Oppose "Conversion Therapy" Ban

Serious Harms of Censoring Therapy Conversations

Dear Legislator,

PLEASE CONSIDER THIS EVIDENCE: Right to Happiness (2 pp.)

(1) **The Supreme Court of the United States said professional therapists have the same right to freedom of speech as everyone else. It abrogated decisions of the 9th and 3rd Circuit Courts that have been erroneously referenced to claim therapy bans are constitutional.**[1] **The 11th Circuit Court overturned therapy bans in its jurisdiction.**[2]

(2) **Comprehensive research reviews** by gay-affirming[3] and change-affirming[4] researchers both accept that research participants reported **they changed same-sex attraction and behaviour** through non-aversive, standard therapies. These reviews agree **there is no research that meets scientific standards that proves non-aversive, change-exploring therapy is unsafe or ineffective.** U.S. federal district[5] and 11th Circuit[6] courts agreed. **Biased studies that claim harm survey LGBT-identified people, therefore omit ex-LGBTs who changed.**[7] **LGB affirmative researchers found men can reduce same sex behavior they don't want.**[8]

(3) An American Psychological Assoc. task force (2009): (i) **Said aversive methods have <u>not</u> been used for 40-50 years.**[9] (ii) Said it based its recommendations on one-sided, anecdotal, not scientific, evidence[10] and on a belief that same-sex attraction does not change through life experiences that is now reversed by the *APA Handbook of Sexuality and Psychology* (2014).[11]

(4) **Many professional organizations support change-exploring therapy conversations.**[12] **Several organizations**[13] **and nations**[14] **find the "best available" research for medical gender affirmation is very poor.** Many UN nations reject the mandate and therapy-opposing report of an individual "expert";[15] no UN binding agreement mentions sexual orientation or gender identity. **There is no professional consensus against change conversations.**[16]

(5) The *APA Handbook of Sexuality and Psychology* 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.[17] [18] [19] [20] [21] [22] **They can change.**
(6) <u>Childhood gender dysphoria overwhelmingly resolves by adulthood if minors are supported through puberty.</u>[23] <u>Living as the opposite sex.</u>[24] <u>and puberty blockers</u>[25] <u>stop natural resolution.</u>

(7) **A gene study, by more than 20 researchers in 7 nations, of nearly half a million people found same-sex behavior is influenced somewhat by genes but largely by life experience in the environment.**[26] Research and professional organizations agree that incongruent gender identity is also caused by a mixture of biological and environmental influences[27] [28]— **like other unchosen, complex traits therapists help people diminish/change every day.**

(8) **The American Psychological Association's *APA Handbook of Sexuality and Psychology*[29] and research say family factors**[30] [31] [32] **and childhood sexual abuse**[33] [34] **may be causal factors** in having same-sex partners for some, and family pathology[35] [36] may be a causal factor for transgender identity. Some clients want to explore these causes and heal. <u>There is no reason why this therapy should be less safe or effective than any other therapy.</u>

9 **Psychiatric disorders and suicidality usually EXIST BEFORE onset of gender incongruence, therefore may cause it.**[37] **Psychiatric disorders also cause 90% of suicides.**[38] **Treating psychiatric disorders resolves suicidality and may resolve gender dysphoria. Large robust studies show cross-sex hormones and surgeries do not resolve higher rates of mental disorders or suicidality,**[39] [40] [41] **even with parent support for minors.**[42] **An 8 year study of 8.8 million people found** 71% to 75% of gender incongruent adolescents (ages 10 to 17) had psychiatric disorders in their lifetime BEFORE gender incongruence (also found in Finland[43]), compared to 3% to 4% of sex accepting peers. In the 6 months BEFORE first medical evidence of gender incongruence, depression was 23 to 24 times higher, and suicidal ideation 45 to 54 times higher.[44] These conditions that pre-exist gender incongruence cannot be solely or usually caused by gender minority stress, stigma, or change-exploration therapy. But **psychiatric disorders can cause rejecting ones sex and adopting a different identity,** according to the World Prof. Assoc. for Trans. Health,[45] Amer. Psychiatric Assoc.,[46] and British Psych. Soc.[47] **Then body-altering procedures may not be recommended. Banning therapy conversations that resolve gender dysphoria and suicidality** by treating potentially causal underlying psychiatric conditions **leaves little help. The minority stress theory originator's best study shows LGBT depression worsened over 50 affirmative years.**[48] [49] **Denying potential treatable causes and not treating them has been negligent.**

(10) **Cross sex hormones and surgeries *sterilize children*[50] and lead to** 2-2.5 times higher rates of deaths from cancers, strokes, and heart attacks, 19 times higher rate of completed suicides—[51] [52] potentially a shorter life. Long term, it is *not* transgender health and is *not* suicide prevention.[53] Yet psychiatric hospitalizations still persist at a nearly 3 times higher rate. (11)Under therapy bans, youths who regret transition cannot be helped to embrace their body sex.[54]

(12) Common reasons people want change-exploring therapy are: (1) They did not find living as LGBT fulfilling. (2) They feel their LGBT feelings were caused by sexual or gender trauma. (3) They want to live according to their faith that should be respected. National[55] and other robust[56] research and studies by a team of LGBT-affirming and change-affirming researchers show that LGBT people who live according to their traditional faith are no less happy, mentally healthy, satisfied with life, and flourishing than those of liberal faith or no faith.[57] A cultural change in ideology is not required. (4) They aspire to, and want to reduce same sex attraction to be faithful in, an opposite sex marriage. The *APA Handbook of Sexuality and Psychology* says most people who are same sex attracted are both sex attracted.[58] Research says their relationships are mostly opposite sex[59] [60] and satisfying.[61] Change-allowing therapy keeps LGBT families safe.

Government should not decide who someone is, what will make a person happy, and who may have access to family or life saving therapy conversations. Everyone should have the right to walk away from sexual or gender practices and experiences that don't work for them and have help to live the way that brings them health and happiness. Testimonies of change: VoicesOfChange.net and more at this endnote:[62].

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
See the following endnotes for more info and references.
Scientific and legislative updates to this letter and endnotes maintained at:
TherapyEquality.org/HarmsOfTherapyBans

Endnotes:

[1]National Institute of Family and Life Advocates v. Becerra, 138 S.Ct. 2361, 2018, p. 14.

More on legal decisions related to therapy regarding sexual orientation and gender identity:

1. The Supreme Court of the United States (SCOTUS) rendered a decision (National Institute of Family and Life Advocates v. Becerra, 2018) that professional speech has the same right to freedom of speech as any other speech. SCOTUS said it has never accepted a doctrine that professional speech is professional conduct and therefore can be censored. Otherwise, all the government would need to do to take away first amendment rights from a group of people would be to license them.

2. This decision specifically abrogated previous decisions in the 9th (Pickup et al. v. Brown, 2013) and 3rd (King v. Governor of the State of New Jersey, 2014) Circuit Courts of Appeals that had previously been used to argue to legislators that therapy bans are Constitutional. It is often reported that SCOTUS declined appeals to hear these decisions in 2013 and omitted that SCOTUS abrogated them in 2018.

3. A decision of the U.S. 11th Circuit Court of Appeals struck down conversion therapy ban laws (Otto et al. v. City of Boca Raton et al, 2020) based in part on the SCOTUS decision (NIFLA v Becerra, 2018).

4. The Council of Europe, which also includes all EU Member States, guarantees freedom of speech and freedom of religion, the latter of which includes the right to hold, share, and manifest religious beliefs and faith.

5. A United Kingdom High Court in Bell vs. Tavistock (Dec. 12, 2020) ruled that medical gender affirming treatment in minors was experimental and could not, in most cases, be given to minors under 16 without court order, and that such was advisable for those 16-17. They added, “There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years.” (Bell et al. v. GIDS, UK, 2020, https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf)

[2] Otto, et al v. City of Boca Raton, FL et al:
Press release: https://lc.org/newsroom/details/112020-court-of-appeals-strikes-down-fl-counseling-ban-1
The legal decision: https://lc.org/PDFs/Attachments2PRsLAs/112020Otto.pdf

[3] “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.

[4]**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
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

[5] 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.

[6] Excerpt from the 11th Circuit Court decision:

> Defendants say that the ordinances “safeguard the physical and psychological well-being of minors.” Together with their amici, they present a series of reports and studies setting out harms. But when examined closely, these documents offer assertions rather than evidence, at least regarding the effects of purely speech-based SOCE. Indeed, a report from the American Psychological Association, relied on by the defendants, concedes that “nonaversive and recent approaches to SOCE have not been rigorously evaluated.” In fact, it found a “complete lack” of “rigorous recent prospective research” on SOCE. As for speech-based SOCE, the report notes that recent research indicates that those who have participated have mixed views: “there are individuals who perceive they have been harmed and others who perceive they have been benefited from nonaversive SOCE.” What’s more, because of this “complete lack” of rigorous recent research, the report concludes that it has “no clear indication of the prevalence of harmful outcomes among people who have undergone” SOCE. We fail to see how, even completely crediting the report, such equivocal conclusions can satisfy strict scrutiny and overcome the strong presumption against content-based limitations on speech.
>
> Still, they say, our confidence should not be shaken: the “relative lack of empirical studies on SOCE is not evidence of lack of harm….If anything, the lack of studies on SOCE may be indicative of the risk of harm.” The district court agreed: “Requiring Defendants to produce specific evidence that engaging in SOCE through talk therapy is as harmful as aversive techniques would likely be futile when so many professional organizations have declared their opposition to SOCE.” In other words, evidence is not necessary when the relevant professional organizations are united.
>
> But that is, really, just another way of arguing that majority preference can justify a speech restriction. The “point of the First Amendment,” however, “is that majority preferences must be expressed in some fashion other than silencing speech on the basis of its content.” Strict scrutiny cannot be satisfied by professional societies’ opposition to speech. Although we have no reason to doubt that these groups are composed of educated men and women acting in good faith, their institutional positions cannot define the boundaries of constitutional rights. They may hit the right mark—but they may also miss it.
>
> Sometimes by a wide margin too. It is not uncommon for professional organizations to do an about-face in response to new evidence or new attitudes….

Otto, et al v. City of Boca Raton, FL et al:
Press release: https://lc.org/newsroom/details/112020-court-of-appeals-strikes-down-fl-counseling-ban-1

[7] Individuals who experience same sex attraction and who take an LGBT identity differ in significant ways from those who reject an LGBT identity, are generally not in LGBT communities, and are most likely subgroup to enter change allowing therapy.
Studies that claim harm survey solely or largely individuals who currently identify as LGBT by soliciting participants through LGBT specific communities, hence such surveys omit by research design those who reject an LGBT identity and those who have changed through therapy. Such surveys have nothing to say about those who changed or their therapy experiences.

Well explained in this change-allowing therapy study:
Sullins, D.P., Rosik, C.H., and Santero, P. (April 27, 2021). Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men. F1000Research, 10:222, 1-20. https://doi.org/10.12688/f1000research.51209.1

[8] Therapy bans criminalize gay-affirmative therapists and discriminate against LGB marriages if they prohibit support to decrease unwanted same sex behaviors.

Gay affirmative researchers have published in peer-reviewed journals several articles of replicated, randomized, controlled trials showing men who have sex with men significantly reduced casual same sex behavior they did not want through standard therapies conducted by gay affirmative therapists and through gay peer counselors and maintained the change at 6 month, 8 month, and 1 year follow up evaluations. Over these studies taken together, men from a wide range of levels of education and income were successful. In the largest and most recent of these studies (Nyamathi et al., 2017), men who had children and men for whom same sex behavior was inconsistent with their values (high “homonegativity”) were particularly successful in reducing unwanted casual same sex behavior. The researchers’ purpose for these interventions was to reduce drug use and risky same sex behavior in order to decrease risk of HIV transmission. (Nyamathi 2017; Roeback 2014; Shoptaw 2008; 2005) Perhaps these particularly successful men wanted help to be faithful to the wife they love more easily, in order to keep their marriage and family together, or wanted to live according to the religious faith of their heart—two of the most common reasons people seek change-exploring therapy. Under a therapy ban, gay-affirmative therapists would be punished for providing potentially life saving therapy, and there would be marriages and families of sexual minorities that cannot be saved.

A separate study of 125 men who experienced therapy that is open to exploring capacity to change same sex attraction and behavior found that 41% were married, most of them with children—3 children each on average. Also, 88% of participants attended religious services at least once per week. For the men in this convenience sample, same sex behavior plummeted from 71% before therapy to 14% after therapy, and 69% decreased same sex attraction. Sexual behaviour, ideation, desire for intimacy, and kissing changed significantly from homosexual and to heterosexual. What this means to these men, their wives, and their children can hardly be expressed in words. In addition, 61% increased self esteem, 73% decreased depression, and 22% decreased suicidality. (Sullins 2021)

Nyamathi, A., Reback, D.J, Shoptaw, S., Salem, B.E., Zhang, S. & Yadav, K. (2017). Impact of tailored interventions to reduce drug use and sexual risk behaviors among homeless gay and bisexual men. *American Journal of Men’s Health, 11(2)*, 208–220. https://journals.sagepub.com/doi/abs/10.1177/1557988315590837

Reback, C. J., & Shoptaw, S. (2014). Development of an evidence-based, gay-specific cognitive behavioral therapy intervention for methamphetamine-abusing gay and bisexual men. *Addictive Behaviors, 39*, 1286-1291. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf

Shoptaw, S., Reback, C.J., Larkins, S., Wang, P., Rotheram-Fuller, E., Dang, J., & Yang, X. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *Journal of Substance Abuse Treatment, 35*, 285-293. https://asu.pure.elsevier.com/en/publications/outcomes-using-two-tailored-behavioral-treatments-for-substance-a

Shoptaw, S., Reback, C.J., Peck, J.A., Yan, X., Rotheram-Fuller, E., Larkins, Sh., Veniegas, R.C., Freese, T.E., & Hucks-Ortiz, C. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. *Drug and Alcohol Dependence, 78*, 125-134. See Table 1 and p. 132. https://ucdavis.pure.elsevier.com/en/publications/behavioral-treatment-approaches-for-methamphetamine-dependence-an

Sullins, D.P., Rosik, C.H., and Santero, P. (April 27, 2021). Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men. *F1000Research, 10:222*, 1-20. https://doi.org/10.12688/f1000research.51209.1

[9] APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Said aversive methods were abandoned about 40-50 years ago—since about the 1960’s or 1970’s: pp. 22, 82.

[10]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).

[11] Sexual orientation changes over the life span.
American Psychological Association’s *APA Handbook of Sexuality and Psychology* (2014):
“[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time.”
(Diamond, 2014, in *APA Handbook*, v. 1, p. 636)
“Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation.”
(Rosario & Schrimshaw, 2014, *APA Handbook*, v. 1, p. 562)
“Over the course of life, individuals experience the following:…changes or fluctuations in sexual attractions, behaviors, and romantic partnerships.”
(Mustanski, Kuper, & Greene, 2014, in *APA Handbook*, v. 1, p. 619.)
Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association.

[12] 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 (https://iftcc.org/?s=organisations):

- International Federation for Therapeutic and Counseling Choice (https://iftcc.org/standards/)
- International Federation of Catholic Medical Associations (FIAMC) — **has 65 member organizations 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/

Has defended the legal right to therapy conversations to resolve gender incongruence: National Association of Practicing Psychiatrists (Australia, https://napp.org.au/2021/05/managing-gender-dysphoria-incongruence-in-young-people-a-guide-for-health-practitioners/)

[13] MULTIPLE MEDICAL GROUPS THROUGHOUT THE WORLD have warned against “gender affirmative’” interventions, including the:

- Royal College of General Practitioners
- Swedish Pediatric Society
- Royal Australian College of Physicians
- National Association of Practicing Psychiatrists (Australia)
- Society for Evidence Based Gender Medicine (international)
- Pediatric and Adolescent Gender Dysphoria Working Group (international)
- Youth Trans Critical Professionals (US)

[14] Therapy bans prohibit therapy conversations. Instead, they promote medical body altering interventions.

WHAT IS THE QUALITY OF THE “BEST AVAILABLE RESEARCH” THAT IS USED TO CLAIM MEDICAL GENDER AFFIRMATIVE PUBERTY BLOCKERS, CROSS SEX HORMONES, AND SURGERIES ARE “EVIDENCE BASED” INTERVENTIONS BASED ON “THE BEST AVAILABLE EVIDENCE”?

National forerunners in gender affirming interventions—Sweden, the UK, and Finland—now place restrictions and prohibitions for minors on medical gender affirmative interventions due to very low quality of research. The Endocrine Society Guideline with its 6 co-sponsoring organizations, including the World Professional Association for Transgender Health, say nearly all their recommendations are based on low, very low, and no research. A US government research review found research evidence to be “inconclusive”. A UK government review found the research quality to be “very low certainty evidence.”

SWEDEN POLICY CHANGE FOR MINORS:
Karolinska Universitetssjukhuset Astrid Lindgrens Barnsjukhus (March 2021). Policy Change Regarding Hormonal Treatment of Minors with Gender Dysphoria at Tema Barn-Astrid Lindgren Children’s Hospital. Swedish: https://segm.org/sites/default/files/Karolinska_Policy_Statement_Swedish.pdf ; Unofficial English translation: https://segm.org/sites/default/files/Karolinska%20_Policy_Statement_English.pdf

UNITED KINGDOM:
HIGH COURT CASE FOR MINORS: Bell et al. v. Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust et al. (Decision 1 Dec. 2020). Neutral Citation Number: [2020] EWHC 3274. Case No: CP/60/2020. https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf
GOVERNMENT RESEARCH REVIEW found evidence for puberty blockers provided “very low certainty evidence”. (p. 46) The National Institute for Health and Care Excellence (NICE) (March 11, 2021). Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphhoria. https://www.evidence.nhs.uk/document?id=2334888&returnUrl=search%3ffrom%3d2020-01-01%26q%3dgender%2bdysphoria%26sp%3don%26to%3d2021-03-31

FINLAND ON MINORS:
Council for Choices in Health Care in Finland (COHERE Finland) (June 16, 2020). Medical treatment methods for dysphoria associated with variations in gender identity in minors—recommendation. https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abedfae46f2e/Summary_minors_en.pdf

ENDOCRINE SOCIETY GUIDELINE WITH 6 CO-SPONSORING PROFESSIONAL ORGANIZATIONS:
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 guideline. Journal of Clinical Endocrinolology and Metabolism, 102, 1–35. https://doi.org/10.1210/jc.2017-01658
Co-sponsoring Associations with the Endocrine Society: Amer. Assn. of Clinical Endocrinologists, Amer. Soc. of Andrology, Eur. Soc. for Pediatric Endocrinilogy, Eur. Soc. of Endocrinology, Pediatric Endocrine Soc., and World Prof. Assn. for Transgender Health.

UNITED STATES GOVERNMENT RESEARCH REVIEW:
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 .

[15] The report to the Human Rights Council (HRC) within the United Nations (UN) of the independent “expert” individual does not represent the views of the HRC or of the UN. UN Member States, in fact many, opposed his appointment and have said they don’t recognize his mandate. In fact, there is no binding U.N. agreement regarding sexual orientation or gender identity at all. Treaty body monitoring committees have tried to read sexual orientation and gender identity rights into existing treaties, but their pronouncements are not binding and are often opposed by States. Some individuals and organizations have incorrectly represented the independent individual “expert’s” report as a statement by the HRC or by the UN. The following reference is to a resolution by 57 Islamic nations documenting, by example, that many UN member states reject the mandate and the report of an individual “expert” who opposes change-exploration therapy for sexual and gender feelings and behaviors. The UN has 193 member states. The HRC has 47 member states.

OIC/CFM-43/2016/CS/RES/FINAL. Annex 1: Declaration by the
Group of the OIC Member States in Geneva on Condemning the Human Rights Council Resolution “Protection against violence and discrimination based on Sexual Orientation and Gender Identity”, pp. 68-69;
Resolution No. 4/43-C on
Social and Family Issues Submitted to The Forty-third Session of the Council of the Foreign Ministers of the Organization of Islamic Cooperation (Session of Education and Enlightenment: Path to Peace and Creativity) held in Tashkent, Republic of Uzbekistan, on 18-19 October, 2016 (17 – 18 Muharram 1438H), pp. 19-20. https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm_res_cs_en.pdf

Organisation of Islamic Cooperation (OIC): History.
“The Organisation of Islamic Cooperation (OIC) is the second largest organization after the United Nations with a membership of 57 states spread over four continents.”
https://www.oic-oci.org/page/?p_id=52&p_ref=26&lan=en

[16] Excerpt from the 11th Circuit Court decision (repeated from previous footnote):

> Defendants say that the ordinances “safeguard the physical and psychological well-being of minors.” Together with their amici, they present a series of reports and studies setting out harms. But when examined closely, these documents offer assertions rather than evidence, at least regarding the effects of purely speech-based SOCE. Indeed, a report from the American Psychological Association, relied on by the defendants, concedes that “nonaversive and recent approaches to SOCE have not been rigorously evaluated.” In fact, it found a “complete lack” of “rigorous recent prospective research” on SOCE. As for speech-based SOCE, the report notes that recent research indicates that those who have participated have mixed views: “there are individuals who perceive they have been harmed and others who perceive they have been benefited from nonaversive SOCE.” What’s more, because of this “complete lack” of rigorous recent research, the report concludes that it has “no clear indication of the prevalence of harmful outcomes among people who have undergone” SOCE. We fail to see how, even completely crediting the report, such equivocal conclusions can satisfy strict scrutiny and overcome the strong presumption against content-based limitations on speech.
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> Still, they say, our confidence should not be shaken: the “relative lack of empirical studies on SOCE is not evidence of lack of harm….If anything, the lack of studies on SOCE may be indicative of the risk of harm.” The district court agreed: “Requiring Defendants to produce specific evidence that engaging in SOCE through talk therapy is as harmful as aversive techniques would likely be futile when so many professional organizations have declared their opposition to SOCE.” **In other words, evidence is not necessary when the relevant professional organization are united.**
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> But that is, really, just another way of arguing that majority preference can justify a speech restriction. The “point of the First Amendment,” however, “is that majority preferences must be expressed in some fashion other than silencing speech on the basis of its content.” Strict scrutiny cannot be satisfied by professional societies’ opposition to speech. **Although we have no reason to doubt that these groups are composed of educated men and women acting in good faith, their institutional positions cannot define the boundaries of constitutional rights. They may hit the right mark—but they may also miss it.**
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> **Sometimes by a wide margin too. It is not uncommon for professional organizations to do an about-face in response to new evidence or new attitudes….**

Otto, et al v. City of Boca Raton, FL et al., emphasis added:
Press release: https://lc.org/newsroom/details/112020-court-of-appeals-strikes-down-fl-counseling-ban-1
The legal decision: https://lc.org/PDFs/Attachments2PRsLAs/112020Otto.pdf

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

[18] 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.

[19] 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.

[20] 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

[21] In a study of sexual identity, defined by sexual attraction, in young adults over about 6 years, 43% of men and 50% of women experienced a shift in their sexual attraction, mostly one step along a scale that ranged from exclusively homosexual, to mostly homosexual, to bisexual (equally attracted to both sexes), to mostly heterosexual, to exclusively heterosexual. Among those who experienced any change, 66% of men and 66% of women changed to exclusively heterosexual. Among bisexuals, 75% changed, mostly toward or to exclusively heterosexual. Some exclusively homosexual individuals did change to develop opposite-sex attraction, even exclusively heterosexual attraction (males: 7% to exclusively heterosexual + 2% to bisexual = 9% changed; lesbians: 13% to exclusively heterosexual + 6% to mostly heterosexual + 8% to bisexual = 27% changed). Fewer exclusively heterosexual men (3%) and women (11%) changed, mostly to mostly heterosexual. (Calculated from Figure 1.)
Even a partial change can change a life and enable someone to live the life they desire. Categorical change to exclusively heterosexual is not required.
There are factors that are leading to these changes, obviously, and researchers, therapists, and clients should, in principle, be able to discover these factors.
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*, 103-110. https://link.springer.com/article/10.1007/s10508-012-9913-y

[22] Dickson, N., Roode, T., Cameron, C., & Paul, C. (2013). Stability and change in same-sex attraction, experience, and identity by sex and age in a New Zealand birth cohort. Archives of Sexual Behavior, 42, 753– 763. https://link.springer.com/article/10.1007/s10508-012-0063-z

[23] Childhood gender dysphoria overwhelmingly resolves if not affirmed.
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)
Laidlaw, M. (Oct. 24, 2018), The gender identity phantom, http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/

Gender identity changes throughout the life span.
British Psychological Society Guidelines:
“Gender dysphoria can fluctuate over years, not infrequently increasing or decreasing in mid life and it is not unusual for people to present for therapeutic discussion and support later in life”.
British Psychological Society (BPS) (February 2012). Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients, p. 25. https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20(2012).pdf

[24] Organizations:
American Psychiatric Association (2013), *Diagnostic and Statistical Manual-Fifth Edition*, p. 455.
American Psychological Association: *APA Handbook of Sexuality and Psychology* (2014), vol. 1, p. 750.
Endocrine Society and 6 co-sponsoring professional organizations: Hembree, et al. (2017), p. 11.
Research:
Singh D., Bradley S.J., and Zucker K.J. (2021). A Follow-Up Study of Boys With Gender Identity Disorder. *Frontiers in Psychiatry, 12*, 632784. https://www.frontiersin.org/articles/10.3389/fpsyt.2021.632784/full1 ;
Zucker, 2018; Cohen-Kettenis et al., 2008.

[25] Carmichael, P., Butler, G., Masic, U., Cole, T.J., De Stavola, B.L., Davidson, S., et al. (2021) Short- term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. PLoS ONE 16(2): e0243894. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0243894

de Vries, A.L.C., Steensma, T.D., Doreleijers, T.A.H., & Cohen-Kettenis, T.C. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. Journal of Sexual Medicine, 8(8), 2276-83. https://pubmed.ncbi.nlm.nih.gov/20646177/

Brik, T., Vrouenraets, L.J.J.J., deVries, M.C., Hannema, S.E. (2020). Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria. Archives of Sexual Behavior, 49, 2611-2618. https://doi.org/10.1007/s10508-020-01660-8

[26] 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/ ;based on: Ganna, A., et al. (2019). Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior, Science 365, eaat7693 (2019). DOI: 10.1126/science. aat7693, https://geneticsexbehavior.info/wp-content/uploads/2019/08/ganna190830.pdf

[27] At least 14 professional organizations around the world, including 10 endocrine societies internationally, agree that incongruent gender identity develops from a mixture of biological influences and life experiences in the social environment: The Endocrine Society and 6 organizations that co-sponsored its Guideline: the American Association of Clinical Endocrinologists, American Society of Androlgy, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, World Professional Association for Transgender Health (Hembree et al., 2017) and in addition the Asian Pacific Pediatric Endocrine Society, Japanese Society of Pediatric Endocrinology, Sociedad Latino-Americana de Endocrinologia Pediatrica, Chinese Society of Pediatric Endocrinology and Metabolism (Lee et al., 2016), American Psychological Association (Bockting 2014, vol. 1, p. 743), American Academy of Pediatricians (Rafferty, 2018, p. 4), and British Psychological Society (2012, p. 25).

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.

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.

[28] Identical twins share the same genes, prenatal hormones, and number of older brothers. Identical twins are always the same sex. Sex is 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 environmental conditions are predominant causal factors.
Bailey et al. (2016): LGB experiences: pp. 74-76. Non conforming gender expression: pp. 46, 76.
Incongruent gender identity: 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

[29] 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

[30] 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 patterns.
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 discover 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. Gender nonconformity, however, was not the only explanation for adverse experiences (p. 7).

[31] *APA Handbook of Sexuality and Psychology* (2014), vol. 1, p. 583

[32] 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.” Arch Sexual Behavior, 36, 864-867. https://link.springer.com/article/10.1007/s10508-007-9169-0
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

[33] 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

[34] *APA Handbook of Sexuality and Psychology* (2014), vol. 1, pp. 609-610

[35] TRANSGENDER IDENTITY AFFIRMATION IN CHILDREN MAY BE HARMFUL:
The American Psychological Association’s *Handbook of Sexuality and Psychology* says affirming children to live as another sex may neglect individual problems gender dysphoric minors are experiencing.
APA Handbook of Sexuality and Psychology (2014), vol. 1, pp. 743-744, 750.

[36] This footnote duplicates information from another footnote.
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. These were associated as individual factors or when paired with household dysfunction or polyvictimization.
But these findings were not significant for youth who were only questioning their gender identity. 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 probabilities 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 may be the first that specifically measured gender nonconformity separately and controlled for it, making it possible to discover 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, and particularly transgender identified biological boys) had experienced more types of adverse experiences. Gender nonconformity, however, was not the only explanation for adverse experiences. p. 7.

[37] Prevalence of psychiatric disorders in gender dysphoric adolescents and adults similar to the 75% range have been found in other U.S. studies, 6 European countries, Canada, Australia, and Iran. Most studies do not tell us whether the psychiatric conditions or the gender incongruence comes first. The Becerra-Culqui study in the U.S. and the Kaltiala-Heino study in Finland tell us the psychiatric disorders come before gender incongruence, therefore may cause it.
US: Becerra-Culqui, et al., 2018, https://pubmed.ncbi.nlm.nih.gov/30476120-letter-to-the-editor-endocrine-treatment-of-gender-dysphoricgender-incongruent-persons-an-endocrine-society-clinical-practice-guideline/; Hanna et al., 2019, https://doi.org/10.1016/j.annepidem.2019.09.009 ; Littman, 2018, https://doi.org/10.1371/journal.pone.0202330 ; Rider, et al., 2018, e20171683 ; https://pediatrics.aappublications.org/content/pediatrics/141/3/e20171683.full.pdf ;
The Netherlands, Belgium, Germany, Norway: Heylens, et al., 2014, https://pubmed.ncbi.nlm.nih.gov/23869030/ ;
Finland: Kaltiala-Heino, 2015, https://pubmed.ncbi.nlm.nih.gov/25873995/ ;
Sweden: Salmi, 2020, http://www.socialstyrelsen.se/ Press release—English translation: Usually with several psychiatric diagnoses in people with gender dysphoria, published: 2020-02-12 at. 10:00 ;
Australia: Strauss et al., 2017, https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathways_plain-text_no-figures.pdf ;
Canada: Bechard et al., 2017, https://doi.org/10.1080/0092623X.2016.1232325;
Iran: Meybodi, et al. (2014a), https://pubmed.ncbi.nlm.nih.gov/23869030/ and (2014b) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4142737/pdf/PSYCHIATRY2014-971814.pdf

[38]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. Cambridge University Press DOI: 10.1017/S003329170200694 ; https://www.cambridge.org/core/journals/psychological-medicine/article/psychological-autopsy-studies-of-suicide-a-systematic-review/49EEDF1D29B26C270A2788275995FDEE

[39] “Gender affirming” hormone blockers, hormones, and surgeries do not reduce medical visits or prescriptions for depression or anxiety, or hospitalizations following suicide attempts, according to a study of transgender individuals in the entire Swedish population. This study published by the official journal of the American Psychiatric Association gives us the largest data set on long term outcomes.
Branstrom, R. & Pachankis, J.E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American Journal of Psychiatry 177(8)*:727-734. See Abstract. See Addendum and Correction to original 2019 publication to the article. https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2019.19010080
The label for the puberty blocker drug, Lupron, that is being given to gender distressed children, cautions providers to “monitor for development or worsening of psychiatric symptoms. Use with caution in patients with a history of psychiatric illness.”
Lupron Depot-PED (2017). Important new update to the prescribing information for Lupron Depot-PED (leuprolide acetate for depot suspension) injection, powder, lyophilized, for suspension. http://lupron.com/Content/pdf/LUPRON_DEPOT-PED_Label_Change_Highlights.pdf

[40]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.

[41]An Obama administration 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.

[42] Children who are given gender affirming puberty blockers or cross sex hormones have greater mental health problems than sex accepting peers, even when they have parent support for gender transition, contrary to claims of two frequently cited studies.

“Together, both articles have been cited over 370 times in the past two or three years. Chen et al. (2018, 76) found the two studies to be the only ones that had yet “explored psychosocial functioning in socially transitioned prepubertal children,” high-lighting the critical importance of the two studies. As noted, Kuvalanka, Gardner, and Munroe (2019, 103) cited the research as “pioneering.” It is clear that the reported results of these two studies have had a huge impact on the field of social science and medicine.” (p. 19)

“Outright errors were made. The issues we have brought up were significant enough to have caught the attention of peer reviewers and been corrected prior to publication; for that matter, the journal editors might have caught at least some of them on their own, prior to peer review.” (p. 21)

“Whereas Olson et al. (2016b) and Durwood, McLaughlin, and Olson (2017) concluded that trans-gender children with strong parental support had, at worst, only slightly higher levels of anxiety with no differences in self-worth or depression; a reanalysis of their findings suggests otherwise, with slightly higher levels of depression but significantly and substantively meaning- ful differences in anxiety and self-worth, and with results favoring cisgender children, even when the transgender children had high levels of parental support for their gender transition- ing.“ (p. 21)

Schumm, W. R. & Crawford, D. W. (2019). Is research on transgender children what it seems? Comments on recent research on transgender children with high levels of parental support. *The Linacre Quarterly, 87(1),* 9-24. https://journals.sagepub.com/doi/10.1177/0024363919884799

[43] In Finland, 75% of adolescents applying for medical gender affirming interventions had psychiatric conditions in their lifetime before they questioned their gender identity according to their medical records.
in addition, the majority of adolescent applicants had been significantly bullied at school (57%), in nearly every case *before* they questioned their gender identity (92%) and for reasons unrelated to gender presentation or gender identity (73%). In nearly half the adolescents applying for gender services (49 percent), persistent experiences of bullying *before* thoughts about gender was found to be associated with peer isolation, anxiety, depression, self-harm, and suicidal preoccupation, if not attempts. These adolescents had very high hopes that sex change procedures would solve all their social, academic, and mental health problems (Kaltiala-Heino et al., 2015, pp. 4-6). We have treatments for psychiatric disorders, neurodevelopmental disabilities, and suicidal thoughts, and we are making continual advances. Those who are promoting experimenting on children’s bodies are showing stunning disinterest in what is causing children and adolescents to reject their bodies and in offering non-invasive therapy conversation treatment.

[44] Becerra-Culqui TA, Liu Y, Nash R, et al. (2018). Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics, 141(5):* e20173845 ; https://pubmed.ncbi.nlm.nih.gov/30476120-letter-to-the-editor-endocrine-treatment-of-gender-dysphoricgender-incongruent-persons-an-endocrine-society-clinical-practice-guideline/

[45] **World Professional Association for Transgender Health** (WPATH)
“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

[46] **American Psychiatric Association**
Regarding adolescents: “Both of these teams concur that management of those in whom GID [gender identity disorder] has persisted from childhood is more straightforward than management of those in whom GID is of more recent onset. In particular, the latter group is more likely to manifest significant psychopathology in addition to GID. This group should be screened carefully to detect the emergence of the desire for sex reassignment in the context of trauma as well as for any disorder such as schizophrenia, mania or psychotic depression that may produce gender confusion. When present, such psychopathology must be addressed and taken into account prior to assisting the adolescent’s decision as to whether or not to pursue sex reassignment or actually assisting the adolescent with the gender transition.” (p. 764)

Byne, W., Bradley, S.J., Coleman, E., Eyler, A.E., Green, R., Menvielle, E.J., Meyer-Bahlburg, H.F.L., Pleak, R.R., & Tompkins, D.A. (2012). Report of the American Psychiatric Association Task Force on treatment of gender identity disorder. *Archives of Sexual Behavior, 41*, 759-796. https://link.springer.com/article/10.1007%2Fs10508-012-9975-x

[47] **The British Psychological Society** Guideline says, “In some cases the reported desire to change sex may be symptomatic of a psychiatric condition for example psychosis, schizophrenia or a transient obsession such as may occur with Asperger’s syndrome….” (p. 26)

British Psychological Society (BPS) (2012). Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients. https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20-for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20-Gender%20Minority%20Clients%20(2012).pdf

[48] Psychological distress for LGBT identified people was less for earlier generations when therapy delved beneath the surface of sexual and gender feelings to treat potential underlying causes. But over time, therapists increasingly have been told to take the position that there is nothing to treat, and they have neglected to evaluate for and treat underlying sexual and gender related trauma. “Nothing to treat” has increased civil rights at the expense of mental health.

Meyer, I.H., Russell, S.T., Hammack. P.L., Frost, D.M., Wilson & Bianca, D.M. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample PLoS ONE, 16(3), 1-19. https://pubmed.ncbi.nlm.nih.gov/33657122/

[49] More research showing affirmation does not decrease the greater mental health problems of LGBT individuals:
Over 45 years of increasing affirmation and acceptance for gender nonconformity and medical gender affirmative treatment in The Netherlands, there has been little to no change in higher suicide rates for transgender people.
Wiepjes, C.M., den Heijer, M., Bremmer, M.A., Nota, N.M., de Blok, C.J.M., Coumou, B.J.G. & Steensma, T.D. (2020). Trends in suicide death risk in transgender people: Results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017). Acta Psychiatrica Scandinavica, 1-3. https://pubmed.ncbi.nlm.nih.gov/32072611/

[50] **Children’s Hospital Los Angeles** consent form for gender affirming hormones:
Puberty blockers plus cross-sex hormones sterilize children. “If your child starts puberty blockers in the earliest stages of puberty, and then goes on to gender affirming hormones, they will not develop sperm or eggs. **This means that they will not be able to have biological children**.” (p. 32)
Estrogen for boys/men may affect fertility and sexual function permanently.
“Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication….”
“Testicles may shrink by 25-50%….”
“Erections may not be firm enough for penetrative sex.” (p. 28).
Testosterone for girls/women may affect fertility permanently.
“It is not known what the effects of testosterone are on fertility. Even if you stop taking testosterone it is uncertain if you will be able to get pregnant in the future.” (p. 35)
Children’s Hospital Los Angeles (2016). Children’s Hospital Los Angeles Assent to Participate in Research Study. https://drive.google.com/file/d/1Q-zJCivH-QW7hL25idXT_j-ITfJZUUm1w/view?usp=sharing
See also:
Olson-Kennedy, J., Rosenthal, S.M., Hastings, J. & Wesp, L. (2016). Health considerations for gender nonconforming children and transgender adolescents: Gender Affirming Hormones: Preparing for gender-affirming hormone use in transgender youth. University of California at San Francisco (UCSF) Medical Center, Transgender Care. https://transcare.ucsf.edu/guidelines/youth
Fenway Health (2019). Informed Consent Form for Puberty Suppression. https://fenwayhealth.org/wp-content/uploads/Informed-Consent-for-Puberty-Suppression-4-2019.pdf

[51] 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.

[52] An Obama administration 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 .

[53] A small 2018 study near San Francisco, purporting to show harm to minors from “conversion therapy,” looked at only parent-initiated efforts. Ethical change-exploring 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.

[54] Testimony of Sydney: https://massresistance.egnyte.com/dl/CwUvAFmDqe/?

[55] USA nationally representative study using Pew Research data:
“Surprisingly, no significant differences are found between mainline Protestants (whose church doctrine often accepts same-sex relations) and evangelical Protestants (whose church doctrine often condemns same-sex relations).” (Abstract)
“LGBT respondents report a general feeling of happiness (.85) [85%] that is similar to that of the general population (.86) [86%] reported by the General Social Survey." (p. 85)
Barringer, M. & Gay, D. (2017). Happily religious: The surprising sources of happiness among lesbian, gay, bisexual, and transgender adults. Sociological Inquiry, 87, 75-96. https://doi.org/10.1111/soin.12154

[56] Cranney, S. (2017). The LGB Mormon paradox: Mental, physical, and self-rated health among Mormon and non-Mormon LGB Iindividuals in the Utah Behavioral Risk Factor Surveillance System, *Journal of Homosexuality, 64:(6)*, 731-744. https://doi.org/10.1080/00918369.2016.1236570

[57] Rosik, C.H., Lefevor, G.T., & Beckstead, A.L. (2021). Sexual minorities who reject an LGB identity: Who are they and why does it matter? (Spring 2021). *Issues in Law and Medicine*. Full issue: https://issuesinlawandmedicine.com/product/spring-2021-full-issue/
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*. https://doi.org/10.1080/0092623X.2018.1531333

[58]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. Researchers who are themselves LGB consider a change of 1 or 2 steps along that spectrum to be sexual orientation change. **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 research or popular surveys.

[59] Many same sex attracted individuals are in opposite sex relationships. In the U.S., a nationally representative study found that, of bisexual men and women who were in any relationship, the vast majority were in an opposite sex relationship (88% of bisexual men and 90% of bisexual women), most of them married. (Herek et al., 2010, Table 8; p. 194.)

Herek, G.M., Norton, A.T., Allen, T.J., & Sims, C.L. (2010). Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. *Sexuality Research Social Policy, 7*, 176–200. https://link.springer.-com/content/pdf/10.1007%2Fs13178-010-0017-y.pdf

In the U.K., approximately 17% of LGB identified individuals were married, 71% to the opposite sex.
Office of National Statistics (2017). Sexual orientation, UK:2017; Experimental statistics on sexual orientation in the UK in 2017 by region, sex, age, marital status, ethnicity and socio-economic classification. *Statistical Bulletin*, p. 9, Figure 5. Sexual orientation, UK 2017.pdf ;
https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017

[60] The definitive document in the U.K., Office of National Statistics, Sexual Orientation, UK (2017), found that 31% of LGB identified individuals in the United Kingdom were married in 2017, two-thirds of them to the opposite sex. (ONS, 2017)

[61] 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. https://doi.org/10.1080/0092623X.2018.1531333

[62] Testimonies of change through therapy or faith-based ministries:
VoicesOfChange.net.
ChangedMovement.com.
FreeToChange.org/ex-lgbt-stories-of-change/.
ExodusGlobalAlliance.org/firstpersonc7.php.
ExodusGlobalAlliance.org/testimoniesc877.php.
Man describes his process of change through conversion therapy:
YouTube.com/watch?v=PCMOz2qzF_M.
TwoPrisms.com.
LifeSiteNews.com/news/watch-ex-gay-begs-canadian-politicians-to-not-ban-therapy-that-freed-him-from-lgbt-lifestyle?inf_contact_key=1ac10ff463ccc1d27f3272bddd06b-ca409c74070ac2bf3cfa7869e3cfd4ff832.
SexChangeRegret.com.
Tranzformed.org.
Transgender Transformed.
Testimony of an adolescent’s therapist choice and behavior change for religious reasons: here.