation of freedom of speech, freedom of religion, and the right to the pursuit of happiness. Yet some professional guilds regularly censor their members of traditional faiths from representation when making opinion statements and policies that are about them and their religiously traditional clients. Religious discrimination is widespread in these organizations.

Religious freedom is an inalienable right recognized within the context of America’s religious heritage; it rests upon the insight that human beings of every kind are endowed with equal worth because each and every one of us bears the glorious image of Nature’s God. Every person in California, therefore, is entitled to the freedom to develop their own sense of identity whether traditionally unto God or not. Religious leaders have the Constitutionally protected right to teach religious doctrine in accordance with their faith, and politicians have no right to tell clergy what is moral, dictate the content of their sermons, or instruct them in religious counseling.

The following signatories hereby register their grave concern that Assemblyman Low’s Resolution, like the discriminatory guilds he references, privileges sexual and gender minorities of so called “progressive” values and goals at the expense of those of traditional values and goals. It is unconstitutional to strip any person of any First Amendment freedoms, and it is inhumane to prohibit individuals from addressing their own personal pain and desire for healing and change.

It’s not hard to find testimonies of change: VoicesOfChange.net, ChangedMovement.com, SexChangeRegret.com, tranzformed.org, I’m Not A Fraud video.

Jonathan Keller
President
California Family Council

Laura Haynes, Ph. D., CA Psychologist
USA Representative, International Federation for Therapeutic and Counseling Choice
Chair of Research and Legislative Policy, National Task Force for Therapy Equality
California Counseling Coalition

Jack Hibbs
Senior Pastor
Calvary Chapel Chino Hills

Carolyn Pela, PhD, LMFT, CFLE
Past-President
Alliance for Therapeutic Choice and Scientific Integrity

Christopher Doyle, MA, LPC, LCPC
Cofounder, National Task Force for Therapy Equality

Christopher H. Rosik, Ph.D.
Former President
Alliance for Therapeutic Choice and Scientific Integrity
Link Care Center
Fresno CA

Andre Van Mol, MD
Co-chair, Committee on Adolescent Sexuality
American College of Pediatricians

Dr. Joseph Nicolosi Jr., Ph.D.,
California Clinical Psychologist and Clinical Director

Michael K. Laidlaw, MD
Endocrinology, Diabetes, and Metabolism
Rocklin, CA

Melvin Wong, Ph.D PSY12233
California Licensed Psychologist

John I. Lane, MD
Vice President
Federation of International Catholic Medical Associations (FIAMC)

Orlean Koehle, State President
Eagle Forum of California

Gina Gleason
Executive Director
Faith and Public Policy

Karen England
President
Capitol Resource Institute

Dean R. Broyles, Esq.
President & Chief Counsel
The National Center for Law & Policy

Robert Tyler
President and Founder
Advocates for Faith & Freedom

Robert L. Vazzo, M.M.F.T.
Licensed Marriage & Family Therapist and
Professional Clinical Counselor (CA)
CA LMFT 45530; LPCC 856

Walt Heyer
Former transgender woman
Speaker and author
Sex Change Regret.com

Gheorghe Rosca Jr.
Associate Pastor
New Hope Christian Ministries
Placentia, CA

Gail Levin, Director
The Salt & Light Council

Peter Sprigg
Senior Fellow for Policy Studies
Family Research Council
Washington, D.C.

Sharon Slater
President
Family Watch International

Peter LaBarbera
President,
Americans For Truth About Homosexuality
(AFTAH.org)

Anne Paulk
Executive Director, on behalf of the Board of Directors
Restored Hope Network
RestoredHopeNetwork.org

President, Center For Morality
Chicago, IL

Rev. Linda A. Seiler
Former transgender
lindaseiler.com

J. Michael Kuiper, M.S., D.Min., Ph.D.
California Licensed Psychologist, No.14346

Dr. Lisa Nolland, Convenor, Marriage, Sex and
Culture Group, Anglican Mainstream,
Oxford, UK

Jacqulyn Hamilton
President
The Wegener Foundation
Dayton, Nevada

Denise Shick
Speaker and Author
Help 4 Families Ministry

Linda Harvey
President
Mission America

Dr. Mike Davidson
Chairman, International Federation for Therapeutic
and Counseling Choice
London

Dr. med. Christl Ruth Vonholdt, Germany
Vice Chairman, International Federation for Therapeutic
and Counseling Choice

M. Todd Petersen
Member, Coalition for Counseling Choice

Michael Gasparro
Associate MFT and Associate PCC
Under supervision of Dr. Joseph Nicolosi Jr. At:
The Breakthrough Clinic in Thousand Oaks, CA

Bruce E. Atkinson, MS, MA, PhD
Licensed Psychologist
GA PSY 001400

MORE DETAILS AND REFERENCES AT: TherapyEquality.org/HarmsOfTherapyBans

Endnotes:

[1]Liberals & conservatives thriving: 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; 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, Jour- nal of Homosexuality, 64:6, 731-744, DOI: 10.1080/00918369.2016.1236570; 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

[2]Not Simply Biologically Caused: Homosexuality: Kleinplatz, P. & Diamond, L., (2014) in *APA Handbook of Sexuality and Psychology, American Psychological Association, 1:* 256-257. Rosario & Schrimshaw, 2014, in APA Handbook of Sexuality and Psychology, 1: 583. 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. Transgender: Bockting, W. (2014). 2014) in *APA Handbook of Sexuality and Psych*, 1:743. Gender non-conforming: Bailey, J.et al, (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest, 17*:76. DOI: 10:1177/1529100616637616.

[3]*Change in sexual attraction: APA Handbook of Sexuality and Psychology:*
"...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 (2014), 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 & Schrimshaw (2014), 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, Kuper, & Geene (2014), in *APA Handbook, 1*:619. Diamond & Rosky, 2016.

[4]Change in gender dysphoria: Endocrine Society with six co-sponsoring US and European professional 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., Cogen-Kettenis, P., Gooren, L., Hannema, S., T'Sjoen, G. (2017), "Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline". *J Clin Endocrinol Metab, 102*:10, http://dx.-doi.org/10.1210/jc.2017-01658, p. 10.) American Psychiatric Association (2013), *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association, p. 455. American Psychological Association: 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, vol.1, p. 744. Research: 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*, p. 2-3, 11, htps//doi.org/ 10.1080/15532739.20181468293

[5]Psychological causes of gender dysphoria: Endocrine Society and 6 co-sponsoring orgs: Endocrine Society Guideline (2017), pp. 6-7; American Psychological Association: *APA Handbook of Sexuality and Psychology* (2014), *1*: 743-744, 750; American Psychiatric Association: Diagnostic and Statistical Manual-5, p. 451, 457; American Association of Pediatricians: 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 Di- verse Children and Adolescents. *Pediatrics 142(4)*: p. 2, see also p. 4.

[6]Child sexual abuse or other trauma as causes: Mustanski, B., Kuper, L., and Geene, G. (2014), *APA Handbook of Sexuality and Psychology, 1:*609-610*;* Laumann et al, 1994; Tjaden, Thoennes & Allison, 1999; Bearman & Bruckner, 2002; Frisch & Hviid, 2006, 2007; Francis, 2008; Wilson & Widom, 2009; Wells, McGee, & Beautrais, 2011; Roberts, Glymour, & Koenen, 2013; Balms, 2018); 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/ ; Bockting, (2014) in APA Handbook of Sexuality and Psychology, 1: 743-744, 750; WPATH(2011). Standards of Care, http:// www.wpath.org/ site_page.cfm?pk_association_web- page_menu=1351, p. 24.

[7]Childhood sexual abuse links to sexual attraction or behavior: Mustanski, B., Kuper, L., and Geene, G. (2014), *APA Handbook of Sexuality and Psychology, 1:*609-610*;* Laumann et al, 1994; Tomeo, Templer, Anderson, & Kotler, 2001; Paul, Catania, Pollack, & Stall, 2001; Corliss, Cochran & Mays, 2002; Andersen & Blosnich, 2013; Friedman et al., 2011; Outlaw et al., 2011; Sweet & Wells, 2012; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Xu & Zheng, 2015; Baams, 2018;Artime, McCaloum, & Peterson, 2014; Rothman, Exner, & Baughman, 2011, p. 328; Brown, Masho, Perera, Mezuk, & Cohen, 2015; Cooper et al., 2013; Beard et al. 2013; Bickham et al. 2007; Hoffman, 2012; O'Keefe et al. 2014; O'Keefe, et al., 2013, p. 27.

[8] TherapyEquality.org/HarmsOfTherapyBans

[9]Harms of medicalizing gender dysphoria: Dhejne C, Lichtenstein P, Boman M, Johansson ALV, La ̊n gstro m̈ 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;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;Endocrine Society Guideline (Hembree, et al, 2017), pp.14-15, 21-25; 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.w- path.org/site_page.cfm?pk_association_webpage_menu=1351 , pp. 24, 37-40, 50, 97-104; Gagliano-Juca, T., et al (2018). Androgen Deprivation Therapy is Associated with Prolongation of QTc Interval in Men With Prostate Cancer. Journal of the Endocrine Society, 2: 485-496;Laidlaw, M. (2018-10-24), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/ the-gender-identity-phantom/

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