WHAT HAPPENS WHEN THERAPY IS BANNED?

ACLU of Rhode Island and 24 states[1] oppose therapy bans for causing harms like these:

The ACLU of Rhode Island opposes bans on "sexual orientation change efforts" because they pose a "danger to First Amendment rights" and have "potential unintended consequences."

- **The ACLU of Rhode Island says the practices that a therapy ban censors are "quite broad," including "helping individuals who seek to resist acting on same-sex attractions for reasons such as a desire to maintain a marriage or to enter the seminary."**
- **The organization warns that a ban sets the precedent for banning ANY controversial medical treatment. "For example, there has been some controversy as of late – within the medical profession itself – with respect to transition-related healthcare for young transgender people, such as early intervention with hormone therapy. Such medical treatment could be just as subject to legislative intrusion and decision-making based on the principles underlying this bill."**
- **The ACLU of Rhode Island points out, a full panel of a federal appellate court said there were "serious doubts" that the California conversion therapy decision was correct, noting that "characterizing speech as conduct is a dubious constitutional enterprise." Therapy bans do "pose a danger to First Amendment rights."**
- **The ACLU of Rhode Island says only licensing boards can handle any problems competently and avert unintended consequences, and it expressed confidence in licensing boards.[2]**

Examples of unintended consequences of therapy bans to adults and minors:

- If a middle-aged, 40 year old mother of 3 says to a therapist, "I love my husband and children, but recently I have felt attracted to someone else in my church. Please help me decrease my desires for the other person," and if the other person is a man, the therapist can help her. But if the other person is a woman, a therapy ban requires the therapist to refuse treatment or be criminalized. Some bisexual adolescents aspire to a faithful heterosexual relationship with children one day and want therapy to feel assured they can live the life they choose. Bans refuse them their rights.
- A priest with same-sex desires could not get help to fulfill his priestly call to chastity. A young man could not get the same help to enable him to enter the seminary. Some adolescents and adults want help to be celibate and have healthy friendships in order to live according to their religious faith. Under a ban, the government decides for them what goals they may have for their own life and therapy.

Therapy bans require a therapist to discriminate based on sexual orientation. Example: effects of childhood sexual abuse can be treated if they are heterosexual, not if they are homosexual.

The American Psychological Association says in its *APA Handbook of Sexuality and Psychology* which it has declared "authoritative"[3] that sexual and gender variations are not simply biologically caused. There are psychological causes[4] including childhood sexual abuse for some.[5] 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.

More symptoms and *recognized psychological disorders*[6] that may result from sexual abuse can be treated only if they are heterosexual,[7] requiring discrimination based on sexual orientation.

They include: unwanted emotional and sexual ties to a sexual abuser, desire to have sex with minors, compulsive sexual thoughts, pornography addiction, sexual addictions, and more. Example:
A therapist could help a man or adolescent who is attracted to 5 year old *girls* but not 5 year old *boys*.
If a client might engage in illegal sexual behavior toward the same sex, the therapist could merely address illegal behavior but not treat the desire to engage in the behavior. This is dangerous.
A ban compels the therapist to violate the equal protection clause of the 14th amendment by prohibiting a therapist from offering services to LGBQ individuals that he offers to heterosexual clients. In this sense, the legislation demands discrimination based on sexual orientation.[8]

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

experimental puberty blockers, toxic hormones that _often sterilize them for life,_[9] having their _breasts surgically removed, potential castration,_ a lifetime of being a medical patient,[10] and a nearly 20 times higher rate of _completed suicides_ even if they live in a liberal and affirming community,[11] all with the assumption minors are competent to choose these treatments, and all before they are old enough to drive—yet forbids them _talk_ therapy to help them _embrace_ their body.

The short and long-term risks of gender 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.[12]
- After short term satisfaction, regret and de-transitioning are not rare, but what's gone is gone.[13]
- Parents can't choose talk therapy for disturbed teens self-diagnosing from the internet.[14]
- **WPATH: gender incongruence may be "better accounted for by other diagnoses."[15] Psychotherapy may change gender identity and spares bodily harm. Bans forbid it.**

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

As many as 98% of boys and 88% of girls[16] and no less than 75% of gender dysphoric boys and girls will come to embrace their body if getting therapy for individual problems and not socially transitioned to live as the opposite sex.[17]

- 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*[18]
- Many Studies That Meet Rigorous Scientific Standards[19]

The often-referenced American Psychological Association Task Force Report (2009):[20]

- **Agrees with even the SPLC (2016)[21] that contemporary change-allowing therapy _does not use_ aversive or behavioral methods that were mainstream but ineffective and used in early years—before cell phones and the commercial internet.[22] _Organizational position papers frequently misrepresent those early methods as defining change-allowing therapy today, showing they lack basic knowledge about the therapy on which they are taking a position._**
- Found *no proof* of harm[23] from change-allowing therapy and has not declared it unethical.
- Could not conclude whether *either* LGB-affirmative therapy[24] *or* change-allowing therapy[25] was effective or safe. Recent reviews find LGBT-affirmative therapy research *still* has many limitations.[26]
- Formed "tentative"[27] conclusions based on "anecdotal evidence" and 2 invalid scientific "keys" or "findings"[28] that were corrected by the 2014 *APA Handbook*. *Handbook* corrections: (1) Rigorous

research now shows sexual attraction does indeed change for many;[29] (2) Childhood sexual abuse trauma can lead to same-sex attraction and behavior.[30] The *APA Handbook* is now not consistent in the view that same-sex sexuality is invariably normal and can never be caused by trauma. Trauma is cause for treatment, and we have evidence-based treatments for trauma. The Task Force had relied on research that did not meet its own standards.

- Professional organization position statements often misrepresent the Task Force findings, are based on the same errors, and are not scientific evidence; they are opinion based on political activism within these guilds. Several professional organizations oppose bans.[31]
- **One of the APA Task Force authors, Dr. Lee Beckstead, and a group of LGBT mental health professionals** (the Reconciliation and Growth Project) want to promote ethical and balanced approaches to helping LGBT people in psychotherapy but **never endorse any sort of ban.[32]**
- **No professional organization has endorsed any sort of therapy ban law.**
- **APA presidents have provided successful orientation change therapy and said bans are wrong.**[33]

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.[34] 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. "Testimonies" of "aversion therapy" are documented to be fraudulent in a report to the Federal Trade Commission.[35] Evidence strongly suggests representatives of the NCLR or Trevor Project, Sam Brinton and Matt Shurka, have given fraudulent testimonies.[36] Therapists in the national professional organization, Alliance for Therapeutic Choice and Scientific Integrity, follow a code of ethics and use mainstream therapy methods.[37] **Our clients do not believe they were born gay. They feel life-changing events led to their variation. Our therapy does not directly seek to change sexual orientation or gender identity or expression. However, some clients do see movement along the fluidity spectrum as a byproduct of addressing wounds from their earlier traumas. We use the same evidence-based therapy methods used in clinics around the world.**

Government takes away freedoms and rights and opens up unintended consequences.

- 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 oppose talk therapy bans and support a client's right to therapy* for unwanted sexual and gender variations that is in accord with their religious faith.[38]
- Most people by far who experience same-sex attraction also experience equal or greater opposite sex attraction according to the *APA Handbook*. Rigorous research has *established* this is true internationally, and many of them experience fluidity or change, mostly toward or to heterosexual. They are *by far the norm*, and exclusively gay individuals are the minority.[39] Many are in opposite-sex relationships with children because they prefer to be. But some seek therapy to decrease same-sex desires or behavior to save their marriages and be able to continue being full-time moms and dads. Bans deprive them of help, harming them, their spouses, and their children. This is a great injustice and harm. As minors or single adults, many aspire to be in such relationships faithfully and some want therapy to help them.

Many targeted individuals will get therapy they do *not* want or *no* professional therapy at all.

- People who want change-allowing therapy would instead be *coerced* into therapy they do *not* want, LGBT-affirmative therapy, that offers help to clarify their sexual or gender identity self-label (in case they

need that, but does not help to change behavior or desires), support to bear their continued suffering from feelings they don't want, or body-harming treatments, but does not lift a finger to offer trauma treatments that are open to change.[40] A therapy ban strips away their rights, deprives them of the life they choose, and boxes them into a hopeless situation, often with depression or suicidality.

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

Support for individuals who experience sexual or gender variations is not banning therapy for some, but rather is fostering the universal value of kindness for all.

Bans attempt to coerce compliance with an ideology about sexual orientation and gender, supposing doing so is needed to support all LGBTQ people. But Dr. Caitlyn Ryan, who researches LGBTQ youth and works with the National Center for Lesbian Rights, says "evangelical families can positively influence health," and a theological shift is not necessary.[41] Viewpoint discrimination— being practiced by some professional organizations—is group think, not science. In law, it is unconstitutional.[42]

Respectfully, National Task Force for Therapy Equality (TherapyEquality.org)
Therapy Ban Harm Fact Sheet *with references* at: TherapyEquality.org/FactSheet updated 4/30/2018

Endnotes

[1] 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, West Virginia, Wisconsin.

[2] ACLU of Rhode Island (March 22, 2017), Why the ACLU of Rhode Island opposes conversion therapy, but also opposes legislation ban it. http://www.riaclu.org/blog/post/the-aclu-of-rhode-island-opposes-conversion-therapy.

[3] Authoritative: Tolman, Deborah L. & Diamond, Lisa M. (Co-Editors-in-Chief) (2014), Series preface, *APA Handbook of Sexuality and Psychology,* Washington, DC: American Psychological Association. *1*: xvi, http://dx.doi.org/10.1037/14193-000.

[4] "Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies are evident as main effects or in interaction with biological factors….A joint program of research by psychoanalysts and biologically oriented scientists may prove fruitful" (Rosario & Shrimshaw, 2014, in *APA Handbook, 1*: 583)."The etiology of a transgender or transsexual identity remains largely unknown.… It is most likely the result of a complex interaction between biological and environmental factors.… Research on the influence of family of origin dynamics has found some support for separation anxiety among gender- nonconforming boys and psychopathology among mothers" (Bockting, 2014, in *APA Handbook, 1*:743.

[5] Childhood sexual abuse may lead to same-sex sexuality: "The largest reviews of the literature in this area indicated that MSM [men who have sex with men] report rates of childhood sexual abuse that are approximately three times higher than that of the general male population (Purcell, Malow, Dolezal, & Carballo-Dieguez, 2004). One of the most methodologically rigorous studies in this area used a prospective longitudinal case-control design that involved following abused and matched nonabused children into adulthood 30 years later. It found that men with documented histories of childhood sexual abuse had 6.75 times greater odds than controls of reporting ever having same-sex sexual partners (H. W. Wilson & Widom, 2010). To help control for possible confounding factors, the authors conducted post hoc analyses controlling for number of lifetime sexual partners and sex work, but the association remained. The effect in women was smaller (odds ratio 2.11) and a statistical trend (*p* .09)." There are "associative and potentially causative links" between childhood sexual abuse and ever having a same-sex partner. (Mustanski, B., Kuper, L., and Geene, G. (2014), in *APA Handbook, 1:* 609-610.) See also 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.

[6] American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association, pp. 685-705, 235-242.

[7] Nicolosi, J. Jr., Ph.D. (Feb. 14, 2018). Expert testimony in Maine, audio and written, http://www.therapyequality.org/testimony-dr-joseph-nicolosi-jr

[8] Nicolosi, J. Jr., Ph.D. (Feb. 14, 2018). Expert testimony in California in opposition to AB 2943, Privacy and Consumer Protection Committee, April 3, 2018. http://calchannel.granicus.com/MediaPlayer.php?view_id=7&clip_id=5330

[9] 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 guildeline. *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

[10] Hembree et al. (2017). WPATH (2011), Standards of Care.

[11] 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*.

[12] 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. Hembree, et al (2017), pp. 11-12. Bockting (2014), in *APA Handbook, 1*: 744,750. Catelan, R., Costa, A., & de Macedo Lisboa, C. (2017) Psychological interventions for transgender persons: A scoping review, *International Journal of Sexual Health, 29*:4, 325-337, DOI: 10.1080/19317611.2017.1360432 https://doi.org/10.1080/19317611.2017.1360432,

[13] Stella Morabito (Nov. 11, 2014). "Trouble In Transtopia: Murmurs Of Sex Change Regret, http://thefederalist.com/2014/11/11/trouble-in-transtopia-murmurs-of-sex-change-regret/ .
"Interview with a Detransitioned MtF," youthtranscriticalprofessionals.org, Dec. 14, 2016. Walter Heyer, Ex-Transgender, https://youtu.be/q-wFZre6ebI

[14] 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/.

[15] WPATH, Standards of Care (2011), p. 24.

[16] 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. Also Hembree et al, (2017), Endocrine Society Clinical Guideline, pp. 11-12.

[17] Bockting (2014) in *APA Handbook, 1*: 744.

[18] Change: "...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, L. (2014), Chapter 20: Gender and same-sex sexuality, in *APA Handbook*, *1*: 636.[18]
"Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation."
Rosario, M. & Schrimshaw, E. (2014), Chapter 18: Theories and etiologies of sexual orientation, in *APA Handbook*, *1*: 562.[18]
"Over the course of life, individuals experience the following: (a) changes or fluctuations in sexual attractions, behaviors, and romantic partnerships;..."
Mustaky, B., Kuper, L., and Geene, G. (2014), Chapter 19: Development of sexual orientation and identity, in *APA Handbook*, v. 1, p. 619.

[19] 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, C. (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. Diamond is the co-editor-in-chief of the *APA Handbook of Sexuality and Psychology*. Rosky is a law professor who won the "Equality" award from the Human Rights Campaign. Rosik is a former president of the Alliance for Therapeutic Choice and Scientific Integrity. 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.

[20] 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.

[21] Re SPLC: 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.

[22] Contemporary methods are not aversive: APA Task Force Report, p. 82.

[23] No proof of harm: APA Task Force (2009), p. 84.

[24] No conclusion re gay-affirmative therapy: APA Task Force (2009), p. 91.

[25] No conclusion re change-allowing therapy: APA Task Force (2009), pp. 28, 82-83.

[26] O'Shaughnessy, T., & Speir, Z. (2017) The state of LGBQ Affirmative Therapy Clinical Research: A mixed-methods systematic, p. 22. Preprint. DOI: 10.1037/sgd0000259. Hembree et al (2017). Catelan, R., Brandelli Costa, A., & de Macedo Lisboa, C. (2017) Psychological Interventions for Transgender Persons: A Scoping Review, *International Journal of Sexual Health, 29*:4, 325-337, DOI: 10.1080/19317611.2017

[27] Conclusions tentative: APA Task Force (2009), p. 42.

[28] "Keys" and "findings:" APA Task Force (2009) p. 86.

[29] Re sexual attraction change: APA Task Force (2009), p. 86. The Report stated, in its "scientific facts" that sexual attraction ("orientation") does not change, and only "sexual identity" or "self-labeling" is "fluid" (p. 2, also pp. 10, 22, 30—footnote 19, 85). These statements no longer constitute scientifically "accurate information" that the Task Force Report calls for in its "Policy" (p. 92 and throughout the report). Reports of sexual attraction and behavior appear to be equated by the Report with mere identity or self labels, not the usual way these categories are regarded by researchers (pp. 14, 77).

[30] Re. trauma as a cause of SSA: APA Task Force (2009), pp. 54-55, 63, 86. The *APA Handbook* (1:609-610; see quotes in earlier footnote) now is not consistent with the view that sexual orientation is invariably normal and can never be caused by trauma. It says childhood sexual abuse has "associative and potentially causal links" to ever having a same-sex partner.

[31] The American Association of Physicians and Surgeons, Catholic Medical Association, Christian Medical and Dental Association, and American College of Pediatricians have signed joint statements opposing therapy bans and opposing transitioning gender dysphoric minors.
Medical Groups Support Minors' Right to Therapy, https://www.acpeds.org/wordpress/wp-content/uploads/5.25.17-Joint-Therapy-letter-with-signatures.pdf
Medical Group Supports Catholic Health System: Letter to Archbishop Carlson, St. Louis (opposes medical transitioning gender dysphoric minors)., https://www.acpeds.org/wordpress/wp-content/uploads/2.8.17-Archbishop-Carlson-St.-Louis.pdf

[32] Reconciliation and Growth Project, reconciliationandgrowth.org

[33] 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.

[34] (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

[35] 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.

[36] Representatives of the Treavor Project or National Center for Lesbian Rights, namely Sam Brinton and Mathew Shurka, have made claims that appear to be fraudulent. Shurka reportedly told a legislative committee he had therapy with Joseph Nicolosi, Sr., who developed Reparative TherapyTM. His son who is named after him and who now heads his father's clinic, has found no evidence that supports his claim. He invites Mr. Shurka to subpoena his "records" to settle the matter. You can watch Sam Brinton reverse his own story here: "He Lies" (2017) https://www.youtube.com/watch?v=gx9A7L-bpZE

[37]Alliance for Therapeutic Choice and Scientific Integrity/NARTH Institute. TherapeuticChoice.com.

[38] 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.

[39] Most same-sex attracted are also opposite-sex attracted, and many change attraction:
"Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical 'type' of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true…." This pattern has been found internationally. Diamond (2014), in *APA Handbook, 1*: 633-634.
The "bisexual group was larger than exclusively gay and lesbian groups combined. But the largest identity group, second only to heterosexual, was 'mostly heterosexual…larger than all the other non-heterosexual identities combined.'" Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41:* Abstract.
"The bisexual category was the most unstable" with *three quarters* changing that status *in 6 years* (Savin-Williams et al, abstract). *'[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality" (Savin-Williams et al, p. 106).*
Kleinplatz & Diamond (2016), in *APA Handbook, 1*: 256-257. Diamond & Rosky (2016), p. 7, Table 1.

[40] Gay affirmative therapy: APA Task Force (2009), pp. v, 4, 86.

[41] Sells, H. (June 15, 2017) Southern Baptists Won't be Bullied: Push Back Against LGBT Activists. CBN News. http://www.breakingchristiannews.com/articles/display_art_pf.html?ID=21645

[42] Alliance Defending Freedom (May 9, 2017). Legal Analysis of Amendment No 640 to Nevada SB 201.