Oppose HR 5469, Sec. 303, "Conversion" Therapy Ban

Serious Harms of Therapy Censorship Against Change

June 28, 2020

Dear Honorable Representative Bonnie Watson Coleman and Co-Sponsors,

PLEASE CONSIDER THIS EVIDENCE: Right to Happiness

(1) **SCOTUS says professional speech has the same 1st Amendment rights as other speech.** It abrogated 9th and 3rd Circuit Ct decisions on which therapy bans have relied.[1] [2] [3]

(3) **A gene study, by more than 20 researchers in 7 nations, of nearly half a million people found LGB behaviors are influenced somewhat by genes but largely by life experiences**,[4] and research and professional consensus agree that incongruent gender identity is also caused by a mixture of biological and environmental influences[5] [6]—**like other unchosen, complex traits therapists help people diminish or change every day.**

(2) **Psychiatric disorders and suicidality commonly EXIST BEFORE onset of gender-sex incongruence. Psychiatric disorders cause 90% of suicides.[7] Treating psychiatric disorders resolves suicidality and may resolve gender incongruence. An 8 year Kaiser-Permanente study found** 71% to 75% of gender incongruent adolescents (ages 10 to 17) had psychiatric disorders in their lifetime BEFORE gender incongruence, often with psychiatric hospitalization. In the 6 months BEFORE first medial evidence of gender incongruence, psychiatric disorders were up to 50 to 261 times higher than for sex accepting peers, depression 23 to 24 times higher, and suicidal ideation 45 to 54 times higher.[8] Stigma cannot possibly cause these extremely high rates that precede onset of gender incongruence. But psychiatric disorders, suicidal thoughts, and underlying trauma could lead to rejecting ones sex and developing an adapted identity. **The World Professional Assoc. for Transgender Health said, when psychiatric disorders cause gender dysphoria, it does not recommend gender affirming treatment.[9] Banning therapy to resolve gender dysphoria leaves little help.**

(4) **The American Psychological Association's *APA Handbook of Sexuality and Psychology*[10] and research say family factors[11] [12] [13] and childhood sexual abuse[14] [15] may be causal factors** in having same-sex partners for some, and family pathology[16] [17] may be a causal factor for transgender identity for some. Affirmative therapy requires affirming LGBTQ feelings or behaviors caused by trauma. It denies harmful underlying causes for some. Treating underlying causes and their link to LGBTQ experiences may decrease or change LGBTQ feelings. Failure to treat[18] [19] can prolong mental health problems and increase suicide.[20] [21] Contemporary, ethical[22] [23] therapists who are open to a client's goal of change use evidence based trauma interventions and well established practices therapists use worldwide. There is no reason why this therapy should be less safe or effective than any other therapy. A ban will deprive patients of much needed therapy conversations.

(5) The *APA Handbook* and robust research internationally have established that same-sex attraction, romantic partnerships, behavior, and identity all commonly shift or change for adolescents and adults, men and women.[24] [25] [26] [27] [28] [29] **They can change.**

(6) Childhood gender dysphoria overwhelmingly resolves by adulthood if minors are supported through puberty.[30] [31] Living as the opposite sex and puberty blockers stop natural resolution.[32]

(7) **Cross sex hormones and surgeries sterilize children and lead to** 2-2.5 times higher rates of deaths from cancers and heart disease (strokes, heart attacks), 19 times higher rate of completed suicides—[33] [34] potentially a shorter life. Long term, it is *not* transgender health and is *not* suicide prevention.[35]Yet psychiatric hospitalizations still persist at a 2.8 times higher rate.
(8) **Sterilizing children should be illegal, not therapy conversations.**

(9) **One of the most comprehensive reviews ever conducted on over a century of change-allowing therapy research,** including studies published by APA members in APA peer-reviewed journals, **shows some people change their sexual attraction and behavior** through a variety of safe and effective, non-aversive, mainstream therapy methods.[36]

(10) The American Psychological Association task force: **(i) Said no research meeting scientific standards shows today's change-allowing talk therapy to be harmful or ineffective[37] or gay-affirmative therapy to be better,[38] [39] and a federal district judge found it's still true.**[40] (ii) It did *not* declare change-allowing therapy unethical. **(iii) It said aversive methods have not been used for 40-50 years.[41]** (iv) It said it based its recommendations on anecdotal evidence, not on research that met its standards.[42] It said some research participants reported **they changed their same-sex attraction or behavior or gender identity through therapy.**[43]

(11) **HR 5469 allows therapists to** assist individuals in directing and redirecting their sexual identity, desires, and relationships in any imaginable direction **except** towards congruence with the natural reproductive function—that is, towards stable heterosexual attraction and gender identity aligned with objective sex and biological reproductive nature. **The right to reproduce is a basic human and constitutional right, and the ability to participate in the small society that consists of two parents and their children has been widely held across cultures and history to be one of the greatest sources of joy in life.**[44] **Politicians should not prohibit clients, who desire this kind of life or who are already committed to a spouse and children, from support to live this way more successfully, easily, and joyfully.[45]**

(12) **A number of professional organizations internationally oppose gender affirmative procedures[46] and support change-allowing therapy.[47] A consensus of professional organizations on therapy censorship does not in fact exist.** The scientific process, not legislative fiat or activist lobbies in professional guilds, should resolve these scientific questions.

Everyone should have the right to walk away from sexual or gender practices and experiences that don't work for them and to have support to live the way that brings them happiness.[48] **Testimonies:** VoicesOfChange.net and more at this endnote:[49].
See TherapyEquality.org/HarmsOfTherapyBans for more information.
Sincerely, *Laura Haynes, Ph.D.*, Chair of Research and Legislative Policy, Representing the National Task Force for Therapy Equality, research@TherapyEquality.org; P.O. Box 653, Tustin, CA 92781.

MORE INFO & REFERENCES at TherapyEquality.org/HarmsOfTherapyBans
Or see the following endnotes.

Endnotes:

[1]*NIFLA v. Becerra*, 138 S.Ct. 2361, 2018, p. 14.

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

[3] Hobson, J. & Hagan, A. (Sept. 24, 2019). New York City To Repeal Ban On Gay Conversion Therapy, https://www.wbur.org/hereandnow/2019/09/24/new-york-city-ban-gay-conversion-therapy. Plaintiff’s arguments given against NYC ban leading to NYC repealing its therapy censorship:https://adflegal.blob.core.windows.net/mainsite-new/docs/default-source/documents/legal-documents/schwartz-v.-city-of-new-york/schwartz-v-city-of-new-york---complaint.pdf?sfvrsn=a8d0354_4

[4] Genetics of Sexual Behavior: A website to communicate and share the results from the largest study on the genetics of sexual behavior, https://geneticsexbehavior.info/what-we-found/

[5] Hembree, W., et al. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guildeline. J Clin Endocrinol Metab,102:1–35, https://academic.oup.com/jcem , p. 6-7.
Six co-sponsoring Associations with the Endocrine Society: Amer. Assn. of Clinical Endocrinologists, Amer. Soc. of Andrology, Eur. Soc. for Pediatric Endocrinology, Eur. Soc. of Endocrinology, Pediatric Endocrine Soc., and World Prof. Assn. for Transgender Health.
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, 1: 743-744, 750.
American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA: American Psychiatric Association, pp. 451-459. See especially pp. 451, 457.
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. P. 4, see also p. 4.

[6] Identical twins share the same genes, prenatal hormones, and number of older brothers. Identical twins are always the same sex. Sex is 100% determined by genes and prenatal hormones. But if one twin comes to have LGB experiences, discordant gender identity, or discordant gender expression, the other usually does not. This shows that influences other than genes or prenatal hormones are predominant causal factors.
Bailey et al (2016): LGB: pp. 74-76. Non conforming behavior: pp. 46, 76.
Gender identity discordant: Diamond, M. (2013). Transsexuality among twins: Identity concordance, transition, rearing, and orientation, *International Journal of Transgenderism, 14:*1, 24-38,(Print) 1434-4599 (Online) Journal homepage: http://www.tandfonline.com/loi/wijt20 Journal homepage: http://www.tandfonline.com/loi/wijt20

[7]Cavanagh, J.T.O., Carson, AJ., Sharpe, M. & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: A systematic review. Psychological Medicine, 33, 395–405. f 2003 Cambridge University Press DOI: 10.1017/S003329170200694 ; https://www.cambridge.org/core/journals/psychological-medicine/article/psychological-autopsy-studies-of-suicide-a-systematic-review/49EED-F1D29B26C270A2788275995FDEE

[8] Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. Pediatrics. 2018;141(5):e20173845

[9] “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

[10] Vandenboss, G. (2014), Series Preface, in Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology, 1*: xvi, Washington D.C.: American Psychological Association, http://dx.doi.org/10.1037/14193-000

[11] Baams L. (2018). Disparities for LGBTQ and gender nonconforming adolescents. Pediatrics, 141(5): e20173004. http://pediatrics.aappublications.org/content/early/2018/04/12/peds.

LGBT youth were more likely to have grown up with household dysfunction defined by parent incarceration, problem drinking, or abuse of illegal or prescription drugs. This is included in both the household dysfunction and polyvictimization groups.
But not significant for Q youth, p. 3.

LGBTQ youth more likely to experience psychological and/or physical abuse that may have included witnessing domestic violence (p. 4) and polyvictimization that adds household dysfunction and sexual abuse.

Gender nonconforming adolescents, especially bisexuals, had experienced more types of abuse. Transgender identity, especially for boys, was associated with more kinds of adverse experiences (household dysfunction, physical and/or sexual abuse, and polyvictimization, p. 6).

Sexual orientation and gender identity are generally confounded with gender nonconformity. However, this study specifically measured gender nonconformity separately and controlled for it, making it possible to reveal that the association between LGBTQ youth and adverse experiences is not simply explained by gender nonconformity. pp. 6-7.

Gender nonconforming adolescents (especially bisexual and transgender identified) had experienced more types of adverse experiences. However, gender nonconformity was not the only explanation for adverse experiences (p. 7).

[12] *APA Handbook, 1*:583

[13] Absence of a parent, especially the parent of the same-sex as the child, is a small but significant and potentially causal factor found internationally for same-sex attraction, behavior, and marriage Found in several large, robust, population-based, prospective, longitudinal studies below.
The first 6 years of life for both sexes and adolescence for girls may be sensitive periods (Frisch & Hviid, 2006)
Fergusson, D., Horwood, L., Beautrais, A. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56*:p. 878.
Francis, A. M. (2008). Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research, 45* (4), 371-377. http://www.tandfonline.com/doi/full/10.1080/00224490802398357?scroll=top&needAccess=true
Frisch, M. & Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes. *Archives of Sexual Behavior, 35, pp.* 533-547. https://link.springer.com/article/10.1007/s10508-006-9062-2
Frisch, M. & Hviid, A. (2007). Reply to Blanchard's (2007) "older-sibling and younger-sibling sex ratios in Frisch and Hviid's (2006) national cohort study of two million Danes," *Archives of Sexual Behavior, 36*:864-867.
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

[14] Wilson, H. & Widom, C. (2010). Does physical abuse,sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up, Archives of Sexual Behavior, 39: 63-74, DOI 10.1007/s10508-008-9449-3

[15] *APA Handbook, 1*:609-610

[16] 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.

[17] Baams L. (2018). Disparities for LGBTQ and gender nonconforming adolescents. Pediatrics, 141(5): e20173004. http://pediatrics.aappublications.org/content/early/2018/04/12/peds.

*LGBT youth were more likely to have grown up with household dysfunction defined by parent incarceration, problem drinking, or abuse of illegal or prescription drugs. This is included in both the household dysfunction and polyvictimization groups.
But NS for Q youth. p. 3.

*LGBTQ youth more likely to experience psychological and/or physical abuse that may have included witnessing domestic violence (p. 4) and polyvictimization (relatively high probablities for all adverse experiences, p. 5).

Gender nonconforming adolescents, especially bisexuals, had experienced more types of abuse. Transgender identity, especially for boys, was associated with more kinds of adverse experiences (household dysfunction, physical and/or sexual abuse, and polyvictimization.) p. 6.

*Sexual orientation and gender identity are generally confounded with gender nonconformity. However, this study specifically measured gender nonconformity separately and controlled for it, making it possible to reveal that the association between LGBTQ youth and adverse experiences is not simply explained by gender nonconformity. pp. 6-7

*Gender nonconforming adolescents (especially bisexual and transgender identified, particularly transgender identified biological boys) had experienced more types of adverse experiences. However, gender nonconformity was not the only explanation for adverse experiences. p. 7.

[18] *APA Handbook, 1*: 744, 750.

[19] Becerra-Culqui, et al. (2018).

[20] World-wide, 90% of people who commit suicide have 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

Among adolescents in the U.S. who attempt suicide, 96% had at least one pre-existing mental disorder.
Nock, M., Green, J., Hwang, I., McLaughlin, K., Sampson, N., Zaslvsky, A., and Kessler, R. (2013), Prevalence, correlates and treatment of lifetime suicidal behavior among adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A), JAMA Psychiatry, 70(3): p. 18, Table 3, doi:10.1001/2013.jamapsychiatry.55.

[21] Dhejne (2011).

[22] Alliance Practice Guidelines Task Force (2017). Guidelines for the Practice of Sexual Attraction Fluidity Exploration in Therapy, Alliance for Therapeutic Choice and Scientific Integrity Task Force on Guidelines fo the Practice of Sexual Attraction Fluidity Exploration in Therapy (SAFE-T), https://a20ceadd-0fb7-4982-bbe2-099c8bc1e2ae.filesusr.com/ugd/ec16e9_68b6f7dbe5bc4daab554c37ee9bcf29f.pdf

[23] International Federation for Therapeutic Choice and Scientific Integrity, Standards, https://iftcc.org/standards/

[24] *APA Handbook, 1*:636, 562, 619.

[25] Ott, et al. (2011).

[26] Of all men who experienced same-sex behavior, 42% 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.

[27] Mock, S. E., & Eibach, R. P. (2012). Stability and change in sexual orientation identity over a 10-year period in adulthood. Archives of Sexual Behavior, 41, 641–648. doi:10.1007/s10508-011-9761-1

[28] Savin-Williams, Joyner, & Rieger (2012). 41: abstract, p. 106.

[29] Dickson, N., Paul, C., & Herbison, P. (2003). Same-sex attraction in a birth cohort: Prevalence and persistence in early adulthood. Social Science and Medicine, 56, 1607–1615. doi:10.1016/S0277-9536(02)00161-2

[30] Hembree, et al., (2017), p.11. DSM-5, p. 455. APA Handbook, 1:744, 750.
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)
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)

[31] Laidlaw, M. (Oct. 24, 2018), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/

[32] APA Handbook (2014), 1:750. Hembree, et al. (2017), p. 11.

[33] 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.

[34] A US gov. research review said Dhejne, et al. (2011) is one of the best studies we have. Centers for Medicare & Medicaid Services (August 30, 2016). Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), p. 62, https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282.

[35] A small 2018 study near San Francisco, purporting to show harm to minors from “conversion therapy,” looked at only parent-initiated efforts. Ethical change-allowing therapists do not do parent-initiated therapy, so this research does not apply to them. By research design, the study excluded any youth who may have changed through therapy, since researchers recruited research participants only from LGBT-supportive venues, and youth who changed do not go to these venues. This method is common in research that claims to show harm. As Dr. Christopher Rosik says, it is like surveying divorcees to find out if marital therapy is safe or effective. The survey said it did not study client-initiated therapy at all. It has nothing to say about it.
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, published online Nov. 7, 2018.

[36] **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

[37]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, No causal evidence of harm from change-allowing therapy: p. 42, 82, 91.

[38] 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, p. 91. No research existed to show affirmative therapy was safe, effective, or better, but the task force gave it a pass and recommended it anyway. The task force was biased.

[39] A recent study claimed affirmative treatment (puberty blockers) reduced suicidality in gender discordant adolescents. Turban et al. (2020,) analyzed retrospective self-reports of 3,394 transgender adults, ages 18 to 36 who knew about puberty suppression when they were adolescents. These participants were selected from a far larger convenience sample obtained by the advertising of transgender activist organizations. The survey found that, on 8 out of 9 measures of suicidality and mental health, there was no statistically significant difference between transgender adults who had or did not have puberty suppression. Those factors for which there was no difference were suicidality past 12 months in the forms of ideation, ideation with plan, ideation with plan and attempt, and attempt resulting in inpatient care, as well as lifetime suicidal attempts, past-month severe psychological distress, past-month binge drinking, and lifetime illicit drug use. The one statistically significant finding was a difference in lifetime suicidal ideation but not lifetime suicidal attempts. A trend close to significance in the unpredicted direction was that those who *received* puberty suppression were nearly three times (OR 2.8) *more* likely to attempt suicide resulting in inpatient care. These results as a whole do not present a resounding case for puberty suppression.
The study controlled for other factors that it found were, unlike pubertal suppression, associated with past-month severe psychological distress and past-year suicidal ideation. These factors were relationship status, age, and type of nonconforming gender identity (stated in explanation under Table 2). They add to the growing list of factors for transgender suicidality. One cannot simply assume severe psychological distress or suicidality among transgender adults is caused by change-allowing therapy or by not having obtained affirmative medical interventions in adolescence.

Turban, J.L., King, D., Carswell, J.M., Keuroghlian, A.S. (Feb. 2020). Pubertal suppression for transgender youth and risk of suicidal ideation. Pediatrics, 145(2): e20191725. https://pediatrics.aappublications.org/content/145/2/e20191725

[40] A federal district judge ended a city therapy ban pertaining to minors in Tampa, Florida, because even the highly qualified expert witnesses for the city admitted there is no evidence that meets scientific standards that shows therapy that is open to a minor client's goal of change is unsafe or ineffective. http://lc.org/PDFs/Attachments2PRsLAs/100419TampaOrderGrantingMSJ.pdf, p. 32.

[41] 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.
40-50 yrs—since about the 1960’s or 1970’s: pp. 22, 82.

[42]APA Task Force (2009).
No causal evidence of harm: pp. 42, 82 91. Reported research participants (from over a century of research) reported they changed sexual attraction or behavior, and some (from a small number of studies) said they were harmed: pp. 49, 85. No studies reporting harm met task force scientific standards: p. 42. The APA task force used the reports of harm as anecdotal evidence and based its recommendations on them. The researchers said one of the “key” “findings in the research” on which it “built” its conclusions and recommendations was that sexual attraction does not change through life experience: pp. 63, 86. If that were true, sexual attraction could not change through therapy. The *APA Handbook of Sexuality and Psychology* concluded 5 years later, however, that research had established that same-sex attraction, fantasies, behavior, and orientation identity all commonly change through life experience for men and women, adolescents and adults (2014, vol. 1, pp. 636, 562, 619).

[43] “For instance, participants reporting beneficial effects in some studies perceived changes to their sexuality, such as in their sexual orientation, gender identity, sexual behavior, sexual orientation identity….” APA Task Force (2009), p. 49.

[44] The author of this quote is unknown, but its content appears to be derived from this court declaration: Complaint, Schwartz v. City of New York, EDNY Case 1:19-cv-00463, ECF Doc. 1, 01/23/19.
https://adflegal.blob.core.windows.net/mainsite-new/docs/default-source/documents/legal-documents/schwartz-v.-city-of-new-york/schwartz-v-city-of-new-york---complaint.pdf?sfvrsn=a8d0354_4

[45] Ibid.

[46] MULTIPLE MEDICAL GROUPS THROUGHOUT THE WORLD have warned against these “gender affirmative’” interventions, including the Royal College of General Practitioners, Swedish Pediatric Society, Royal Australian College of Physicians, Society for Evidence Based Gender Medicine (international), Pediatric and Adolescent Gender Dysphoria Working Group (international), and Youth Trans Critical Professionals.

[47] MEDICAL AND MENTAL HEALTH PROFESSIONAL ORGANIZATIONS have opposed bans on therapy that is open to a client’s goal of change for an unwanted sexual orientation or unwanted gender identity and/or supported the right of clients to such therapy for unwanted same-sex attractions and/or unwanted gender identity:

- International Federation for Therapeutic and Counseling Choice (https://iftcc.org/standards/),
- International Federation of Catholic Medical Associations (FIAMC) — **has 65 member orgs around the world,**
- International Network of Orthodox (Jewish) Mental Health Professionals
- American Association of Physicians and Surgeons (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://aapsonline.org/california-proposes-bills-to-outlaw-self-determination-in-medical-therapy/),
- American College of Pediatricians (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://acpeds.org/position-statements/psychotherapy-for-unwanted-homosexual-attraction-among-youth)
- Christian Medical and Dental Association (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://cmda.org/position-statements/),
- Catholic Medical Association (U.S.A.) (https://acpeds.org/assets/imported/5.25.17-Joint-Therapy-letter-with-signatures.pdf ; https://www.cathmed.org/resources/cma-protests-california-bill/),
- Society of Catholic Social Scientists,
- Alliance for Therapeutic Choice and Scientific Integrity (https://docs.wixstatic.com/ugd/ec16e9_1d6108cfa05d4a73921e0d0292c0bc91.pdf)
- American Association of Christian Counselors (AACC Code of Ethics, 2014, 1-120f, 1-330, 1-340, https://www.aacc.net/code-of-ethics-2/)

[48] Here are common reasons people want change-allowing therapy: (1) They identified as LGBTQ and had LGBTQ experiences, but ultimately they did not find it fulfilling. (2) They feel their LGBTQ attractions or behaviors were caused by trauma, and they want the right to heal. (3) They want to live according to their beliefs or ethics that bring them happiness. (4) They want to save their marriage and family and go on raising their children as a full-time mom or dad. Or they aspire to procreate children with a future spouse and raise them together. Those who seek therapy, not the state, should choose who gets therapy and for what reasons. We urge the state not to support discrimination over who can get help and what help they can get.

[49] Testimonies of change through therapy or faith-based ministries: VoicesOfChange.net, ChangedMovement.com, https://www.exodusglobalalliance.org/firstpersonc7.php , https://www.exodusglobalalliance.org/testimoniesc877.php , SexChangeRegret.com, tranzformed.org, Transgender Transformed.