



WHAT HAPPENS WHEN THERAPY IS BANNED?

25 states¹ 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.
- A child or teen has a developing brain; adult decisions are beyond them. [5a]

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 allowed to and not 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, 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 desire.

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.ⁱⁱ

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)

Therapy Ban Harm Fact Sheet *with references* at: TherapyEquality.org/FactSheet updated 3/6/2018



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References

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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 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.