



## WHAT HAPPENS WHEN THERAPY IS BANNED?

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WE URGE YOU TO OPPOSE CA AB 1779 AND 2943 THERAPY BANS

25 states<sup>i</sup> have rejected therapy bans because they cause these harms and injustices:

Effects of childhood sexual abuse can be treated if they are heterosexual, but not if they are homosexual.

The American Psychological Association says in its *APA Handbook of Sexuality and Psychology* which it has declared “authoritative” [1a] that sexual and gender variations are not simply biologically determined. There are psychological causes [1b] such as childhood sexual abuse [1c,2]. One effect of childhood sexual abuse may be that the victim begins to experience same-sex attractions or behaviors. Is it more compassionate to help relieve these feelings or behaviors or to tell victims they have to live with them? A therapy ban requires the therapist to deny treatment to relieve the victim’s unwanted attractions and behaviors or the therapist will be criminalized.

A variety of *recognized psychological disorders can be treated only if they are heterosexual.*

More sexual attractions, romantic fantasies, or behaviors caused by sexual abuse include:

- unwanted emotional and sexual ties to the abuser, desire to have sex with minors
- desire to exhibit genitals, desire to rub genitals against non-consenting individuals
- compulsive sexual thoughts, pornography addiction, sexual addictions

A therapist could not help a victim change these attractions or behaviors if they are homosexual.

NOTE: An exception clause might allow a therapist to *address unlawful same-sex behaviors but not treat desires to engage in them* if the individual claims they have not and will not *act* on them. There is no way to assure the claims. An exception can still lead to sexual abuse and likely will [3].

Gender dysphoric children and adolescents are legislated onto a path of:

*experimental puberty blockers, toxic hormones that often sterilize them for life, [4] having their breasts surgically removed, potential castration, a lifetime of being a medical patient, and a nearly 20 times higher rate of completed suicides even if they live in a liberal and affirming community, [5] all with the assumption minors are competent to choose these treatments, and all before they are old enough to drive—but forbids them talk therapy to help them embrace their body.*

The short and long-term risks of transitioning are sobering; hardly a cure for suicide.

- Lack of proven safety or long term benefit for minors. It’s not pro-science—it’s no science.
- After short term satisfaction, regret and de-transitioning are not rare, but what’s gone is gone.
- Underlying issues need talk therapy; foster children are more likely to have them. [5a]
- Parents can’t choose talk therapy for disturbed teens self-diagnosing from the internet. [5b]

Bans hide that same-sex attraction and gender variant feelings, unlike skin color, are not simply biologically determined and carry a high probability to decrease or change if allowed to.

As many as 98% of boys and 88% of girls [6] and no less than 75% of boys and girls will come to embrace their body if getting therapy for individual problems and not living as the opposite sex [1d] .

- American Psychiatric Association, *Diagnostic and Statistical Manual, Fifth Edition* [6]
- American Psychological Association, *APA Handbook of Sexuality and Psychology* [1d]

Same-sex attractions, behaviors, orientation identities, and questioning often change, mostly to or toward exclusive heterosexuality, for both men and women, adolescents and adults.

- American Psychological Association, *APA Handbook of Sexuality and Psychology* [1e]
- Many Studies That Meet Rigorous Scientific Standards [7]



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### Bans misrepresent therapy, depriving individuals of the life they choose.

The ill-defined term, “conversion therapy,” runs together unlicensed with licensed individuals. Still, the Southern Poverty Law Center affirms “conversion therapy” uses *non*-aversive methods. Stories of “aversion therapy” by licensed professionals are documented to be fraudulent in a [report to the Federal Trade Commission](#) [8]. Therapists in the national professional organization, Alliance for Therapeutic Choice and Scientific Integrity, follow a code of ethics and use mainstream therapy methods. [9]. Surveys of those who identify as LGBTQ (1) automatically exclude individuals who have safely and successfully changed and (2) often do not differentiate nonprofessional from professional services. The American Psychological Association *concluded there is no proof of harm* from sexual orientation change efforts and has *not* declared them unethical [10]. American Psychological Association presidents have provided successful sexual orientation change efforts and said bans are wrong [13]. Consensus among professional organizations is not scientific evidence; it is opinion based on political activism within these guilds.

### Bans forbid therapy that, when done right, is safe and effective and decreases shame.

Over a hundred years of research, including studies published in the American Psychological Association’s peer-reviewed journals by APA members, found that when the therapy is done right, it is effective. [11] [A new five-year study of Reparative Therapy™ for adult male clients who seek help for unwanted same-sex attraction is currently underway and meets American Psychological Association standards. Results in the first year found \*distress including shame decreased\*, sense of wellbeing \*increased\*, heterosexual thoughts and feelings \*increased\*, and homosexual thoughts and feelings \*decreased\*](#) [12]. Participants were not only supported, they were helped to change sexual attractions. Research suggests sexuality is at least as fluid or changeable in women and adolescents as in men [1e,7]. [Our clients do not believe they were born gay. They feel life-changing events led to their variation. When we treat those life-changing events with the same evidence-based therapy methods used in clinics around the world, their variations change as a by-product.](#)

### Government takes away freedoms and rights.

Our clients have *the same freedom and the right* as everyone else *to resolve unwanted feelings*, love who *they* want, and choose *their* gender identity. No one should take that away from them. Some want to live and love according to their religious faith. No one should deny them that right. Several professional organizations support a client’s right to therapy for unwanted sexual and gender variations that is in accord with their religious faith.<sup>ii</sup>

### Many individuals targeted by therapy bans will no longer get professional therapy at all.

In states that have therapy bans, *many therapists are afraid, because of the law and legal counsel, to see sexual and gender variant individuals whose goal is change, so many now get no professional mental health services*. Like other individuals who have sexual or gender variations, some are sexual abuse victims and are suicidal. Bans are harmful and unjust.

[An easy fix is to outlaw aversive \*methods\*—for which licensing boards report no evidence—but not outlaw therapy \*goals\* or effective professional \*therapy\*. Support for individuals who experience sexual or gender variations is not banning therapy for some but fostering the universal value of kindness for all.](#)

Respectfully, National Task Force for Therapy Equality ([TherapyEquality.org](http://TherapyEquality.org))

Therapy Ban Harm Fact Sheet *with references* at: [TherapyEquality.org/FactSheet](http://TherapyEquality.org/FactSheet) updated 3/6/2018



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### References

- [1a,b,c,d,e,f,g,h] Tolman, Deborah L. & Diamond, Lisa M. (Co-Editors-in-Chief), 2014, *APA Handbook of Sexuality and Psychology, Vol. 1: Person-based approaches*. Washington, DC, US: American Psychological Association. xxviii 804 pp., <http://dx.doi.org/10.1037/14193-000>. (1a) 1: xvi. (1b) 1: 583, 743. (1c) 1: 609-610. (1d) Desistance rates calculated from 1: 744. (1e) 1: 636, 561-563, 619. (f) 1:629-630. (g) (h) women 1:641-643.
- [2] Roberts, A., Glymour, M., & Koenen, K. (2014). Considering alternative explanations for the associations among childhood adversity, childhood abuse, and adult sexual orientation: Reply to Bailey and Bailey (2013) and Rind (2013), *Archives of Sexual Behavior* 43:191-196.
- [3] Nicolosi, J. Jr., Ph.D. (Feb. 14, 2018). Expert testimony in Maine, audio and written, <http://www.therapyequality.org/testimony-dr-joseph-nicolosi-jr>
- [4] 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 guideline. *J Clin Endocrinol Metab*, 102: 1–35, <https://academic.oup.com/jcem/article-abstract/doi/10.1210/jc.2017-01658/4157558/Endocrine-Treatment-of-Gender-Dysphoric-Gender>
- [5] Cecilia, D., Lichtenstein, P., Boman, M., Johansson, A., Langstrom, N., Landen, M. (2011). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden., *Plos One*
- [5a] Testimony of Andre Van Mol, M.D. with references to scientific literature. <http://www.therapyequality.org/wp-content/uploads/2018/01/Testimony-Oppose-CA-AB-2119-Van-Mol-2018-3-5.pdf>
- [5b] Pro-LGBT researchers, professionals, and parents are concerned about impact of social contagion and oppose transitioning gender dysphoric minors. It's an across-the-aisle issue. Littman, L. (2017) Rapid onset of gender dysphoria in adolescents and young adults: A descriptive study. Poster Abstracts. 40: 930-936; Marciano, L. (July 21, 2017). New guidance for rapid onset gender dysphoria. *The Jung Soul*, <http://thejungsoul.com/new-guidance-for-rapid-onset-gender-dysphoria/>; Kaltiala-Heino et al. (2015), Two years of gender identity service for minors: Overrepresentation of natal girls with severe problems in adolescent development, *Child and Adolescent Psychiatry and Mental Health* 9: 9, DOI 10.1186/s13034-015-0042-y, Abstract, p. 7; Dewinter, J. et al. (2017). Sexual orientation, gender identity, and romantic relationships in adolescents and adults with autism spectrum disorder, *J Autism Dev Disorders*; Wood, H. et al (2013) Patterns of Referral to a Gender Identity Service for Children and Adolescents (1976–2011): Age, Sex Ratio, and Sexual Orientation, *J Sex & Marital Therapy*, 39: 1-6; De Vries, A. et al (2010). *J Autism Developmental Disorders*, 40: 930-936; Bailey, M. & Blanchard, R. (Dec. 7, 2017) Gender dysphoria is not one thing. <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>; Bailey, M., Blanchard, R. (September 8, 2017). Suicide or Transition? The only options for gender dysphoric kids? <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>.
- [6] American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association. Desistance rates calculated from persistence rates on p. 455.
- [7] Diamond, L. & Rosky, C., 2016, Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities, pp. 6-7 and Table 1, DOI: 10.1080/00224499.2016.1139665. Critique: Rosik, D. (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>; Ott M., Wypij, D., Corliss, H., Rosario, M., Reisner, S., Gordon, A., Austiln, S. (2013). Repeated changes in reported sexual orientation identity linked to substance use behaviors in youth. *Journal of Adolescent Health* 52: 466. <http://dx.doi.org/10.1016/j.jadohealth.2012.08.004>. Ott, M. Corliss, H., Wypij, D., Rosario, M., Austin, B. (2011) Stability



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and change in self-reported sexual orientation in young people: Application of mobility metrics. *Archives of Sexual Behavior*, 40: Abstract. doi:10.1007/s10508-010-9691-3. 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, p. 296.

[8] National Task Force for Therapy Equality, (May 1, 2017). Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud. <http://americasurvival.org/wp-content/uploads/2017/05/In-Their-Own-Words-Lies-Deception-and-Fraud-National-Task-Force-Complaint-to-the-Federal-Trade-Commission.pdf>, pp. 16-17.

[9] Alliance for Therapeutic Choice and Scientific Integrity/NARTH Institute. [TherapeuticChoice.com](http://TherapeuticChoice.com).

[10] 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, pp. 43,83, cf. pp. 67, 120.

[11] (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>

[12] Pela, C. & Nicolosi, J. (March 10, 2016) Clinical outcomes for same-sex attraction distress: Well-being and change, Conference of the Christian Association for Psychological Studies (CAPS), Pasadena, CA. <http://www.josephnicolosi.com/collection/outcome-research> .

[13] 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 Nicholas Cummings' endorsement in Nicolosi, J. (2009). *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, Downers Grove IL.: IVP Academic.

### Endnotes

<sup>i</sup> States that have rejected therapy bans: Arizona, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Kentucky, Massachusetts, Maine, Maryland, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, West Virginia, Wisconsin.

<sup>ii</sup> The following organizations support the right of clients to therapy that aligns with their religious values and beliefs: American Association of Physicians and Surgeons, American College of Pediatricians, American Association of Christian Counselors, Christian Medical and Dental Association, Catholic Medical Association, International Network of Orthodox (Jewish) Mental Health Professionals, and Alliance for Therapeutic Choice and Scientific Integrity. Collectively, these organizations comprise *about 80,000 licensed mental and medical health practitioners* who value the right of self-determination for clients and their families.