



We urge you to OPPOSE CA AB 2943 as amended.

July 19, 2018

Dear California Senator,

Many people find joy in living consistently with their beliefs regarding sexuality and gender. AB2943 takes away their right to their goals, counseling, and faith-based services.

The ACLU of Rhode Island and 21 states oppose therapy bans because they cause injustices and harms like these:

1. [AB2943 VIOLATES THE FIRST AMENDMENT—FREEDOM OF SPEECH— ACCORDING TO UNITED STATES SUPREME COURT PRECEDENT.](#) *NIFLA v. Becerra*, 138 S.Ct. 2361 (2018). In *NIFLA*, the Supreme Court abrogated the decision in *Pickup v. Brown*, in which the 9th Circuit said that SB1172, which banned sexual orientation change efforts for minors, was constitutional. The Supreme Court's ruling means that SB1172 and other laws put in place in reliance upon the Pickup analysis are unconstitutional. Since AB2943 relies upon the Pickup analysis, it too is unconstitutional.ⁱ Lawsuits are now being developed to overturn laws based upon Pickup.
2. [In violation of the Supreme Court Masterpiece Cakeshop decision,ⁱⁱ counselors, faith-based organizations such as schools, and even churches are subjected to differential treatment.](#) Under AB2943, a counselor may affirm a client's same-sex attraction at the direction of the client but may not help a client explore options for unwanted same-sex attraction at the direction of the client. [This non-neutral application of the law is not permissible under our Constitution.](#) Several professional organizations support a client's right to therapy that helps them live consistently with their beliefs regarding sexuality and gender.ⁱⁱⁱ Politicians demean the faith of Californians and deny their testimonies of real change that have brought them joy.
3. [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." It said only licensing boards can handle any problems competently and avert unintended consequences, and it expressed confidence in licensing boards.^{iv}
4. [Under AB 2943, there will be families that can't be saved.](#) 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, a professional therapist can help her. But if the other person is a woman, a therapy ban requires the therapist to refuse her treatment or be opened to bankrupting lawsuit. She could not even go to a professional pastoral counselor or a ticketed church conference for help.



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5. [AB2943 mandates counselors to affirm feelings and behaviors caused by sexual abuse trauma against victims' wishes.](#) The American Psychological Association's authoritative handbook on sexuality says same-sex attraction is not simply biologically caused. It says there are psychological causes^v that may include childhood sexual abuse for some.^{vi} Childhood sexual abuse may cause same-sex attraction or behavior victims don't want. Is it more compassionate to help victims or tell them they have to live with it?
6. [Desire to engage in some illegal sexual behaviors cannot be treated.](#) Illegal behaviors, such as sexual behavior with children, could possibly be addressed, but the *desire* to engage in the them could be treated only if the behaviors are directed toward opposite sex victims, not same sex victims. Example: we could help a man change sexual desires if he desires 5 year old girls but not if he desires 5 year old boys. This is dangerous.
7. [Therapists will be required to discriminate against clients based on sexual orientation. Many kinds of symptoms and recognized disorders](#)—from unwanted emotional and sexual ties that a sexual abuse victim may experience toward an abuser, to desire to have sex with minors, to compulsive sexual thoughts, to pornography addiction or sexual addiction, and more—could be treated only if directed toward the opposite, not same, sex.^{vii}
8. [AB2943 empowers social pressure and bullying against questioning individuals.](#) Some gay men^{viii} and lesbians^{ix} come to experience opposite-sex attraction through life experience or counseling, but LGBT communities can exert strong, overt social pressure or bullying against such change.^x Despite this, some change. AB2943 is intense social pressure and bullying.
9. [This bill discriminates against both-sex attracted people—overlooking their capacity for change and right to help.](#) Most same-sex attracted people by far identify as either “bisexual” or “mostly heterosexual” internationally (the latter don't identify as “LGBT,” and popular surveys often overlook them), and most experience change over time, mostly toward or to exclusive heterosexual.^{xi} They are very capable of change. Many are in opposite-sex relationships or aspire to be by preference. Like most people, many wish to both conceive and raise children with their spouse. Some want change-allowing therapy to feel assured they can protect their family and raise their children as full-time moms and dads. Refusing them help to live their dream is unjust and potentially tragic for them and their children.
10. [Clients cannot get evidence-based treatment and live the life they choose.](#) We use only ethical, mainstream, and evidence-based methods. The client is in the driver's seat. The American Psychological Association's task force report,^{xii} the SPLC itself,^{xiii} and licensing board records agree: change-allowing therapy today uses *non*-aversive methods. Tes-



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timonies of aversive methods have been documented to be fraudulent and reported to the Federal Trade Commission.^{xiv} The APA Task Force found "no valid causal evidence"^{xv} of harm, and did not declare change therapy unethical. Actually, it said it had no scientific evidence that *LGBT-affirmative* therapy was safe or effective, and recent reviews say LGBT-affirmative therapy still has many limitations.^{xvi} Change-allowing therapists use evidence-based methods for trauma and sexual addictions used in clinics around the world. Over a century of research, including studies published in peer-reviewed journals of the American Psychological Association by APA members, have found that when the therapy is done right, it is effective.^{xvii} APA presidents have provided successful change therapy and opposed bans.^{xviii}

11. [Resolving underlying trauma causing unwanted sexual attractions is forbidden.](#) Professional organization statements regularly mis-represent what we do, because they are influenced by opinions of political activists.^{xix} **The United States Patent and Trademark Office accurately defines what Reparative Therapy actually is:**^{xx} "Mental health therapy services, namely, voluntary psychotherapy for individuals seeking to explore underlying psychodynamic factors which may have led to the development of unwanted same-sex attractions, in which treatment interventions are directed toward resolution of underlying gender-related traumas reported by the client using evidence-based treatment interventions." The *APA Handbook* affirmed sexual orientation is caused by psychoanalytic factors and may be caused by sexual abuse trauma for some.^{xxi} The *APA Handbook* (2014) thereby corrected the APA Task Force Report (2009) that had relied on studies that did not meet its own criteria.^{xxii} Change-allowing therapy today does not try to change sexual orientation or gender identity. These changes are by-products of client-directed therapy.

12. [For gender confusion, resolving underlying causes while preserving a healthy body will be forbidden.](#) Some do not want medical treatments. The World Professional Association for Transgender Health says gender dysphoria can be a symptom of other psychiatric disorders.^{xxiii} So talk therapy can resolve both those underlying disorders and the resulting gender dysphoria and prevent treatments that destroy healthy fertility, breasts, reproductive organs, and for minors sexual function, while leaving a persisting 4.5 times higher rate of psychiatric hospitalizations *after* sex-change and a 19 times higher rate of *completed* suicides.^{xxiv xxv} AB2943 is [hardly suicide prevention](#). It forbids therapy to embrace and keep ones body.

13. [Gender confused consumers will be put at risk, not protected.](#)

- NO SCIENCE behind cross-sex hormones.^{xxvi}—National Institutes of Health, World Prof. Assoc. for Transgender Health, Endocrine Society with 6 co-sponsoring organizations.
- High doses of high risk sex hormones carry deadly blot clot and cancer risks and more.^{xxvii}
- After short term satisfaction, regret is not rare, but what's gone is gone.^{xxviii}



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14. [Under AB 2943, clients get coerced, unethical therapy or no therapy.](#) People who want change-allowing therapy can instead have exactly what they do *not* want—LGBT-affirmative or so-called neutral therapy—that does not lift a finger to offer trauma treatments that are open to change.^{xxix} It is unethical for a therapist to engage in or coerce these therapies a client does not want. No research supports doing so. Therapists will refuse to do it.

15. [And in reality, many therapists will be afraid, because of this law and legal counsel, to see change-desiring clients at all and potentially any sexually or gender variant clients at all.](#) Already, since SB 1172 censored change-allowing therapy for minors, many get no professional mental health services. Under AB 2943, this injustice will extend to adults. Therapists are already discussing how to cover themselves when seeing *any* sexually or gender variant people for *any* goal of therapy. The law creates incentive to sue. Some people with same-sex sexuality or gender incongruence are childhood sexual abuse victims or are suicidal. Closing access to professional services is dangerous.

16. [Therapists may have to abandon clients during therapy.](#) If a client has been in ongoing therapy and then decides they want change-allowing therapy, and not LGBT-affirmative or so-called neutral therapy, the therapist may have to terminate therapy and abandon the client without referrals. The client could not even go to a professional pastoral counselor. Therapy bans deny rights and box people into hopelessness and potential suicidality.

17. [AB 2943 is an attempt to coerce compliance with a view of sexual orientation and gender identity by taking away freedoms and property](#) out of a belief that doing so is necessary 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.^{xxx} Viewpoint discrimination in law is unconstitutional.^{xxxi} You may not like someone’s view, and a view that leads to true happiness for others may not work for you, but should they have their freedoms and property taken away from them?

18. [Adults are deprived of the pursuit of happiness.](#)

19. [“Whose journey should be most affirmed by the state of California?”](#)

Testimonies of people who made real change and found true joy through professional therapy or religious organization services: [OnceGay.com](#) , [VoicesOfChange.net](#).

Sincerely, National Task Force for Therapy Equality, info@TherapyEquality.org
See this letter/fact sheet *with endnotes* at [TherapyEquality.org](#).



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Endnotes:

ⁱ Justice Thomas, who wrote the main opinion, said: “This Court has never recognized ‘professional speech’ as a separate category of speech subject to different rules. Speech is not unprotected merely because it is uttered by professionals.” “As defined by the courts of appeals, the professional-speech doctrine would cover a wide array of individuals—doctors, lawyers, nurses, physical therapists, truck drivers, bartenders, barbers, and many others. See Smolla, *Professional Speech and the First Amendment*, 119 W. Va. L. Rev. 67, 68 (2016). One court of appeals has even applied it to fortune tellers. See *Moore-King*, 708 F. 3d, at 569. All that is required to make something a “profession,” according to these courts, is that it involves personalized services and requires a professional license from the State. But that gives the States unfettered power to reduce a group’s First Amendment rights by simply imposing a licensing requirement. States cannot choose the protection that speech receives under the First Amendment, as that would give them a powerful tool to impose “invidious discrimination of disfavored subjects.” (p.14)

Mary McAllister of Liberty Council: “...the California State Senate of the United States Supreme Court’s June 26, 2018 opinion in *NIFLA v. Becerra*, No. 16–1140....This decision, which reverses Ninth Circuit decisions regarding the Reproductive Freedom, Accountability, Comprehensive Care, and Transparency Act (FACT Act), places into serious question the Ninth Circuit’s decision in *Pickup v. Brown*, 740 F. 3d 1208 (9th Cir. 2014), upon which the authors of AB2943 have relied. The Supreme Court’s criticism of the *Pickup* ruling should be of concern to the State Senate as it considers AB2943;” Analysis: <https://drive.google.com/file/d/0B9njBaZTrCfSdmZiLWF5Vn-JvNDExcXg5T0FPTWtvNIZnX2xB/view>. Alliance Defending Freedom analysis: <https://drive.google.com/file/d/0B9njBaZTrCfSVklGell1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view> Alliance Defending Freedom analysis of *NIFLA v. Becerra*: Alliance Defending Freedom analysis of AB 2943. <https://drive.google.com/file/d/0B9njBaZTrCfSVklGell1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view>

ⁱⁱ *Masterpiece Cakeshop, Ltd. v. Colorado Civil Rights Comm'n*, 138 S. Ct. 1719 (2018).

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.

^{iv} 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>.



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v The *APA Handbook of Sexuality and Psychology* says there are psychological causes of sexual orientation and gender identity: “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 of Sexuality and Psychology*, 1:743).

vi Childhood sexual abuse may lead to same-sex attraction and behavior for some:

The *APA Handbook of Sexuality and Psychology*, that the American Psychological Association has declared authoritative, says that, unlike skin color, sexual attraction is not simply biologically caused; there are psychological causes such as childhood sexual abuse. It reviews research, including a rigorous, 30 year study of documented cases of childhood sexual abuse, that shows “associative and potentially causal links” between childhood sexual abuse and same-sex sexuality. Is it more compassionate to relieve sexual abuse victims of feelings and behaviors they don’t want or to tell them they have to live with them?

Mustanski, B., Kuper, L., and Geene, G. (2014), *APA Handbook of Sexuality and Psychology*.

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.

vii Joseph Nicolosi, Jr., Ph.D. (Feb. 14, 2018). Expert testimony in Maine, audio and written, <http://www.therapyequality.org/testimony-dr-joseph-nicolosi-jr>.

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

viii “...homosexual men and women reported higher levels of fantasy about the opposite sex than heterosexuals reported about the same sex, $p < .01$ for both sexes.” While more research is needed, Storm reported other studies found the same pattern. Storms, M. (1980). Theories of sexual orientation. *Journal of Pers. and Soc. Psych.*, 5:783-792.

Over a 6 year period, 8% (1 in every 12.5) exclusively gay men changed through life experience to identifying as experiencing opposite-sex attraction. (Diamond & Rosky, 2016, p. 7; re 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, p. 106. <https://link.springer.com/article/10.1007/s10508-012-9913-y>);).

ix Over 6 years, 24% of lesbians changed to having opposite-sex attraction. (Diamond & Rosky, 2016, p. 7; re 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, p. 106. <https://link.springer.com/article/10.1007/s10508-012-9913-y>);).



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Lesbian change and social pressure: Many therapy ban supporters indicate sexual orientation cannot change, causing those who experience change through life experience to think they are the only one or something is wrong with them. Perpetrating the “can’t change” myth is harmful. “Many of these women were rejected and stigmatized by their own lesbian communities when they embarked on these unexpected relationships” (p. 114). Diamond, L. (2008). *Sexual Fluidity: Understanding Women’s Love and Desire*. Cambridge, Mass.: Harvard Press, pp. 109-119.

“[A]dvocates for sexual minorities have...[argued] that sexual orientation is a fixed, biologically based trait that cannot be chosen or changed” (p. 2) and “openly scolded” individuals who said they experienced otherwise (p. 20). “

[A]rguments based on the immutability of sexual orientation are unscientific, given that scientific research does not indicate that sexual orientation is uniformly biologically determined at birth or that patterns of same-sex and other-sex attractions remain fixed over the life course” (p. 2). “We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow” (p. 3).

Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for sexual minorities. *Journal of Sex Research*, 00(00), 1-29.

Rebuttal: Rosik, C. (2016). Research review: The quiet death of sexual orientation immutability; How science loses when political advocacy wins. <http://www.learnlove.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 (not to be confused with Rosky) is a former president of the Alliance for Therapeutic Choice and Scientific Integrity. Diamond is a recognized expert in sexual orientation change through life experience, and Rosik is an expert in sexual orientation through therapy (an intensified life experience).

APA HANDBOOK ON 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.

“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.^x

“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.

SOME WHO CHANGED THROUGH THERAPY express regret for the years they delayed change because they believed change was not possible through life experience or counseling.



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^{xi} “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. Individuals with nonexclusive patterns of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception.” This pattern has been found internationally (Diamond, 2014, in *APA Handbook*, 1:633; see also Diamond & Rosky, 2016, p. 19).

“The bisexual category was the most unstable” with three quarters changing that status *in 6 years* (abstract). “[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality” (p 106).

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, p. 106. <https://link.springer.com/article/10.1007/s10508-012-9913-y>; reviewed in Diamond & Rosky (2016), p. 7, Table 1; Diamond (2014), in *APA Handbook*, 1:638.

MOST PEOPLE WHO EXPERIENCE SAME-SEX ATTRACTION ALSO EXPERIENCE EQUAL OR GREATER OPPOSITE-SEX ATTRACTION. A change of even one step along the continuum—that goes from exclusively homosexual to mostly homosexual to bisexual to mostly heterosexual to exclusively heterosexual—can enable some people to live the life they choose.

^{xii} Contemporary change-allowing therapy uses *non-aversive* methods (APA Task Force Report, 2009, p. 82). Opponents of change-allowing therapy have relied heavily on the APA Task Force Report, because the APA is one of the few organizations, perhaps the only one, that attempted to conduct a research review as a basis for its position on change-allowing therapy. The Task Force said research on *both* affirmative therapy (p. 91) *and* sexual orientation change efforts (pp. 28, 82-83) did not meet meticulous standards for the Task Force to be willing to conclude whether either of these approaches was effective or safe. It found “no valid causal evidence” of harm for change-allowing therapy (p. 42). The APA Report said it based its conclusion on anecdotal evidence—not scientific evidence—and therefore “the conclusions must be taken as tentative” (p. 42). 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,.

• *Recent reviews find LGBT-affirmative therapy research still has many limitations:*

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.

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. Hembree et al (2017).

^{xiii} 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.



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^{xiv} National Task Force for Therapy Equality, (May 1, 2017). You can watch Sam Brinton reverse his own testimony story here: "He Lies" (2017), wp.me/p77ULU-15G.

Samuel Brinton (June 26, 2014), "Talks at Google." Caption says, "Sam presents to Google employees statements explaining how the 'therapy bans' are meant to implement LGBT cultural values as a proxy to go after 'every pastor.'" https://www.youtube.com/watch?v=WN3_eF1bZkU&feature=youtu.be.

^{xv} APA Task Force Report (2009), p. 42.

^{xvi} O'Shaughnessy, T., & Speir, Z. (2017) The state of LGBTQ 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

^{xvii} (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>

^{xviii} 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 Nicolas Cummings, Ph.D., (July 30, 2013), Sexual Reorientation Therapy Not Unethical, USA Today. <https://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>

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.

^{xix} Viewpoint bias within the leadership of the major professional organizations is progressive over conservative to the point of a "statistically impossible lack of diversity" (Tierney, 2011)." Rosik, C. (2016) My Conversation With a Typical Opponent of Professional Therapies that Include Change, *Journal of Human Sexuality*, 7:87, https://docs.wixstatic.com/ugd/ec16e9_a6b8b3d539314364a79172adeb71871c.pdf

^{xx} U. S. Patent and Trademark Office, Reg. No. 5,512,452.



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^{xxi} “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 of Sexuality and Psychology, 1*: 583). The *APA Handbook* says there are “associative and potentially causal links” between childhood sexual abuse and same-sex sexuality. It reviews research that includes a rigorous, 30 year study of documented cases of childhood sexual abuse.

Mustanski, B., Kuper, L., and Geene, G. (2014), *APA Handbook of Sexuality and Psychology*.

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.

^{xxii} 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* 4:68-84.

The *APA Handbook (2014)* corrects the APA Task Force Report (2009): sexual orientation does change, has psychoanalytic causes, and may be caused by childhood sexual abuse trauma.

Haynes, L. (September 27, 2016), The American Psychological Association Says Born-That-Way-and-Can’t-Change Is Not True of Sexual Orientation and Childhood Gender Dysphoria. (There are later edited versions.) https://docs.wixstatic.com/ugd/ec16e9_a50743b8ec98406aa43437c6ffe1c697.pdf



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xxiii Psychological disorders may diminish or resolve through insight from life-experience or from psychotherapy. Sex change, however, treats only the symptom of gender distress—and does not treat a psychological disorder (such as gender trauma) that may be causing it—leading some to sex-change regret after the “new car smell” wears off.

“Gender dysphoria” may be “secondary to or better accounted for by other diagnoses.” WPATH(2011). Standards of Care, http://www.wpath.org/site_page.cfm?pk_association_web-page_menu=1351, p. 24.

There are psychological or environmental causes of transgenderism, and affirmative therapy may cause gender incongruence that would have resolved naturally to become permanent and may neglect problems the individual is experiencing. Psychiatric problems may not be attended to. Hembree et al., (2017), Endocrine Society Clinical Practice Guideline (with 6 co-sponsoring organizations), pp. 11-12. Bockting (2014) in *APA Handbook*, 1: 744, 750.

Resolving gender dysphoria through sex change does not resolve psychiatric problems. Gender dysphoria resolves but psychiatric disorders and suicidality persist after sex change, according to a study in transsexual-friendly Sweden. 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*.

Testimonies of resolving gender dysphoria through resolving gender trauma: Dissociative Disorder and gender dysphoria caused by gender trauma—Testimony of Walt Heyer, sexchangeregret.com. “Tranzformed,” documentary of 15 former transsexuals by Pure Passion, tranzformed.org.

xxiv People who had had a sex change for 10 or more years had a 19 times higher rate of completed suicides than non-transsexuals in transsexual-affirming Sweden (Abstract, Table 2 on p. 5, p. 6). Also, “increased rates for psychiatric hospitalization persisted even after adjusting for psychiatric hospitalization prior to sex reassignment” and excluding hospitalizations for “gender identity disorder.” (Abstract, Table 1 on p. 4, p. 6). Cecilia et al (2011).

xxv Rene Jax, a transsexual who is transitioning back to his innate body sex and author of *Don't Get on the Plane* (2017), offers this cautionary thought: he thinks some who want sex change are running from gender trauma. Sex organ removal ends and forecloses sexual partner relationships, because partners are sexually attracted to a sex organ—a penis or vagina. Jax thinks sex change effectively isolates the person from having a sex partner for life. Isolating someone who is running from trauma or has a psychiatric disorder or suicidality is a recipe for suicide. Sex change does not resolve psychiatric disorders or suicidality; it only adds enormous stress. Jax thinks it takes an extraordinary pre-existing capacity for coping to live as a transsexual.

xxvi Cross-sex hormone treatment not evidence-based: WPATH Standards of Care (2011), p. 24. “To date, no controlled clinical trials of any feminizing/masculinizing hormone regimen have been conducted to evaluate safety or efficacy in producing physical transition.” Endocrine Society Guideline (with 6 co-sponsoring organizations) (2017), see research ratings throughout the Guideline indicated by a row of circles.



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xxvii High dose toxic cross sex hormones high risk: Standards of Care (2011), pp. 37-40, 50, 97-104.

Risks for women: polycythemia, weight gain, balding, sleep apnea, possible cardiovascular disease, diabetes type 2, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine). Risks for men: gallstones, weight gain, blood clots (venous thromboembolisms), and sexual dysfunction; also possible cardiovascular disease, diabetes type 2, and breast cancer. Hembree et al. (2017), PP. 21-25. Testimony of Michael Laidlow, M.D., Endocrinologist, CA Senate Judiciary Committee, 6/26/2018.

xxviii 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-wFZre6ebl>

xxix LGB-affirmative therapy helps individuals clarify their sexual identity self-label (in case they are interested in that, but does not help to change same-sex behavior or desires) and offers support to live with the suffering of not diminishing their unwanted feelings, but does not lift a finger to offer trauma treatments that are open to change (APA Task Force, 2009, p. 4). Transgender-affirmative treatment offers body-harming treatments, not psychological intervention to resolve distress over ones innate body sex and help the client embrace their innate body.

xxx 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

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