We Urge You to Oppose AB 2943 as Amended: Harms of Censoring Change-Allowing Therapy

Dear Legislator,

While the sponsor of AB2943 claims its intent is narrowly tailored to practices and services, a Trevor Project/NCLR spokesperson and attorney Samantha Ames (author of therapy bans) affirm on youtube the real intent of therapy bans is to go after "every pastor." Politicians should not be going after every pastor.[1]

A new study of men in a peer-reviewed journal adds to over a century of research showing people can safely change their sexual attraction and behavior through therapy. Depression and suicidality decreased, and self-esteem increased.[2] Close to half these mostly middle-aged men were married to women and had children.[3] Now they can live as they choose and go on being full time dads. Gay-affirmative therapy is permanently unacceptable to them on religious grounds. AB2943 would have taken away their right to this safe and effective, change allowing therapy.

Everyone has the right to walk away from sexual practices and experiences that don't work for them and should have support to do so. 20 states have refused bans.

Highlights of Our Concerns:

- People commonly seek change allowing therapy for **personal reasons, not due to social pressure**.[4] **Examples: (1) Being gay didn't work for them. (2) They feel it was caused for them by childhood sexual abuse (and the American Psychological Association says excellent research supports this claim.** See 5 below**). (3) It does not align with their values and beliefs that should be respected. (4) It is endangering their marriage and family** (see 4 below)**. All these are common.**

- AB2943, and SB1120 on which it relies, are **now unconstitutional in 3 ways** (see 1, 2, 16 below). **Major religious organizations oppose AB2943** for violating the First Amendment rights of both clients and therapists.

- **The ACLU of Rhode Island opposes therapy bans, because they "pose a danger to First Amendment rights," and the practices that bans censor are "quite**

broad," such as helping individuals resist acting on same-sex attractions to maintain a marriage. (see 2-9).

- **Several professional organizations support change-allowing therapy. When done right, it is effective and uses evidence-based and well-established practices. Political activists in organizations regularly misrepresent what we do and what research says** (see 10-11).

- AB2943 will forbid treating underlying causes of gender distress while preserving a healthy body. Some people do not want medical treatments, or such changes are permanently unacceptable to them, because they are against their faith (see 12-13). **The ACLU of Rhode Island warns, hormone treatment for transgender youth is controversial within the medical field**, and it could be banned if sexual orientation change-allowing therapy is banned.

- Under AB2943, people looking for change will get **affirmative or so-called neutral therapy—exactly what they do not want or which is against their faith**, or they will get no therapy at all. This bill boxes them into hopelessness (see 14-15).

- **A view that brings true happiness for some may not work for you or your family member, but should they have their freedoms and property taken from them?** NCLR researcher Dr. Caitlyn Ryan says **evangelical families can support their LGBT youth without a theological shift.** It is unconstitutional to coerce viewpoint discrimination through law rather than to use the process of persuasion (see 16-17).

For Those Who Want More Detail:

1. Censoring professional speech, as in SB1120 that banned change-allowing therapy for minors, is now unconstitutional (NIFLA v. Becerra)[5] [6] and a case challenging it is in the process of being reopened in the 9th Circuit Court of Appeals. ***Many* religious organizations** say AB2943 violates their freedom of religious speech.[7]

2. 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 (Masterpiece Cakeshop v CO Commission).[8] **Several professional organizations support** a client's right to therapy that helps them live consistently with their beliefs.[9]

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." [10]

4. Under AB 2943, there will be marriages and 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. Please help me *decrease my attraction* to the other person," and if the other person is a man, a therapist can help her. But, if the other person is a woman, a therapy ban requires the therapist to refuse that treatment or be opened to bankrupting lawsuit. She could not even go to a professional pastoral counselor or a ticketed church conference for that help. These relationships are common.[11]

5. AB2943 mandates counselors to affirm or be neutral about a client's same-sex feelings and behaviors forced on the client by sexual abuse trauma. This is hurtful. The American Psychological Association says childhood sexual abuse may lead to having same-sex partners for some victims.[12] We have evidenced-based treatment for sexual abuse and emotional ties a victim may feel toward a perpetrator. Is it more compassionate to help victims change these attractions, feelings, or behaviors or to just give them coping methods to go on living with them?

6. *Attraction* to engage in some illegal sexual behaviors cannot be treated. Illegal *behaviors*, such as sexual behavior with children, could be addressed, but the *attraction* to engage in the those behaviors could be treated only if the behaviors are directed toward opposite-sex, not same-sex, victims. Example: a therapist could help a man change his sexual attraction if he desires 5 year old girls but not if he desires 5 year old boys. This is dangerous.

7. The bill recognizes therapy can change *illegal* same-sex *behavior* and allows it. So why not allow change for *everyone*? Sexual politics micromanages people's sexual behavior.

8. 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.[13]

9. AB2943 empowers social pressure and bullying against questioning individuals. Some gay men and lesbians come to experience opposite-sex attraction through life experience or counseling, but LGBT communities can exert strong, overt social pressure or bullying against change.[14] Yet some change. AB2943 is intense social pressure and bullying.

10. Resolving underlying trauma causing unwanted sexual attractions is forbidden. **The United States Patent and Trademark Office accurately defines what Reintegrative TherapyTM actually does:[15]** "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 same-sex sexual orientation is caused by psychoanalytic factors, may be caused by sexual abuse trauma, and often changes.[16] The *APA Handbook* (2014) thereby corrected the APA Task Force Report (2009) that had relied on studies that did not meet its own criteria.[17] We use evidence-based treatments for trauma and sexual addictions and well established practices used in clinics around the world and supported by several professional organizations.[18] Change-allowing therapy today does not try to change sexual orientation or gender identity or guarantee change. Changes are by-products of client-directed therapy.

11. People will not get accurate information or effective therapy to live the life they choose, because professional organizations regularly mis-represent what we do.

Their statements are typically talking points by gay activist professionals who do not dialogue with clinicians or researchers of change-allowing therapy,[19] show ignorance of common reasons people want change and of current methods, have *NO* backing that meets scientific standards, and are outdated by current research. The APA task force chair refused expert change-allowing clinicians and researchers who offered to serve on the task force [20] and chose LGB professionals who were already committed to the conclusions based on political or philosophical grounds. Many take their biased report and further distort it. The APA's task force,[21] the SPLC itself,[22] and licensing board records agree: change-allowing therapy today uses *non*-aversive methods. Testimonies of aversive methods have been documented to be fraudulent and reported to the Federal Trade Commission.[23] The APA task force found "no valid causal evidence"[24] of harm, and did not declare change therapy unethical. Actually, it said it had no scientific evidence that *LGB-affirmative* therapy is safe or effective, and recent reviews say LGBT-affirmative therapy still has many limitations, yet the task force gave affirmative therapy a pass and recommended it.[25] It said its conclusion was based on [one-sided] anecdotal, not scientific, evidence. Reported benefits of change-allowing therapy the task force knew but failed to report even as anecdotal evidence[26] include: decrease in depression and frequency and intensity of homosexual thoughts; greater: self-acceptance, self-understanding, and self-esteem, trust of the opposite sex, personal power, satisfying relationships, emotional stability, spirituality, relationships with church, God, and family, and interest in heterosexual dating. Over a century of research, including studies published in peer-reviewed journals of the American Psychological Association by APA members, have found, when the therapy is done right, it is effective.[27] APA presidents have provided successful change therapy and opposed bans.[28]

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.[29] [30] So talk therapy can resolve both those underlying disorders and the resulting gender dysphoria, and prevent treatments that destroy healthy fertility, breasts, and reproductive organs, while leaving a 2 to 2.5 times higher rate of deaths from cancers and heart disease, a persisting 2.8 times higher rate of psychiatric *hospitalizations after* sex-surgery and a 19 times higher rate of *completed* suicides than for non transsexuals. AB2943 is hardly suicide prevention,

far from healthy, and not safe. It forbids therapy to embrace and keep ones body. Higher deaths were not evident until 10 years after sex-change and may have been treatment-caused. A 1 or 5 year study won't reveal these long term harms.[31] [32] [33]

13. Gender confused consumers will be put at risk, not protected. The ACLU of Rhode Island warns, "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."[34]

- NO SCIENCE behind cross-sex hormones.[35]—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.[36]
- After short term satisfaction, regret is not rare, but what's gone is gone.[37]

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.[38] 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 same-sex attracted or gender dysphoric clients at all, because the law creates incentive for ruinous lawsuits. 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. Some people with same-sex sexuality or gender incongruence are childhood sexual abuse victims or are suicidal. Cutting off access to professional services is unjust, cruel, and dangerous.

16. 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 "evan

gelical families can positively influence health," and a theological shift is not necessary.[39] Viewpoint discrimination in law is unconstitutional.[40] You may not like someone's view, and a view that leads to true happiness for others may not work for you or your family member, but should they have their freedoms and property taken away from them?

17. California should acknowledge divergent paths and celebrate freedom.
Testimonies of people who made real change and found true joy through professional therapy or religious organization services: OnceGay.com , VoicesOfChange.net.

Sincerely,
Laura Haynes, Ph.D.

Representing the National Task Force for Therapy Equality, laurahaynesphd3@gmail.com
AB 2943 was pulled by its sponsor on 8/31/2018. It did not become law.
This letter/fact sheet, originally written for CA legislators, was last updated 10/23/2018 for other parties interested in the issues around SOGI change allowing therapy.
Full version of this letter/fact sheet *with endnotes* at TherapyEquality.org/ab2943.

Endnotes for those who want references or more information:

1 Trevor Project spokesperson, Sam Brinton, says the true purpose of therapy bans is not to be narrowly tailored to go after licensed professional therapists. Rather, going after professional therapists is a proxy for going after "every pastor." Samantha Ames, Trevor Project/NCLR counsel and author of therapy ban bills, can be heard off camera affirming that Brinton expressed that correctly. (Note also that during this video, the spokesperson, Sam Brinton, says quickly, "This is where I should just have Sam up here" to answer legal questions about therapy ban bills.) https://www.youtube.com/watch?v=WN3_eFIbZkU&feature=youtu.be

2 Santero, P., Whitehead, N., & Ballesteros, D. (2018), Effects of therapy on religious men who have unwanted same-sex attraction, *The Linacre Quarterly, 85(3)*: Abstract.

3 Santero, et al (2018), p. 3

4 Santero, et al (2018), p. 15.

[5] (*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. Lawsuits are now being developed to overturn laws based upon *Pickup v. Brown*.

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/0B9njBaZTrCfSdmZiLWF5VnJvNDExcXg5T0FPTWtvNlZnX2xB/view. Alliance Defending Freedom analysis: https://drive.google.com/file/d/0B9njBaZTrCfSVklGelI1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view

Alliance Defending Freedom analysis of *NIFLA v Becerra*: Alliance Defending Freedom analysis of AB 2943. https://drive.google.com/file/d/0B9njBaZTrCfSVklGelI1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view

[6] AB2943 also is not only commercial speech, so it is protected speech under the U.S. Constitution. Matt Sharp, senior counsel of the constitutional law firm, Alliance Defending Freedom, gave this analysis in personal communication:
The Supreme Court has made clear that commercial speech is "speech which does no more than propose a commercial transaction."*Va. State Bd. of Pharmacy v. Va. Citizens Consumer Council, Inc.*, 425 U.S. 748, 762 (1976). Even when there is a commercial aspect to speech, that speech does not "retain[] its commercial character when it is inextricably intertwined with otherwise fully protected speech," *Riley v. Nat'l Fed'n of the Blind of N.C., Inc.*, 487 U.S. 781, 796 (1988). When protected speech is part of the speaker's message, this Court will "apply [its strict scrutiny] test for fully protected expression." *Id.* Here, AB 2943intrudes upon the purest sort of private, noncommercial, communications between a counselor and the client. It goes far beyond regulating speech that merely proposes a commercial transaction because it regulates what a counselor or therapist can and cannot say during a private session with a client. Thus, AB 2943 would be subject to strict scrutiny, which it is unlikely to survive.

Importantly, the same argument regarding commercial speech was made by California when defending the California Reproductive Freedom, Accountability, Comprehensive Care, and Transparency Act in the case of *NIFLA v. Harris*. Even the 9th Circuit Court of Appeals rejected the argument that law was designed to regulate commercial speech, recognizing that it regulated the speech inside a pregnancy care center:

"We find unpersuasive Appellees' argument that the Act regulates commercial speech subject to rational basis review. *See Zauderer v. Office of Disciplinary Counsel of Supreme Court of Ohio*, 471 U.S. 626, 651, 105 S.Ct. 2265, 85 L.Ed.2d 652 (1985). Commercial speech "does no more than propose a commercial transaction." *Coyote Pub., Inc. v. Miller*, 598 F.3d 592, 604 (9th Cir. 2010) (citation omitted). The Act primarily regulates the speech that occurs within the clinic, and thus is not commercial speech."

Nat'l Inst. of Family & Life Advocates v. Harris, 839 F.3d 823, 835 n.5 (9th Cir. 2016), *rev'd and remanded sub nom. Nat'l Inst. of Family & Life Advocates v. Becerra*, 138 S. Ct. 2361 (2018).

[7] Religious organizations that oppose AB2943 include the California Catholic Conference which is the political action organization for all the Catholic bishops of the state of California (http://cqrcengage.com/cacatholic/app/write-a-letter?0&engagementId=463953) and the Ethics & Religious Liberty Commission of the Southern Baptist Convention which is the largest Protestant denomination in the U.S. and in the world (https://erlc.com/resource-library/articles/californias-latest-threat-to-religious-liberty-and-free-speech). See AB2943.com for many clergy (for example pastors in Church United (http://www.churchunited.com/impact/), Awake America (http://awakeamericaca.org/alerts/) and other organizations fighting for their First Amendment rights.

[8] Masterpiece Cakeshop, Ltd. v. Colorado Civil Rights Commission, 138 S.Ct. 1719 (2018).

Alliance Defending Freedom (personal communication:
"How does the recent ruling in Masterpiece Cakeshop impact the constitutionality of AB 2943?

The Supreme Court held that the state of Colorado did not act with the required neutrality towards Jack Phillips when it prosecuted him for declining to create a custom-designed wedding cake to celebrate a same-sex wedding. The lack of neutrality was evidenced by the state upholding the freedom of other cake artists to decline to create cakes that celebrate messages they found offensive.

AB 2943 operates in a similar manner. Counselors, religious organizations, and even churches are subjected to differential treatment when they provide fee-based services and resources to those seeking personal life changes based on their religious views. A counselor who, at the direction of a client, helps affirm the client's same-sex attractions remains free to do so. But a counselor who, also at the direction of a client, helps a client explore and pursue personal life changes for unwanted attractions is subject to liability. Such non-neutral application of the law is not permissible under our Constitution.

[9] The following medical and mental health organizations have opposed bans on change-allowing therapy for an unwanted sexual orientation or unwanted gender identity and/or supported the right of clients to therapy that aligns with their religious values and beliefs: 4 Organization Joint Statement (ACPeds, AAPS, CMDA and CMA Support Minors' Right to Therapy (5-25-2017) https://www.acpeds.org/wordpress/wp-content/uploads/5.25.17-Joint-Therapy-letter-with-signatures.pdf), American Association of Physicians and Surgeons (https://aapsonline.org/california-proposes-bills-to-outlaw-self-determination-in-medical-therapy/), American College of Pediatricians (https://drive.google.com/file/d/0B9njBaZTrCfSZ09tRDFQaVVFN1hqVnpHb3I5RTlqcTI5bHlB/view), Christian Medical and Dental Association (see joint statement), Catholic Medical Association (https://www.cathmed.org/resources/cma-protests-california-bill/), International Network of Orthodox (Jewish) Mental Health Professionals, and Alliance for Therapeutic Choice and Scientific Integrity (https://docs.wixstatic.com/ugd/ec16e9_1d6108cfa05d4a73921e0d0292c0bc91.pdf).

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

[11] According to the American Psychological Association and abundant rigorous research internationally, most people who experience same-sex attraction also experience equal or greater opposite-sex attraction. Like many people, some both-sex attracted people desire to both conceive and raise children with their spouse. Many both-sex attracted people are in opposite-sex relationships by preference. They have a large capacity for sexual orientation change. They commonly shift along a spectrum that ranges exclusively homosexual to mostly homosexual to bisexual (about equally attracted to both sexes) to mostly heterosexual to exclusively heterosexual. They change mostly toward or to exclusively heterosexual. Even a change of 1 or 2 steps along that spectrum toward greater opposite-sex attraction may enable someone to live their dream. Shouldn't they have the right to counseling they may need and desire to explore their capacity to make that change?

"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 of Sexuality and Psychology, 1*:633; see also Diamond, L. & Rosky, C. (2016), Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research, 00*:1-29. DOI: 10.1080/00224499.2016.1139665.

"The largest identity group, second only to heterosexual, was 'mostly heterosexual' for each sex and across both age groups, and that group was 'larger than all the other non-heterosexual identities combined'" (abstract). "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.

Mostly heterosexual individuals generally do not identify as LGB and can get overlooked by popular surveys.

[12] 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?

More from the APA Handbook of Sexuality and Psychology (2014) on the 30 year study:

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).

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.

[13] Jospeph 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.

[14] 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.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 (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.[14]
"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.

[15] U. S. Patent and Trademark Office, Reg. No. 5,512,452.

[16] "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, based on its review of 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.
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"Over the course of life, individuals experience the following: (a) changes or fluctuations in sexual attractions, behaviors, and romantic partnerships;..."
Mustaky, Kuper, & Geene (2014), in *APA Handbook, 1*:619.

[17] Rosik, C. (2012). Did the American Psychological Association's r*eport 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_a50743b8ec98406aa43437c6f-fe1c697.pdf

[18] See endnote 9 for professional organizations supporting change allowing therapy.

[19] Change allowing therapists and their national organization, Alliance for Therapeutic Change and Scientific Integrity/NARTH Institute, have for decades asked LGB-affirming therapists to dialogue and do research with us. One of us testified in the Assembly Judiciary Committee hearing on June 12, 2018, saying to Dr. Haldeman who had just testified in support of AB2943, that opponents of change-allowing therapy do not ask us what we do, and asked why that is. However, in recent years, one author of the APA Task Force Report (2009), Dr. Lee Beckstead, along with some of his LGBTQ-affirming therapist colleagues, have been meeting with change-allowing therapists and have ventured some joint research. Dr. Beckstead and these colleagues never want to ban therapy. These efforts at dialogue are a welcome and recent exception, but authors preparing organization position statements opposing change-allowing therapy and political activists pursuing bans do not communicate or collaborate with us about what we actually do. There is little if any evidence they do contemporary research of our website, journal, or books, and they do not interview or dialogue with us, for accurate knowledge of what we do or common reasons people seek change-allowing therapy. Regarding the research some cite in opposition to change-allowing therapy, none meets the scientific standards of the APA Task Force Report (2009). 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

[20] Some authors of this letter/fact sheet personally wrote to the chair, asking her to accept nominations of qualified clinical and research experts to serve and received letters from her refusing.

[21] 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 (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).

[22] 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.

[23] National Task Force for Therapy Equality, (May 1, 2017).
For example: 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_eFIbZkU&feature=youtu.be.

[24] APA Task Force Report (2009), p. 42. The Task Force Report also said, there is "no scientifically rigorous" evidence of harm from therapies that help people change their sexuality (p. 83).
It said psychologists should respect people's rights and dignity, including self-determination--in other words, the client's right to choose their own goals (p. 6). But these bans would take AWAY people's right to choose their own therapy goals.

[25] APA Task Force Report (2009), p. 91.
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

[26] Nicolosi J., Byrd, A., Potts, R. (2000). Retrospecive self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. Psychological Reports, 86:1071-1088. This is an example of a report of benefits that the Task Force Report (2009) clearly had knowledge of, because it referenced this study several times: pp. 12, 27 (and footnote 27), 108, 119, 124, 130. Yet the Report failed to include the many benefits of change-allowing therapy it knew have been reported, as in this report, and did not even report such benefits as anecdotal evidence, which it could and should have done at the very least.

[27] On research 2000 to present: Sprigg, P., 2018, Are Sexual Orientation Change Efforts (SOCE) Effective? Are They Harmful? What the Evidence Shows, Family Research Council, https://www.frc.org/issueanalysis/are-sexual-orientation-change-efforts-soce-effective-are-they-harmful-what-the-evidence-shows:
Read the Full Version (Issue Analysis)
Read the Abbreviated Version (Issue Brief Report Summary)

On research through 2009):
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

[28] Former APA president 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.

[29] Psychological disorders may diminish or resolve through insight from life-experience or 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_webpage_menu=1351, p. 24.

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.

[30] Ten professional organizations agree that gender incongruence is not simply biologically caused; there are environmental—that is, psychological and social—causes.
Endocrine Society and 6 co-sponsoring organizations:
"Results of studies from a variety of biomedical disciplines—genetic, endocrine, and neuroanatomic—support the concept that gender identity and/or gender expression likely reflect a complex interplay of biological, environmental, and cultural factors." Endocrine Society Guideline (2017), pp. 6-7.
The American Psychological Association's *Handbook of Sexuality and Psychology* says transgender identity is not simply biologically determined, has psychological causes, and may be pathological due to family pathology. Affirmative treatment may neglect individual problems gender dysphoric minors are experiencing.
APA Handbook of Sexuality and Psychology (2014), 1: 743-744, 750.
American Psychiatric Association: "[I]n contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development." (DSM-5, p. 451) "Overall, current evidence is insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system." (DSM-5, p. 457).

[31] People who had had a sex change for 10 or more years had a more than 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).

[32] The Centers for Medicare & Medicaid Services, 2016 (Obama adiministration) said this of the study that showed these devastating outcomes of gender reassignment treatment:

> *Although the data are observational, they are robust because the Swedish national database is comprehensive* (including all patients for which the government had paid for surgical services) and is notable for uniform criteria to qualify for treatment and financial coverage by the government….
>
> Dhejne et al., (2011) tracked all patients who had undergone reassignment surgery (mean age 35.1 years) over a 30 year interval and compared them to 6,480 matched controls. *The study identified increased mortality and psychiatric hospitalization compared to the matched controls. The mortality was primarily due to completed suicides (19.1-fold greater than in control Swedes), but death due to neoplasm and cardiovascular disease was increased 2 to 2.5 times as well.* We note, mortality from this patient population did not become apparent until after 10 years. *The risk for psychiatric hospitalization was 2.8 times greater than in controls even after adjustment for prior psychiatric disease (18%).* The risk for attempted suicide was greater in male-to-female patients regardless of the gender of the control. Further, *we cannot exclude therapeutic interventions as a cause of the observed excess morbidity and mortality.*

"Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)," Centers for Medicare & Medicaid Services, August 30, 2016, https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282.

[33] 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 suidicality; it only adds enormous stress.

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

[35] 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.

[36] 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.
Also, sudden cardiac death may result from what is used as a puberty blocker with youth. Gagliano-Juca, T., Traveison, T., Kantoff, P. Nguyen, P. L., Taplin, M-E, Kibel, A., Huang, G., Bearup, R., Schram, H., Manley, R., Beleva, Y., Edwards, R., Basaria, S. (2018). Androgen Deprivation Therapy is Associated with Prolongation of QTc Interval in Men With Prostate Cancer. Journal of the Endocrine Society, 2: 485-496.

[37] 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

[38] 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 attraction) 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.

[39] 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

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