



WHAT HAPPENS WHEN THERAPY IS BANNED?

25 statesⁱ have rejected therapy bans because they cause these harms and injustices:

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

The American Psychological Association acknowledges in its *APA Handbook of Sexuality and Psychology* which it has declared “authoritative” [1a] that there are psychological causes [1b] for sexual variations, such as childhood sexual abuse [1c,2]. This means 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 attraction feelings and behaviors or the therapist will be criminalized.

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.

A ban will hurt people with a variety of recognized psychological disorders.

NOTE WELL: A therapist could address *unlawful* same-sex behaviors but *not treat desires* to engage in them if the client claims they have not yet, and will not, act on them.ⁱⁱ There is no way to predict who will act out. A therapy ban could lead to sexual abuse and likely will.

Rapid onset gender dysphoria in troubled adolescents potentially influenced by internet social contagion will not be permitted to be explored with talk therapy to resolve it.

Leading pro-LGB researchers, professionals, and parents are urgently concerned that these adolescents need talk therapy, not sex change [3]. This is an across-the-aisle issue.

A therapy ban denies parents’ and guardians’ rights to choose that therapy.

Instead, this bill legislates gender dysphoric children and adolescents 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 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.

Bans hide from minors and parents/guardians the reality that same-sex attraction and gender dysphoria, unlike skin color, often diminish 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 come to identify with their innate body sex if supported through natural puberty and not socially transitioned to live as the opposite sex. [1d]

- American Psychiatric Association, *Diagnostic and Statistical Manual, Fifth Edition*
- American Psychological Association, *APA Handbook of Sexuality and Psychology*

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

Most adolescents questioning their sexual orientation become exclusively heterosexual.

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



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

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 “therapy torture” and “aversion therapy” by licensed professionals have been documented to be fraudulent in a [report to the Federal Trade Commission](#). [8] Therapists in our national professional organization, Alliance for Therapeutic Choice and Scientific Integrity, follow a code of ethics and use the same evidence-based therapy methods used in clinics around the world [9]. They do not coerce, shame, or tell gays they are “mentally ill.” Surveys of those who identify as LGBTQ (1) automatically exclude the experiences of those who have safely and successfully changed and (2) often do not differentiate unprofessional counsel from professional psychotherapy. The American Psychological Association *concluded there is no proof of harm* from sexual orientation change efforts and has *not* declared them unethical [10]. Consensus among professional organizations is not scientific evidence; it is opinion based on political activism within these guilds.

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 or gender variant. They feel life-changing events led to their sexual or gender variation. When we treat those life-changing events with mainstream therapy methods, 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.ⁱⁱⁱ

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

In states that have banned therapy, *many therapists are afraid because of the law to see sexual and gender variant individuals whose goal is change, so many now get no professional mental health services*. Some are sexual abuse victims and are suicidal. Therapy bans are harmful and unjust.

[An easy fix is to outlaw aversive methods, even though licensing boards report no complaints, but not 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)

Therapy Ban Harm Fact Sheet *with references* at: TherapyEquality.org/FactSheet

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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] 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; Marciano, L. (July 21, 2017). 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/>.
- [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*
- [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 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.
- [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.



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[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> .

Endnotes

ⁱ 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.

ⁱⁱ A law may permit addressing unlawful conduct. But “address” and “treat” are not the same thing. If someone says they have desires or impulses to engage in unlawful sexual conduct toward the same-sex but they believe they would never act on them, the therapist cannot treat them. They might say they would never act on them because of shame in admitting they might act on those desires or because they genuinely believe they would not act on them. But there is no way to predict who will act on them. Yet as soon as they say they believe they would not act on them, the therapist cannot treat them. It is not a prevention case, because they say there is nothing to prevent. Perhaps in their mind, they are still a safe person. Ironically, it is people like these we should be helping, because they are literally asking for help. Therapists would be stopped in fear of treating them, under threat of punishment. It will hurt people with a variety of recognized psychological disorders. This is wrong. It could lead to sexual abuse. It likely will. And it will be on your consciences.

ⁱⁱⁱ 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.