From: Christopher Rosik, Ph.D.
Subject: Therapy Ban Bill

RE: Testimony against Therapy Ban bill.

Dear Honorable Legislator,

I am the Past-President of the Alliance for Therapeutic Choice and Scientific Integrity. I am also a licensed psychologist and a long time member of the American Psychological Association. I am writing you to request that you vote against this bill. While there are many things wrong with this bill, let me address just a few of them here.

1. This bill assumes that the components of sexual orientation (e.g., attractions and behavior) are fixed and enduring and cannot change. However, as summarized by Ott et al., (2013), "**Reported sexual identity, attraction, and behavior have been shown to change substantially across adolescence and young adulthood**" (p. 466). Dickson and colleagues (2013) further asserted that, **"People with changing sexual attractions may be reassured to know that these are common rather than atypical"** (p. 762).Research on youth ages 15 to 21 noted a naturally occurring decline in non-heterosexuality over the time of the study and further observed: "**All attraction categories other than opposite-sex were associated with a lower likelihood of stability over time**" (Savin-Williams and Ream, 2007; p. 389). Clearly the possibility of change for many minors is scientifically established, and the experience of Alliance clinicians indicates that professional psychological care for minors with unwanted same-sex attractions and behaviors can promote this naturally occurring change for some individuals on a continuum of change.

2. Proponents of this bill would have you believe that people are simply born gay. However, the absence of genetic or biological determinism in sexual orientation is underscored and clarified by large scale studies of identical twins. These studies indicate that **if one twin sibling has a nonheterosexual orientation the other sibling shares this orientation only about 11% of the time** (Bailey, Dunne, & Martin, 2000; Bearman & Brueckner, 2002; Langstrom, Rahman, Carlstrom, & Lichtenstein, 2010). If factors in common like genetics or conditions in the womb overwhelmingly caused same-sex attractions, then identical twins would *always* be identical for same-sex attraction, as is the case for race. These studies instead suggest that the largest influence in the development of same-sex attractions are environmental factors that affect one twin sibling but not the other, such as unique events or idiosyncratic personal responses.

3. This bill creates the impression that the opinions of major mental health associations such as the American Psychological Association (APA) regarding sexual orientation change efforts (SOCE) represent scientifically established facts. However, these resolutions represent advocacy and ideology more than science. Consider the fact that **although many qualified conservative psychologists were nominated to serve on the task force that developed the APA Report on SOCE, all of them were rejected**. This fact was noted in a book co-edited by a past-president of the APA (Yarhouse, 2009). The director of the APA's Lesbian, Gay and Bisexual Concerns Office, Clinton Anderson, offered the following defense: "We cannot take into account what are fundamentally negative religious perceptions of homosexuality—they don't fit into our world view" (Carey, 2007). It appears that the APA operated with a litmus test when considering Task Force membership—the only views of homosexuality that were tolerated were those the APA deemed acceptable. The absence of divergent viewpoints as pertains to sexual orientation is further demonstrated in the **157-0** vote of the APA's

leadership body—the Council of Representatives—to support same-sex marriage, a result that undoubted represents a “statistically impossible lack of diversity” (Jayson, 2011; Tierney, 2011). This lack of viewpoint diversity among the leaders of the APA and other mental health organizations has an inhibitory influence on the production of diverse scholarship in areas such as same-sex attraction change that might run counter to preferred worldviews and advocacy interests (Duarte et al., 2015).

4. In spite of these clear biases, the APA Report on SOCE, which I remind you is referenced by many of the mental health associations identified in this bill, explicated states, “**Given the limited amount of methodologically sound research, we cannot draw a conclusion regarding whether recent forms of SOCE are or are not effective”** (APA, p. 43). Similarly, **“[T]here are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom”** (APA, p. 83; cf. p. 67, 120). Therefore, definitive claims by the proponents of this bill that professionally conducted SOCE are by definition harmful and ineffective is not supported by the APA’s own review of the scientific literature on SOCE. As the APA Report noted above, the prevalence of success and harm from SOCE cannot be determined at present. Given this backdrop, anecdotal accounts of harm, which are a focal point of attention by supporters of this bill, cannot serve as a basis for the blanket prohibition of an entire form of psychological care, however meaningful they may be on a personal level. The proper course of action for politicians to take given the current limited scientific base of knowledge regarding SOCE should be to encourage further and ideologically diverse research, not place a ban on its professional practice that supersedes existing regulatory oversight and may create unintended consequences for licensed therapists

5. The APA is quite clear that it supports the competence of a 17-year old girl to give consent to an abortion. Why does the 17-year old lose competence when it comes to SOCE? Similarly, the APA is on record as supporting the availability of sexual reassignment surgery for adolescents. Is it reasonable that 17-year olds who experience themselves to be the wrong biological sex be allowed to surgically alter genitalia while others with unwanted same-sex attractions and behavior be prohibited from even *talking* to a licensed therapist in a manner that could be construed as promoting the pursuit of change?

These considerations are just scratching the surface regarding what is wrong with this bill. On behalf of the Alliance and our affiliated licensed mental health professionals, I strongly urge you to support the normal process of scientific discovery relative to SOCE rather than side with activists who would stifle science through a highly premature legislative ban. **Please vote against this bill**.

Sincerely,
Christopher Rosik, Ph.D.
Licensed Psychologist
Past-President, ATCSI
https://www.therapeuticchoice.com/

For more information, please see my interview at Mercatornet: https://www.mercatornet.com/articles/view/sexual-orientation-changeefforts-and-the-campaign-to-ban-them/16522

References

American Psychological Association. (2009). *Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbt/resources/therapeuticresponse.pdf

Bailey, J. M., Dunne, M.P., & Martin, N.G. (2000). Genetic and Environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology, 78,* 524-536. doi: 10.1037//0022-3514.78.3.524

Bearman, P. S., & Bruckner, H. (2002). Opposite-sex twins and adolescent same-sex attraction. *American Journal of Sociology, 107*, 1179-1205.

Carey, D. (2007, September 20). Group to review therapy stance. *Oakland Tribune*. Retrieved from http://findarticles.com/p/articles/mi_qn4176/is_20070711/ai_n19358074

Duarte, J. L., Crawford, J. T., Stern, S., Haidt, J., Jussim, L., & Tetlock, P. E. (2105). Political diversity will improve psychological science. *Behavioral and Brain Sciences*, *38*, 1-13. doi:10.1017/S0140525X14000430

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

Jayson, S. (2011, August 5). Citing new research, psychology group supports gay marriage. *USA Today*. Retrieved from http://usatoday30.usatoday.com/news/health/wellness/marriage/story/2011/08/Citing-new-research-psychology-group-supports-gay-marriage/49798054/1

Langstrom, N., Rahman, Q., Carlstrom, E., & Lichtenstein, P. (2010). Genetic and environmental effects on same-sex sexual behavior: A population study of twins in Sweden. *Archives of Sexual Behavior, 39,* 75-80. doi: 10.1007/s10508-008-9386-1

Ott, M.Q.,Wypij, D., Corliss, H. L., Rosario, M., Reisner., S. L., Gordon, A. R., et al. (2013). Repeated changes in reported sexual orientation identity linked to substance use behaviors in youth. *Journal of Adolescent Health, 52*, 465-472. doi: 10.1016/j.jadohealth.2012.08.004

Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation *components during adolescence and young adulthood. Archives* of Sexual Behavior, 36, 385-349. doi:10.10007/s10508-006-9088-5

Tierney, J. (2011, February 11). Social scientist sees bias within. *The New York Times*. Retrieved from http://www.nytimes.com/2011/02/08/science/08tier.html?_r=3

Yarhouse, M. (2009). The battle regarding sexuality. In N. C. Cummings, W. O'Donahue, & J. Cummings, (Eds.), *Psychology's War on Religion*(pp. 63-93). Phoenix, AZ: Zeig, Tucker & Theisen, Inc

Psychologist Testimony Calling for Repeal of the "Conversion Therapy" Ban in Seattle

Dear Honorable Seattle City Council Member,

I am a member of the American Psychological Association, the National Task Force for Therapy Equality, and the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI),[1] a national association of licensed, professional therapists who provide contemporary talk therapy that is open to change in sexual orientation or gender identity (SOGI change).

No Electric Shock, Aversive Methods, or Harm. As the Practice Guidelines for ATCSI indicate, we do not coerce therapy goals, even for minor clients, even if their parents want us to, and we never use electric shock or aversive methods.[2] *Even the Southern Poverty Law Center itself has affirmed in a paper it posted in May 2016 that "conversion therapy" does NOT use electric shock or aversion therapy.*[3] Testimonies or organizational statements to the contrary are outdated, reveal lack of actual knowledge about contemporary SOGI change therapy, and should be regarded with caution. Grotesque mischaracterizations of SOGI change therapy have been presented in testimonies to legislators and in the media, have been documented to be fabrications, and have been reported to the Federal Trade Commission.[4]

Regarding a transgender girl, Leelah Alcorn, who tragically committed suicide, her note said she went to Christian therapists. Few Christian therapists are trained in therapy for SOGI change, and there is no evidence her therapists provided SOGI change therapy or were trained to do it. Often-quoted research about suicide among LGBT youth never claims any of the youth received therapy that is open to SOGI change.[5] No scientifically credible research shows harm from talk therapy that is open to SOGI change.

No One Is Born Gay. Is same-sex attraction simply innate like eye or skin color, so it cannot change? *USA Today* summarized research in a June 2017 article title, "'Born this way'? It's way more complicated than that."[6] The American Psychological Association (APA) agrees in its *APA Handbook of Sexuality and Psychology*. The APA gave the *Handbook* its imprimatur and declared it "authoritative."[7] The *APA Handbook* says no gay gene has been identified,[8] and all hypothesized biological factors combined do not determine sexual orientation.[9] Psychoanalytic factors[10] are potentially causative. Born-that-way is NOT true.

The co-editor-in-chief of the *APA Handbook* co-authored an article in 2016 stating that the genetic contribution to same-sex attraction is less than the genetic contribution to

being divorced or smoking, things that are considered changeable[11]—sometimes without therapy—sometimes through psychological intervention[12]—without harm.

Most are Bi and Change. The *APA Handbook says* most of the public and some mental health professionals believe sexual orientation comes in two types—exclusive heterosexual and exclusive homosexual—that are fixed and rigid, but the opposite is true. Most people who experience same-sex attraction also already experience opposite-sex attraction, and most are mostly opposite-sex attracted.[13] The *Handbook says* same-sex sexual attraction, behavior, and orientation self label—all three—shift over time for most. Abundant research shows change is mostly toward or to exclusive opposite-sex attraction, and this is true for both adolescents and adults and both males and females across numerous rigorous studies.[14] In two of the best studies, as many as 89%[15] of exclusively same-sex attracted adolescent boys and 66%[16] of all same-sex attracted young adults of both genders shifted sexual attraction, mostly toward or to exclusive *opposite*-sex attraction.[17] The exceptions are the minority. It is well established that "born that way and can't change" turned out not to be true. A "key"[18] basis for the APA's recommendation against change therapy was the view, now discredited in the APA's own *Handbook*, that sexual orientation does not change.

No One Is Born Trans; Gender Dysphoria Normally Changes. The American *Psychiatric* Association in its *Diagnostic and Statistical Manual, Fifth Edition,*[19] and the *APA Handbook*[20] agree that childhood gender identity dysphoria or distress also normally fluctuates. As many as 98% of gender dysphoric boys and 88%[21] of gender dysphoric girls will accept their natural body sex by adulthood if allowed to. The *APA Handbook* says that transgender identity comes from a combination of biological and social factors, *not that it is biologically determined or innate.*[22] Therapy that is open to change is in harmony with the norm of sexual orientation and gender dysphoria change.

Sexual Trauma & Family Factors May Cause Sexual Variations and Should Be Treated, Potentially Leading to Sexual Variation Change. The APA Task Force[23] and a number of professional organizations have taken a now outdated position that claims trauma, family pathology, and psychoanalytic factors are not potential causes of sexual variations. While the APA says sexual variations are normal and not caused by trauma, so there is nothing to treat, now in its *Handbook* it also says *childhood sexual abuse, such as Mayor Murray has perpetrated,* is a potentially *causal* factor for ever having same-sex partners.[24] Contrary to a common view, it also says there are *"psychoanalytic" causal* factors[25] in sexual orientation. Psychoanalytic factors generally are well known potentially to include family trauma. Rigorous research has established *absence of a parent*, especially the biological parent of the same-sex as the child, is a strong potentially causal factor.[26] The *APA Handbook* says there is some evidence gender

dysphoria is pathological, *family pathology* may influence it,[27] and the full acceptance of a child's gender variation risks neglecting problems the child might be experiencing.[28] Yet, if change therapy is banned, therapists will be able only to fully accept and affirm a child's transgender identity or take a wait-and-see approach. Ethically, a clinician must consider the presence and treatment of potentially causal and pathological factors. Resolving causal factors may lead to a shift in SOGI. A therapy ban would forbid such therapy. Therapists could not lift a finger to help these traumatized children move toward what they feel is their true sexual orientation or gender identity. The political activists behind bans do not want anyone to know some children's sexual variation was forced on them by sexual abuse or family pathology, because they believe such realities do not support their political agenda.

Change Therapy Is Safe & Effective. Did the often cited APA Task Force report[29] prove change therapy Is harmful and ineffective but affirmative therapy is safe and effective? It did not. It critiqued research for change therapy meticulously for flaws, holding it to the highest standards that the APA requires of no other therapy, then recommended affirmative therapy that it said also failed those very same standards, and accepted evidence it admitted was one-sided and anecdotal as the basis for its conclusion. Organizations have built position statements on this thin and lopsided basis.

There is over a century of published research, mostly peer reviewed, showing successful sexual orientation change through therapy.[30] Yet the APA Task Force[31] recommended more rigorous research. In response, a prospective, longitudinal study currently being conducted has found in the first 12 months that distress decreased, sense of wellbeing increased, heterosexual thoughts and feelings increased, and homosexual thoughts and feelings decreased.[32] These results are credible scientific research evidence that therapy that is open to sexual orientation change is safe and effective. Some organizational position statements to the contrary follow the APA Task Force report that was published before this research. These results were presented at a professional conference, and the two-year results are expected to be published in a peer-reviewed journal. Banning therapy would be premature.

Viewpoint Discrimination in Organizations Is Group Think, Not Science. In Law, It Is Unconstitutional. A number of professional organizations have *affirmatively recommended* SOGI change therapy.[33] How did the APA Task Force decide to recommend against it? A former APA president explained that the chair of the Task Force appointed only members who were already against change therapy ideologically or politically and refused qualified psychologists who actually do the therapy.[34] The Task Force conclusion was based on *viewpoint discrimination*. Organizations that share the viewpoint discrimination of the APA Task Force have taken the same position. Their

agreement is group-think, not science. Organizations have the right to stack the deck based on viewpoint discrimination (although they should acknowledge when they do so), but *viewpoint discrimination and content discrimination in law is unconstitutional*.[35]

It makes no sense to hide the truth from sexually variant minors that many of them will change, and it is unconscionable to withhold help from those who may need therapy for trauma to make that change and be what they feel is their true self. Among those individuals who do not change, not all regret they tried; therapy has many benefits. Some who change regret that professional organizations, their family, and others led them to believe change through therapy was not possible, resulting in delay in getting this therapy and losing years of their lives they could have lived the way they now do.

Minors Not Getting Therapy. My state, California, is one of a small number of states that have therapy bans for minors; 22 states have rejected these bans. Therapy bans assume same-sex attracted or gender dysphoric children who seek therapy that is open to sexual variation change will have their sexual variation for life, were biologically determined to be so, and want to be so affirmed or will feel rejected. This assumption is ill-founded. Minors who want therapy that is open to change will not go to a therapist who will not recognize that their sexual variation may be due to trauma, may not represent their truest self, and may shift with therapy.

Since the ban, many therapists have been afraid to see these minors, so these minors are being sent to unlicensed counselors or getting no help at all. Some have been sexually abused or are suicidal. These children are not being served.

Bans Risk Therapists. Therapy bans also place all therapists who treat sexually variant minors in a dangerous trap, regardless of their view of sexual variations. Sexual variation fluctuation could occur during therapy, and then there is an open question as to whether the therapist is in violation of the law. At least, the therapist is opened up to liability. The California Board of Behavioral Science (BBS) has been asked more than once to clarify the law on this very liability question and has declined.

Therapy bans are dangerous, ineffective, and unjust for the very minors they purport to protect. How does banning therapy help children whose same-sex attraction was forced on them by child abusers like Mayor Murray and who want help to change their sexual attraction and behavior? Can you bring yourself to abuse child abuse victims again by depriving them of the only therapy that will help them, as Mayor Murray sought to do?

Sincerely, Laura A. Haynes, Ph.D., California Licensed Psychologist, Tustin, CA

[1] Alliance for Therapeutic Choice and Scientific Integrity, TherapeuticChoice.com.

[2] National Association for Research and Therapy of Homosexuality Institute (NARTH Institute), Practice guidelines for the treatment of unwanted same-sex attractions and behavior, Originally published in: *Journal of Human Sexuality, 2*:5-65. https://www.scribd.com/doc/115508811/NARTH-Institute-Practice-Guidelines, pp. 17f, 28.

[3] Southern Poverty Law Center, May 2016, Quacks: 'Conversion Therapists,' the Anti-LGBT Right, and the Demonization of Homosexuality, p. 29; critiqued in National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017. http://americasurvival.org/wp-content/uploads/2017/05/In-Their-Own-Words-Lies-Deception-and-Fraud-National-Task-Force-Complaint-to-the-Federal-Trade-Commission.pdf, pp. 16-17.

[4] National Task Force for Therapy Equality, (May 1, 2017), Report to the FTC. (See footnote 3.)

[5] C. Ryan, D. Huebner, R. M. Diz, & J. Sanchez (2009), Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults, Pediatrics, *123*: 346-352, Doi: 10.1542/peds.2007-3524.

[6] Dastagir, A. (June 15, 2017), 'Born this way'? It's way more complicated than that. https://www.usatoday.com/story/news/2017/06/16/born-way-many-lgbt-community-its-way-more-complex/395035001/

[7] Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology,* Washington D.C.: American Psychological Association., v. 1, p. xvi.

[8] Rosasrio & Schrimshaw, 2014, v. 1, p. 579, in *APA Handbook*.

[9] Kleinplatz & Diamond, 2014, v.1, pp. 256-257, in *APA Handbook*; 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, 17: 45-101*.

[10] Rosario & Shcrimshaw, 2014, v. 1, p. 583, in *APA Handbook*.

[11] Diamond, L. & Rosky, C. (2016), pp. 4,6-7.

[12] For example: American Psychological Association (November 2016). American Psychological Association News: Get the App: A new tool to help clients quit smoking. *Monitor on Psychology*.

[13] Diamond, 2014, v. 1, p. 633, in *APA Handbook*.

[14] Diamond, p. 636; Rosario & Schrimshw, p. 562; and Mustanski, Kuper, & Greene; all in *APA Handbook, 2014,* v. 1. See also Diamond & Rosky, 2016.

[15] Savin-Williams, R., & Ream, G. (2007). Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood. *Archives of Sexual Behavior, 36:* 385-394.

[16] 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.

[17] Diamond & Rosky, 2016, p. 7, Table 1.

[18] APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association, pp. 54, 63.

[19] American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA: American Psychiatric Association, p. 455; Bockting, 2014, v. 1, p. 744, in *APA Handbook*.

[20] Bockting, W. (2014), Chapter 24: Transgender Identity Development, v. 1, p. 743, in *APA Handbook*.

[21] American Psychiatric Association (2013), p. 455.

[22] Bockting, 2014, v. 1, p. 743, in *APA Handbook*.

[23] APA Task Force (2009), Report, pp. 54, 63.

[24] Mustansky, Kuper, & Greene, 2014, v. 1, pp. 609-610, in *APA Handbook*.

[25] Rosario & Schrimshaw, v. 1, p. 583, in *APA Handbook*.

[26]Udry and Chantala found that "90% of boys who had strong same-sex interest had absent fathers—a very strong relationship. Among boys, the greater the degree of same-sex attraction, the greater the likelihood of father absence, delinquency, and suicidal thoughts. As opposite sex interest also rose, that strong relationship completely disappeared" (Udry & Chantala, 2005, p. 487).
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. See also Frisch, M. and Hviid, A. (2006), Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, *35*:533-547; 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, DOI:10.1080/00224490802398357; D.M. Fergusson, L.J. Norwood, & A.L. Beautrais, (1999), Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56*:876-880, esp. p. 879.

[27] Bockting, v. *1, p.* 743, in *APA Handbook.*

[28] Bockting., v. 1, pp. 744, 750-751, in *APA Handbook.*

[29] APA Task Force (2009), Report.

[30] 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.

[31] APA Task Force (2009), Report.

[32] Pela, C. & Nicolosi, J. (March 10, 2016) Clinical outcomes for same-sex attraction distress: Well-being and change, Conference of the Christian Association for Psychological Studies (CAPS), Pasadena, CA. http://www.josephnicolosi.com/collection/outcome-research

[33]Professional Organizations Recommending Change Therapy. SOGI change therapy for minors is recommended by the American Association of Christian Counselors, Alliance for Therapeutic Choice and Scientific Integrity, American College of Pediatricians, Association of American Physicians and Surgeons, Youth Trans Critical Professionals, Catholic Medical Association, Christian Medical Association, and International Network of Orthodox (Jewish) Mental Health Professionals. Collectively, these organizations comprise *over 100,000 licensed mental and medical health practitioners.*

[34] Yarhouse, M. (2009). The battle regarding sexuality. In N. C. Cummings, W. O'Donahue, & J. Cummings, (Eds.), *Psychology's War on Religion* (pp. 63-93). Phoenix, AZ: Zeig, Tucker & Theisen, Inc.

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

National Task Force for Therapy Equality
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August 2, 2017

Dear City of Seattle, Washington City Council,

The National Task Force for Therapy Equality represents thousands of clients who formerly identify as lesbian, gay, bisexual, or transgender (LGBT), as well as tens of thousands of youth, parents, and families who experience unwanted same-sex attractions, or unwanted SSA.

Youth with unwanted SSA do not identify as LGBT. Many are in the process of working through conflicts with their sexuality identity and family, spiritual/religious values, and life goals. While these youth may experience homosexual attractions, they may also have opposite-sex attractions, or their sexual identity may not correspond with their unwanted sexual feelings. Meaning, they may believe in their heart and identify themselves as heterosexual, but due to various unresolved issues, experiences, and sometimes, trauma, they struggle with attractions that do not correspond with who they believe they are.

Because of the complex nature of human sexuality and identity development, scientific research shows that sexual attractions are especially fluid and subject to change during adolescence. Young people are especially vulnerable, due to the immature pre-frontal cortex in their brain, to take sexual risks during this developmental period that could have lasting and harmful effects on their future.

Because of the nature of these sexual risks and the immaturity of their bodies, as well as their emotional and psychological fragility, we believe youth have the right to be provided with the medical and psychological risks associated with homosexual and transgender behavior, and that licensed mental health practitioners can support and provide a safe place for youth to discuss these risks and receive help and information to make the best decision for their lives.

Presently, well-organized attempts are under way to block youth from being given both the appropriate scientific knowledge and counseling about homosexual and transgender behavior. Activists labeling this counseling "conversion therapy" are using scare tactics to silence youth, and their families, that seek help for sexual and gender identity conflicts. We would like to remind this body of three important facts:

1. The American Psychological Association said in 2008 that although much research has been conducted, scientists cannot conclude that homosexual orientation is innate, or that people are born gay.
2. While activists have made strides in a handful of states to ban therapy for youth who experience sexual and gender identity conflicts, the vast majority of states, which now totals 22 in the last three years, have voted not to take away the rights of youth and parents (see list of states in footnotes below).[1]
3. Finally, there are NO (meaning, zero) outcome-based studies on youth who experience unwanted same-sex attractions and seek therapy to resolve their conflicts. Therefore, the role of the legislators should be to promote research efforts to study and support youth that seek therapy, not pre-maturely ban their efforts. Recommending a ban sends a message to these youth and parents that they are unwelcome in your county, city, or state, and at a time where we are seeking inclusion and tolerance for all, this would be a step backwards.

Lawmakers can play an important role in supporting all youth and families who experience sexual identity conflicts, not just those who identify as LGBT. I hope this body makes the right and fair decision to support all youth and respect the wide range and diversity of sexual values they hold.

Respectfully yours,

Christopher J. Doyle

Christopher J. Doyle, MA, LPC, LCPC
Co-Coordinator, National Task Force for Therapy Equality

[1] These states include: Arizona, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, and West Virginia.

What Happens When Legislation Prevents Therapy

1. Parents will be denied the right to seek a counselor for their children that suits the child's need and aligns with their family values and spiritual beliefs on sexuality. The right of clients to choose their own goals for therapy is a civil right.

2. There are no outcome-based studies on adolescents undergoing sexual orientation change effort therapy; allegations of harm and ineffectiveness of SOCE therapy are unfounded based on this lack of research in the peer-reviewed literature. When examining the outcomes of adults undergoing SOCE therapy, a 2009 review of the scientific literature identified over one hundred years of research that demonstrates some clients with unwanted same-sex attractions may experience change or fluidity in their orientation and identity as a result of psychotherapy.[2]

3. American Association of Christian Counselors, Catholic Medical Association, American College of Pediatricians, Christian Medical Association, Freedom2Care, Alliance for Therapeutic Choice and Scientific Integrity, and the International Network of Orthodox Jewish Mental Health Professionals represent over 100,000 medical and mental health professionals and they all support the rights of clients to pursue therapy to change.

4. Psychotherapy/counseling is both medical conduct *and* speech. Banning SOCE therapy is against the First Amendment of the Constitution and is viewpoint discrimination.

5. Children who are molested and develop same-sex attraction (SSA) as a result of sexual abuse will be denied access to highly qualified professional counselors who are trained on how to treat trauma and help clients resolve SSA. Same-sex attracted persons are more likely to be victims of sexual abuse than heterosexuals.[3,4]

6. It has now been proven that some of the stories of "therapy torture" and harm told by gay activists testifying in front of legislatures are fabricated.[5]

7. Scientists cannot conclude that same-sex attractions are caused by genes, hormones, or brain differences. It's a combination of many factors.[6, 7] Science has not determined that anyone is born gay.

8. Research suggests that sexual orientation, especially in adolescence, is fluid and subject to change.[8, 9, 10]

9. Individuals who do not identify as lesbian, gay, bisexual and transgender (LGBT) believe they are inherently heterosexual and seek help to identify the specific reasons why they experience unwanted SSA.

10. Heterosexual identity affirming therapy is not different from any other psychotherapy. Counselors who work with clients who experience unwanted SSA/gender identity confusion are licensed and provide psychological services for a wide variety of issues.

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[2] Phelan, J.E., Whitehead, N. & Sutton, P.M. (2009). What Research Shows: NARTH's Response to the APA Claims on Homosexuality. *Journal of Human Sexuality*, *1*, 1-94.
[3] Walker, M. D., Hernandez, A. M., & Davey, M. (2012). Childhood Sexual Abuse and Adult Sexual Identity Formation: Intersection of Gender, Race, and Sexual Orientation. *Family Therapy*, *40*(5), 385-398
[4] Tomeo, M.E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons. *Archives of Sexual Behavior*, *30*(5), 535-541.
[5] Doyle, C.J. (March 21, 2013). *Transgendered 'woman' lies about therapy 'torture'*. Retrieved online at: http://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture; also see: http://www.fpiw.org/about/family-policy-blog/the-fear-of-change.html
[6] American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality.* Washington, DC: American Psychological Association, p. 2.
[7] Whitehead, N.E. & Whitehead B. (2013). *My Genes Made Me Do It! A scientific look at Sexual Orientation.* Lafayette, LA: Huntington House Publishers.
[8] Savin-Williams, R. C. & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior*, *36*(3), 385-394.
[9] Savin-Williams, R. C. & Ream, G. L. (2006). Pubertal onset and sexual orientation in an adolescent national probability sample. *Archives of Sexual Behavior*, *35*(3), 279-286.
[10] Whitehead, N.E. (2009). Adolescent Sexual Orientation: Surprising amounts of change.

June 5, 2017

Dear Legislator,

The National Task Force for Therapy Equality represents thousands of clients who experience sexual and gender identity conflicts, as well as their parents, families, places of worship, and communities. In the last five years, our coalition of licensed psychotherapists, social workers, psychiatrists, and physicians have worked with legislatures across the country to educate them on efforts to ban voluntary psychotherapy with licensed professionals for minors and their families who seek to resolve unwanted homosexual and gender identity conflicts. In the course of our work from 2012 to the present, we have been supported by the majority of state legislatures where legislation to ban therapy has been introduced.[1] Unfortunately, eight states have passed bills into law that will deprive young people of their rights. Even more concerning is the nature of how these bills have been passed.

The purpose of the attached document is to alert you of the dangerous and irresponsible tactics of three of the largest gay activist organizations (Human Rights Campaign, Southern Poverty Law Center, and National Center for Lesbian Rights) that are responsible for introducing and lobbying for these bills. The nature of their deceptive work is so egregious that our Task Force thought it necessary to file a consumer fraud complaint with the Federal Trade Commission (FTC) titled: *In Their Own Words — Lies, Deception, and Fraud: The Southern Poverty Law Center, Human Rights Campaign, and National Center for Lesbian Rights' Hate Campaign to Ban Psychotherapy for Individuals with Sexual and Gender Identity Conflicts*.

This complaint was filed on behalf of nine organizations, representing over 20,000 licensed psychotherapists, psychiatrists, and physicians.[2] As the attached complaint details, the three opposing organizations have been actively working together for at least five years in a deceptive and fraudulent hate campaign with the goal of deceiving law makers on the state, federal, and international level to enact legislation to ban licensed psychotherapy for minor clients that experience unwanted same-sex attractions and/or gender identity conflicts. To date, eight states and several cities and jurisdictions have passed such legislation into law, prompting several lawsuits across the country.

The complaint to the FTC documents evidence of the following:

- The three organizations have *actively* and *knowingly* engaged in *deceptive and fraudulent marketing practices of the kind the FTC considers malicious*, which are particularly deceptive and misleading to consumers and the general public. This complaint is pursuant to the FTC's definition of unfair practices, defined as those that "cause or are likely to cause substantial injury to consumers which is not reasonably avoidable by consumers themselves and not outweighed by countervailing benefits to consumers or to competition" (15 U.S.C. Sec. 45(n)).

- The three organizations have supported witnesses on the state, federal, and international level that have *delivered unverifiable and fraudulent testimony in front of law-making bodies* in the effort to persuade legislative action to ban psychotherapy. Through multiple examples, it has now been proven these witnesses have *lied and engaged in a variety of deceptive practices* on behalf of the organizations' hate campaigns to ban psychotherapy.

- The three organizations, through their marketing campaigns, are *actively raising large sums of money in the effort to ban psychotherapy by using deceptive and fraudulent practices*. These practices are *misleading to the general*

[1] These states include: New Hampshire, Arizona, Georgia, West Virginia, Nevada, Minnesota, Rhode Island, Pennsylvania, Ohio, Iowa, Colorado, Virginia, Washington, Florida, Texas, New York, Massachusetts, Maryland, and Hawaii.
[2] These organizations include: American College of Pediatricians, Christian Medical and Dental Associations, Alliance for Adolescent Health, Family Watch International, Voice of the Voiceless, Center for Family and Human Rights, Alliance for Therapeutic Choice and Scientific Integrity, Jewish Institute for Global Awareness, and Freedom X.

public, and, as this complaint documents, it is highly unlikely that the three organizations are unaware of the *false and misleading nature of how their statements distort the facts and research around psychotherapy* to help clients with sexual and gender identity conflicts. As such, they are knowingly misleading consumers in their efforts to profit from such activities.

- The three organizations, through their marketing campaigns, have *actively* and *knowingly distorted the research to promote efforts to ban psychotherapy for clients with sexual and gender identity conflicts*, including misleading statements regarding the 2009 American Psychological Association Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation, as well as other research (e.g., Ryan et al., 2009). The three organizations use these statements to make false and misleading claims that psychotherapy is harmful and ineffective for minors who experience sexual and gender identity conflicts.

- The three organizations, through their marketing campaigns, have *actively distorted the scientific research in promoting the "Born Gay" hoax, a notion that has been disproved and refuted* by organizations such as the American Psychological Association through their 2008 Position Statement and 2014 *APA Handbook of Sexuality and Psychology.* The three organizations have *perpetrated the "born this way" lie to further their respective political agendas*, and in so doing, have raised *untold sums of money* from unsuspecting consumers and the general public.

- The three organizations have also engaged in *smear* and *defamatory attacks* on licensed psychotherapists and faith-based ministries providing help and assistance to those who experience sexual and gender identity conflicts. Until recently, one of the organizations (SPLC) included an *interactive "Hate Map" that identified nearly 100 therapists and ministries* on their website. The SPLC recently removed this map in the aftermath of the crime of Floyd Corkins, a *gunman who was inspired by the SPLC's "Hate Map" to enter the Family Research Council in 2013* and attempt to murder conservatives.

- One of the organizations (SPLC) was also reported to the Internal Revenue Service (IRS) in 2017 by the Federation for American Immigration Reform (FAIR) for engaging in practices of using "opinion-based smears and innuendos" as though they were educational while *violating governmental regulations and using tactics that it claims shields it from liability lawsuits*. The organization's *blatant engagement in political activity* is a clear violation of their 501(c) (3) status with the IRS, says the complaint.

By engaging in these deceptive and fraudulent practices, the three organizations are perpetrating undue harm on millions of consumers and the general public, thousands of licensed mental and medical health providers, and thousands of clients and potential clients that experience sexual and gender identity conflicts. Because their hate campaigns have already resulted in therapy bans enacted in at least eight states and several cities and jurisdictions, this report respectfully requests the FTC to review these fraudulent and deceptive practices and to promptly order the organizations to cease their activities in an effort to protect therapists, clients, consumers, and the general public from further harm. In addition, we respectfully requested the FTC to order the three organizations to issue press releases, correct inaccurate statements on their websites, and actively work with legislators across the United States to reverse legislation that has been passed into law so that further harm can be avoided.

We hope you recognize the serious nature of these fraudulent and deceptive acts by these three organizations and take steps to ensure the therapy equality of all young people, and their families, in your state, city, or jurisdiction.

Respectfully yours,

Christopher J. Doyle, MA, LPC, LCPC
Co-Coordinator, National Task Force for Therapy Equality

See attached enclosure: Complaint to the Federal Trade Commission (May 2, 2017)