We Urge You to Oppose a Therapy Ban Bill.

Fact Sheet: Harms of Censoring Change-Allowing Therapy

Dear Legislator,

Harms of Banning Change-Allowing Therapy for Dependent Adults
(MORE DETAILS AND REFERENCES AT: TherapyEquality.org/DependentAdults)

This bill takes away the right to therapy choice for disabled adults and treats them like minors. But adults who are under guardianship or conservatorship may have a disabled body but a capable mind, for example adults who have cerebral palsy or who are hearing or vision impaired and have a university education.

Treating disabled adults like minors is wrong for these reasons:
(1) State and federal law require giving disabled individuals as much autonomy and freedom as possible—not restricting them. When disabled individuals have the mental capacity for choosing, they should choose.
(2) The idea behind this bill is to treat disabled adults like children. That's insulting and offensive to most disability groups and against case law.
(3) It compels a counselor to violate the 14th amendment that guarantees equal protection under law for disabled adults.
(4) A professional therapist has the ethical duty to honor a client's choice for their therapeutic goal. This bill actually substitutes the government's goals for the individual's goals. The government tells a disabled adult, "You must choose what we say you must choose.
(5) Disabled adults especially need therapy choice. The U. S. Department of Justice says people who have disabilities are victims of sexual assault three times as often as people without disabilities.[1] *Childhood* sexual assault can lead to unwanted sexual feelings and behaviors. These may be directed toward the opposite sex for some victims or may be directed toward the same sex for others. The American Psychological Association says in its *APA Handbook of Sexuality and Psychology,* which it has declared "authoritative,"[2] that sexual orientation is not simply biologically caused like skin color and has psychological causes[3] such as childhood sexual abuse.[4] This means one effect of childhood sexual abuse can be that a heterosexual victim begins to experience same-sex attractions or behaviors. Is it more compassionate to help relieve these feelings or behaviors victims don't want or to tell victims they have to live with them? A therapy ban requires the therapist to deny treatment to relieve a victim's unwanted same-sex attractions and behaviors or the therapist will be criminalized.

We Urge You to Oppose a Therapy Ban Bill.

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HIGHLIGHTS: GENERAL HARMS OF CENSORING CHANGE-ALLOWING THERAPY
(MORE DETAILS AND REFERENCES AT: TherapyEquality.org/DependentAdults)

(1) The US Supreme Court now says professional speech has the same First Amendment rights as any other speech. The 9th and 3rd Circuit Courts' decisions were abrogated.

(2) A new study in a peer-reviewed journal adds to over a century of research showing some people change their sexual attraction and behavior through a variety of safe and effective, non-aversive, mainstream therapy methods. ACLU RI: marriages and families can be saved.

(3) No research meeting scientific standards finds change therapy to be harmful or ineffective.

(4) Recent research conjointly conducted by affirmative *and* change-allowing researchers together shows conservative religious sexual minorities *can* experience satisfaction that is real, and assumptions they must be unhappy or just faking have no basis in fact. Conservative parents, pastors, and therapists can help religious minorities experience this satisfaction.

(5) Sexual orientation and childhood gender dysphoria can change and often do.

(6) Trans-affirmative medical treatment: unhealthy, 19 times higher rate of completed suicides.

(7) Same-sex orientation and gender dysphoria are *not innate,* organizations and research say. Professional organizations say there may be pathological causes such as childhood sexual abuse for some or family factors. WPATH does not recommend medical affirmative treatments when an underling psychiatric disorder is causing gender dysphoria. Banning therapy leaves therapists nowhere to go with these clients.

(8) *Trauma or underlying psychopathology*—that is causing same-sex attraction feelings or behavior or rejection of ones sex—*requires psychotherapy.* Psychotherapy may lead to change.

(9) ACLU of Rhode Island warns: bans censor a *broad range* of therapy goals.

(10) Under a ban, change-desiring minorities get coerced therapy or no therapy. Left hopeless.

Everyone has the right to walk away from sexual practices and experiences that don't work for them. Professional organizations, religious organizations, and most states agree.

Testimonies of change through therapy or faith-based ministries: VoicesOfChange.net, ChangedMovement.com, SexChangeRegret.com, tranzformed.org, I'm Not A Fraud video.

National Task Force for Therapy Equality, info@TherapyEquality.org
MORE DETAILS AND REFERENCES AT: TherapyEquality.org/DependentAdults

MORE DETAIL AND REFERENCES:

(1) **The US Supreme Court said professional speech has the same First Amendment rights as any other speech. The 9th and 3rd Circuit Courts' decisions were abrogated.**[5] [6] [7] Also, under a ban, 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.**[8]

(2) **A new study in a peer-reviewed journal adds to over a century of research**[9] **showing some people safely change their sexual attraction and behavior through therapy.** The men in this study decreased same-sex attraction and behavior, increased opposite sex attraction and behavior, decreased depression, substance abuse, and suicidality, and increased self-esteem. **Now they can live as they wish and continue being full-time dads.** Most who experienced heterosexual attraction for the first time became *only* heterosexually attracted. Rates of change were about the same as for anything else therapists treat.[10]

- Therapists used a variety of safe, non-aversive,[11] well-established therapy practices used in clinics around the world. Bans censure safe, effective therapy.
- Gay-affirmative therapy[12] was permanently unacceptable to most on religious grounds. ACLU RI & Religious Orgs:[13] bans threaten 1st Amendment rights.
- ALCU Rhode Island: under a ban, there will be marriages that can't be saved.[14]
- Several professional organizations support this change-allowing therapy.[15]

(3) No research that meets scientific standards has found that change-allowing therapy is harmful or ineffective for adults or minors.[16]

(4) **Recent research conjointly conducted by affirmative *and* change-allowing researchers together shows conservatively religious sexual minorities *can* experience satisfaction that is *real*.**[17] Assumptions they must be unhappy or just faking have no basis in fact. **Conservative parents, ministries, and therapists can help conservative minorities experience this satisfaction. A theological shift is not necessary**. 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? A ban is an attempt to coerce compliance with one view of sexual orientation and gender identity by taking away freedoms out of a mistaken belief that doing so is necessary to support all sexual minorities. **Viewpoint discrimination in law is unconstitutional,[18] and it is bullying.**

(5) **Sexual orientation and childhood gender dysphoria often change.**

- Same-sex *attraction*, *behavior*, *identity*, and *questioning* often change,[19] mostly toward or to exclusive heterosexuality,[20] for adolescents[21] and adults, men and women (American Psychological Association, rigorous research).
- Gender dysphoria resolves in 75–98% of minors. (9 professional orgs.)[22]

(6) **Affirmative medical treatment is unhealthy, hardly suicide prevention.**

It's a risky path of: experimental puberty-blockers[23] (no research[24]), high dose, toxic[25] cross-sex hormones (poor research[26]), permanent infertility, potential loss of sexual function, being a medical patient for life, destruction of healthy breasts and reproductive organs,[27] 2-2.5 times higher rate of heart disease and cancer **deaths**, persisting 2.8 times higher rate of psychiatric hospitalizations, **19 times higher rate *completed* suicides**—even if they live in an affirming culture.[28] **These statistics come from the best available research.[29] ACLU of Rhode Island: this treatment is highly controversial even among professionals.[30] Disabling preconditions may make hormone treatments even riskier. Some can't have these treatments for medical reasons, require therapy instead.**

(7) **Same-sex orientation and gender dysphoria are *not innate*.[31] Professional organizations agree they may have pathological causes.**

- The American Psychological Association's *Handbook of Sexuality and Psychology* (2014) says there is no gay gene;[32] s*ame-sex sexuality* is not simply biologically caused like skin color, always has psychological[33] or *The APA Handbook* here corrects the APA Task Force Report that said it based its conclusions on a key belief that same-sex attraction is not caused by psychoanalytic factors/family dynamics or trauma (2009, pp. 82, 86).
- 10 professional organizations agree that *gender dysphoria* is not simply caused by biological factors such as brain microstructures but has psychological causes.[34] The *APA Handbook*[35] and the World Professional Association for Transgender Health (WPATH) "Standard of Care"[36] say there may be pathological

causes. The *APA Handbook* cautions the affirmative approach can neglect treating individual problems a gender dysphoric individual is experiencing.[37]

- **WPATH does not recommend medical affirmative treatments when an underling psychiatric disorder is causing gender dysphoria.[38] Banning therapy leaves therapists nowhere to go with these clients.**

(8) ***Trauma*—that is causing same-sex feelings or behavior or rejection of ones sex—*requires psychotherapy*. Resolving underlying causes may also resolve the resulting same-sex attraction or behavior or distress about ones sex.** Failure to treat can lead to persisting trauma, adverse life consequences, and suicide. Worldwide, 90% of people who commit suicide have unresolved mental disorders.[39] So, for heavens sake, do not ban ordinary, client-directed therapy that may as a by-product change sexual orientation or gender identity. **That therapy is all that change-allowing therapy is.[40]**

(9) ACLU R.I.: therapy bans censor a broad range of therapy goals.[41] Attraction feelings for 5 year old children, sexual or pornography addictions, and more can only be treated if directed toward the opposite, not same, sex.[42]

(10) **Under a therapy ban, clients get coerced therapy or no therapy.**
A ban mandates therapists to affirm sexual and gender feelings that were caused by trauma. This is harmful. People who want change-allowing therapy can instead get 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.[43] No research supports coercing a type of therapy a client does not want. Therapists will refuse to do it. A ban boxes people into hopelessness. **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 sexual or gender minority clients at all, because a client's sexual attraction or gender identity may change during therapy, placing the therapist at risk. Already, in states that have censored change-allowing therapy for minors, many get *no professional mental health services*. Some sexual minorities are sexual abuse victims or suicidal. Cutting off access to services is unjust, cruel, and dangerous.
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.

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Endnotes Giving References and More Information:

[1]Harrell, E. (revised Nov. 14, 2011). National Crime Victimization Survey; Crime Against Persons with Disabilities, 2008-2010—Statistical Tables. U.S. Department of Justice, Office of Justice programs. https://www.bjs.gov/content/pub/pdf/capd10st.pdf

[2] 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.*

[3] "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.

[4] "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.

[5]PROFESSIONAL SPEECH HAS THE SAME CONSTITUTIONAL RIGHTS AS ANY OTHER SPEECH.

(*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.

Justice Thomas, who wrote the main opinion, said (p. 14):

> 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.

[6] PROFESSIONAL SPEECH HAS THE SAME CONSTITUTIONAL RIGHTS AS ANY OTHER SPEECH—continued.

(*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.

Mary McAllister of Liberty Council re CA consumer fraud therapy ban bill, AB2943, 2018:

> …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/0B9njBaZTrCfSdmZiLWF5VnJvNDExcXg5T0FPTWtvNlZn-X2xB/view. Alliance Defending Freedom analysis: https://drive.google.com/file/d/0B9njBaZTrCfSVklGeII1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view

Alliance Defending Freedom analysis of *NIFLA v Becerra*: Alliance Defending Freedom analysis of AB 2943. https://drive.google.com/file/d/0B9njBaZTrCfSVklGeI-I1WXZ0NG8tbmgzVGs5eGtpS0NBV0hB/view

[7] Change-allowing therapy 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).

[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 consumer fraud therapy ban bill in California that the sponsor pulled on 8/31/2018)?

> 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] Over a century or research, 600 publications, and 5 meta-analyses, including peer reviewed articles published by APA members in APA journals, converge on finding that when change allowing therapy is done right, people have changed their same-sex attractions and behaviors.

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): https://downloads.frc.org/EF/EF18I04.pdf
Read the Abbreviated Version (Issue Brief Report Summary): https://downloads.frc.org/EF/EF18I05.pdf
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

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

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[11] SAFETY OF CHANGE-ALLOWING THERAPY—It's non aversive:

The American Psychological Association's (APA) task force (2009), the SPLC itself (website, 2016), and licensing board records agree: change-allowing therapy today uses *non*-aversive methods. Drs. Douglas Haldeman and Jack Drescher, who repeatedly misrepresent change-allowing therapy as using aversive methods, were authors on the APA task force and reported to the American Psychological Association in 2009 that contemporary change-allowing therapy uses *non* aversive methods. Testimonies of aversive methods have been documented to be fraudulent and reported to the Federal Trade Commission. The APA task force authors found "no valid causal evidence*"* of harm, and did not declare change therapy unethical. Actually, they said they 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.

APA presidents have provided successful change therapy and opposed bans.
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: Nicolosi, J. (2009). *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, Downers Grove IL.: IVP Academic.

The APA task force was biased. The APA task force chair refused expert change-allowing clinicians and researchers who offered to serve on the task force and chose LGB professionals who were already committed to the conclusions on political/philosophical grounds. The report said its conclusion was based on anecdotal, not scientific, evidence. It said its conclusions were tentative (p 84).

[12] Gay-affirmative or trans-affirmative therapy does not meet everyone's needs. It may be against their religion or not meet their needs in a number of ways.

- **People commonly seek change allowing therapy for sexual attraction or behavior for personal reasons, not due to social pressure. Examples:** (1) Being gay or trans is not fulfilling for them. (2) They feel same-sex feelings or behaviors were caused for them by childhood sexual abuse (the American Psychological Association says excellent research supports this claim). Or they feel gender distress was caused for them by psychological or family experiences or an underlying psychiatric disorder (8 medical and mental health organizations support the possibility for that claim). (3) Being gay or trans does not align with their values and beliefs that should be respected. (4) They, like many people, want a heterosexual marriage and natural children with their spouse, and/or they want to embrace their innate body sex.
- **LGB-affirmative therapy for sexual orientation merely helps clients clarify their sexual orientation identity self-label, in case they are interested in that**, but it does not help them change same-sex behavior or attraction.
- **It only offers support to cope with the suffering of not diminishing their unwanted feelings, but it does not lift a finger to offer trauma treatments that are open to change** (APA Task Force, 2009, p. 4)**What is more compassionate, to help people change feelings and behaviors they don't want, or to tell them they have to go on living with them?**
- **Frequently, it does not evaluate whether trauma or other psychological factors may be causing the same-sex attraction feelings or behaviors.**

TRANS-affirmative treatment for gender dysphoria does not meet everyone's needs.

- **It offers body-harming treatments not everyone wants.**
- **Some cannot have these treatments for medical reasons.**
- **It does not offer psychological intervention to resolve distress** over ones innate body sex or help the person embrace their innate body.
- **Frequently, it does not evaluate whether an underlying psychiatric disorder is causing the distress over ones sex.**

AFFIRMATIVE THERAPY HAS LIMITED RESEARCH SHOWING IT'S SAFE OR EFFECTIVE:
American Psychological Association 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

[13] RELIGIOUS ORGANIZATIONS that oppose a consumer fraud ban on change-allowing therapy include the California Catholic Conference which is the political action organization for all the Catholic bishops of the state of California and the Ethics & Religious Liberty Commission of the Southern Baptist Convention which is the largest Protestant denomination in the U.S. (https://erlc.com/resource-library/articles/californias-latest-threat-to-religious-liberty-and-free-speech). See AB2943.com for many clergy (for example hundreds of California pastors in Church United (http://www.churchunited.com/impact/), Awake America (http://awakeamerica-ca.org/alerts/) and other organizations that oppose a consumer fraud ban and defend for their First Amendment rights.

[14]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

[15]THE FOLLOWING MEDICAL AND MENTAL HEALTH PROFESSIONAL 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 change-allowing therapy for unwanted same-sex attractions and/or unwanted gender identity: 4 Organization Joint Statement—American College of Pediatricians, American Association of Physicians and Surgeons, Christian Medical and Dental Association and Catholic Medical Association—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/0B9njBaZTrCfSZ09t-RDFQaVVFN1hqVnpHb3I5RTlqcTI5bHlB/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), American Association for Christian Counselors, AACC Code of Ethics, 2014, 1-120f, 1-330, 1-340, https://www.aacc.net/code-of-ethics-2/ , National Catholic Bioethics Center https://www.ncbcenter.org/files/3815/4281/6465/SOCE.pdf

[16] NO RESEARCH THAT MEETS SCIENTIFIC STANDARDS HAS FOUND THAT CHANGE-ALLOWING THERAPY FOR SEXUAL ATTRACTIONS OR BEHAVIOR OR FOR GENDER IDENTITY INCONGRUENCE IS HARMFUL OR INEFFECTIVE FOR ADULTS OR MINORS.

Zucker re change-allowing therapy for gender incongruence:
Zucker, K. (2018), The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), *International Journal of Transgenderism*, p. 9, https://doi.org/10.1080/15532739.2018.1468293

Most often cited studies re change-allowing therapy for sexual attraction or behavior:
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): https://downloads.frc.org/EF/EF18I04.pdf
Read the Abbreviated Version (Issue Brief Report Summary): https://downloads.frc.org/EF/EF18I05.pdf

Recent study by Ryan et al (2018) re change allowing therapy for sexual orientation:
This study researched a small, convenience sample of young adults who identify as LGBT and go to gay venues. The sampling method is fatally flawed. It automatically leaves out people who successfully changed, because people who change do not identify as LGBT or go to gay venues.
Ryan, C., Toomey, R., Diaz, R., & Russell, S. (2018), Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment, *Journal of Homosexuality*, DOI: 10.1080/00918369.2018.1538407, publishned online Nov. 7, 2018.

APA task force report said studies claiming to show negative outcomes did not meet scientific standards. No conclusions can be drawn from them.
APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association, pp. 37, 42.

[17]Lefevor, G., Beckstead, L., Schow, R., Raynes, M., Mansfield, T., Rosik, C. (2019), Satisfaction and health within four sexual identity relationship options, *Journal of Sex and Marital Therapy*, http://www.tandfonline.com/action/showCitFormats?doi=10.1080/0092623X.2018.1531333

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

[19] AMERICAN PSYCHOLOGICAL ASSOCIATION'S *HANDBOOK* ON SEXUAL ORIENTATION 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.)

"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.

RESEARCH REVIEW ON CHANGE:

"[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 Human Rights Campaign "Equality" award. 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).

THE CAN'T CHANGE MYTH HARMS LGB PEOPLE WHO CHANGE. Many therapy ban supporters indicate sexual orientation cannot change, causing those who experience change through life experience to think they are the only one who has changed 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" (Diamond, L., 2008, *Sexual Fluidity: Understanding Women's Love and Desire*. Cambridge, Mass.: Harvard Press, p. 114).

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

[20]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. THEY COMMONLY SHIFT ALONG A SCALE that ranges from 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 or research.

Fact Sheet: Harms of Censoring Change-Allowing Therapy

[21] MANY ADOLESCENTS CHANGE SAME-SEX ATTRACTION, BEHAVIOR, AND IDENTITY.

• Most questioning adolescents become heterosexual.

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: 519–532. doi:10.1007/s10508-010-9691-3; Author manuscript available in PMC 2012, June 1. Known as the "GUTS" study.

• 42% of all men who experienced same-sex behavior did so before age 18 and never again.

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.

• 48% of boys who were only attracted to the same sex at age 16 were only attracted to the opposite sex at age 17.

Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same- sex and opposite-sex interest. Journal of Biosocial Science, 37, 481–497. http://dx.doi.org/10.1017/S0021932004006765

A question has been raised as to whether the boys may have been jokesters in giving these responses. But their rates of attraction change are compatible with rates of behavior change given by adults in the Laumann et al (1994) study above.

[22] GENDER DYSPHORIA USUALLY RESOLVES NATURALLY BY LATE ADOLESCENCE:
ENDOCRINE SOCIETY AND 6 CO-SPONSORING ORGANIZATIONS:
80-95% COME TO ACCEPT THEIR INNATE SEX.
Endocrine Society Guideline is co-sponsored by 6 additional US and European organizations: American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.
(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, http://dx.- doi.org/10.1210/jc.2017-01658, p.10.)
AMERICAN PSYCHIATRIC ASSOCIATION:
70-98% of boys and 50-88% of girls who are distressed by the sex of their bodies come to embrace their innate sex. Desistance rates calculated from persistence rates, DSM-5, p. 455.
(American Psychiatric Association, 201, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Arlington, VA: American Psychiatric Association.)
AMERICAN PSYCHOLOGICAL ASSOCIATION:
No less than 75% come to embrace their bodies.
(Bockting, W., 2014, Chapter 24: Transgender Identity Development, In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, Volume 1, p. 744.)
RESEARCH: About 80-95% COME TO ACCEPT THEIR INNATE SEX.
(Cohen-Kettenis P, Delemarre-van de Waal, H., & Gooren L. (2008), The treatment of adolescent transsexuals: Changing insights, J Sex Med, 5:1892–1897, DOI: 10.1111/j.1743-6109.2008.00870.x)
CRITIQUE OF ATTEMPTS TO DENY MOST COME TO ACCEPT THEIR SEX:
Zucker reviewed research on which the American Psychiatric Association, in the *Diagnostic and Statistical Manual*, based its figures of low persistence of gender incongruence. Zucker strongly criticized arguments attempting to call these figures a myth. He called their view "The Myth of Persistence".
(Zucker, K. (2018), The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), *International Journal of Transgenderism*, pp. 2-3, 11, https://doi.org/ 10.1080/15532739.2018.1468293)

[23]PUBERTY BLOCKERS ARE EXPERIMENTAL—HIGH RISK:
CAUSE 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.
MAY AFFECT BRAIN DEVELOPMENT
(Endocrine Society Guideline with 6 co-sponsoring organizations, 2017, pp. 14-15).

[24]PUBERTY BLOCKER TREATMENT IS NOT EVIDENCE-BASED:
As yet, we have *no* science on the long term medical effects of blocking puberty. This treatment is not evidence-based as supporters claim. The National Institutes of Health in 2015 began a study of transgender youth that will be the first to track medical effects of delaying puberty and only the second to follow its psychological impacts. It will not be completed until 2020. This study is only for 5 years, not long enough to give long term/endpoint outcomes.
Olson, J., Garofalo, R., Rosenthal, St., Spack, N. (2015-2010) The Impact of Early Medical Treatment in Transgender Youth. National Institutes of Health. (Grant study description.) http://grantome.com/grant/NIH/R01-HD082554-01A1

[25]HIGH DOSE CROSS-SEX HORMONES ARE TOXIC—HIGH RISK:
WPATH, 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.

CAUSE 2 TO 2.5 TIMES HIGHER RATES OF DEATH FROM HEART DISEASE OR CANCER. See footnotes 20 and 21.
CROSS-SEX HORMONES INDUCE ABNORMAL, PATHOLOGIC STATES:
“There is no such thing as 'trans puberty’. What happens is that the abnormal, pathologic state of hypogonadotropic hypogonadism is induced by puberty blocking medications. Then dangerous high dose hormones of the opposite sex are given to cause hirsutism (hair growth of the face, chest, back and abdomen) in females and gynecomastia (abnormal breast tissue growth) in males. The medications also atrophy and chemically degrade the sex organs.”
Laidlaw, M. (2018-10-24), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/ Dr. Laidlaw, endocrinologist, expert witness to CA legislators.

[26] CROSS-SEX HORMONES 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 ratings (indicated by a row of circles) of referenced research throughout the Guideline indicating low and very low quality research.

[27] Endocrine Society Guideline (Hembree, et al, 2017), WPATH Standards of Care (2011). World Professional Association for Transgender Health (WPATH) (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351

[28] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, La˚ngstro¨m N, et al. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885

[29] THESE DEVASTATING OUTCOMES ARE FROM THE BEST RESEARCH AVAILABLE:.
The Centers for Medicare & Medicaid Services (CMS), 2016 (Obama administration) reported this study (Dhejne et al, 2011) was one of only two studies that assessed long term endpoint outcomes (request for surgical reassignment reversal and morbidity/mortality). The CMS report said about this study that showed these devastating outcomes:

> *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.*

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

[30]MEDICAL TRANSITIONING TREATMENT IS CONTROVERSIAL IN THE MEDICAL PROFESSION ITSELF:
ACLU of Rhode Island (March 22, 2017), blog, http://www.riaclu.org/blog/post/the-aclu-of-rhode- island-opposes-conversion-therapy
Cantor, J. (2018), American Academy of Pediatrics policy and trans-kids: Fact-checking. Sexology Today! http://www.sexologytoday.org/2018/10/american-academy-of-pediatrics-policy.html
gdworkinggroup.org
YouthTransCriticalProfessionals.org
4thWaveNow.com

[31] Sex is innate. Sexual orientation, gender identity, and nonconforming sexual expression are not innate. Identical twins have the same genes, pre-natal hormones, and brain microstructures. If a trait is determined by these factors, both twins will have the same trait in 100% of sets of identical twins. Here's what research has found:
If one twin is male, the other is male also nearly 100% of time.
If one twin is female, the other is female also nearly 100% of the time.
If one twin is homosexual, other is homosexual 14% of the time.
If one twin is transsexual, the other is transsexual 28% of the time.
If one twin is gender non conforming, the other usually is not.
References:
Transsexual:
Older study reported in Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association, Volume 1, pp. . 739-758.
Same study updated by adding participants: Diamond, M., 2013, Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation, *International Journal of Transgenderism, 14*:1, 24-38.
Figure of 20% in abstract corrected to 28% by calculation from Table 5, p. 28, as reported in Haynes, L., (September 27, 2016), The American Psychological Association Says Born-That-Way-and-Can't-Change Is Not True of Sexual Orientation and Gender Dysphoria, p. 6, https://docs.wixstatic.com/ugd/ec16e9_a50743b8ec98406aa43437c6ffe1c697.pdf
"Transsexual" was defined in the study as a person who had been living as the opposite sex. Because the study used a small convenience sample, the figure of 28% can be expected to decrease as more representative and far larger samples are studied.

Gay:
Bailey, J., Vasey, P. Diamond, L., Breedlove, S., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest, 17*:74-76. DOI: 10:1177/1529100616637616.
Pairwise concordance = 14% calculated from probandwise concordance = 24%; 28/114 = about 14%; see bottom of Table 4 on p. 75. Pairwise concordance used to make figures between this research and M. Diamond's study comparable.
Diamond, L. & Rosky, C. (2016). Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities. Journal of Sex Research, 00:4. DOI: 10.1080/00224499.2016.1139665

Non conforming behavior: Bailey et al (2016), p. 76.

[32] AMERICAN PSYCHOLOGICAL ASSOCIATION SAYS THERE IS NO GAY GENE:
"[W]e are far from identifying potential genes that may explain not just male homosexuality but also female homosexuality." (Rosario & Schrimshaw 2014, in *APA Handbook, 1*: 579.)

[33] SAME-SEX ATTRACTION OR BEHAVIOR IS NOT SIMPLY BIOLOGICALLY CAUSED, *ALWAYS* HAS PSYCHOLOGICAL CAUSES:
"The inconvenient reality....is that social behaviors are always jointly determined" by nature, nurture, and opportunity.
(Kleinplatz, P. & Diamond, L., 2014, in *APA Handbook 1:* 256-257.)
"Nurture" in psychological terms usually means family experiences in particular.

[34] 10 PROFESSIONAL ORGANIZATIONS AGREE GENDER IDENTITY INCONGRUENCE HAS PSYCHOLOGICAL 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. 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).
American Association of Pediatricians: Gender identity "results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions." p. 2.See also p. 4. Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness (2018), Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics 142(4)*: e20182162.

[35] TRANSGENDER IDENTITY MAY HAVE PATHOLOGICAL CAUSES:
The American Psychological Association's *Handbook of Sexuality and Psychology* says transgender identity has psychological causes and may be pathological. It also says affirmative treatment may neglect individual problems gender dysphoric minors are experiencing.
APA Handbook of Sexuality and Psychology (2014), *1*: 743-744, 750.

[36] "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

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.

Trans regret testimonies of underlying gender trauma:.sexchangeregret.com, tranzformed.org.

[37] American Psychological Association's *APA Handbook of Sexuality and Psychology* cautions that affirmative treatment may neglect treating individual problems a child is experiencing. Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Dia- mond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association, *1*: 744, 750.

[38] WPATH(2011). Standards of Care, http://www.wpath.org/ site_page.cfm?pk_association_webpage_menu=1351, p. 24.

[39] World-wide, 90% of people who commit suicide have mental disorders.
Among adolescents who experience suicidal behaviors, 96% had pre-existing mental disorders.
Cavanagh, J., Carson, A., Sharpe, M. & Lawrie, S. (2003), Psychological autopsy studies of suicide: a systematic review, Psychological Medicine, 33: 395–405, Cambridge University Press, DOI: 10.1017/S0033291702006943

[40] WHAT CHANGE-ALLOWING THERAPY ACTUALLY IS:

Opponents use the term "conversion therapy" like a kitchen sink into which they throw all kinds of things that are not even therapy, and certainly are not change-allowing therapy—so they can make it sound like therapists are doing things they are not.

Reparative therapy is trademarked. It is not "conversion therapy" which is an ill-defined term made up by opponents.

The United States Patent and Trademark Office accurately defines what Reparative TherapyTM actually is: "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*. The *APA Handbook* (2014) thereby corrected the APA Task Force Report (2009) that had relied on studies that did not meet its own criteria.

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. 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.

[41] 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.

[42]**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 of adolescents to have sex with much younger children, to compulsive sexual thoughts, to pornography addiction or sexual addiction, and more—**could be treated only if directed toward the opposite, not same, sex.**

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.

[43] LGB-AFFIRMATIVE THERAPY only 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 cope 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.