



Rationale for Opposition to Proposed Ban on “Conversion” Therapy

By Family Watch International

Introduction: This document consists of two parts. Part I outlines multiple harms that will be created if a therapy ban is adopted. Part II provides facts and information debunking the many misleading and false claims being made by those advocating for a therapy ban.

Part I: Ten Harms from Laws Banning Conversion Talk Therapy

- 1. Choice will be abolished. If enacted, gender-confused children will be forced to either go without therapy for their *unwanted* behaviors or feelings related to sexual orientation or self-perceived gender identity or receive transgender “transition” support only.** Such “transition” protocols often include untested puberty blockers, cross-sex hormones, and genital-mutilating surgeries—protocols that impair sexual functioning and cause infertility for life.
- 2. Sexually abused children who have developed unwanted same-sex attraction or gender dysphoria as a result of their abuse will have to wait until adulthood to get the professional help they need.**
- 3. Children with unwanted same-sex attraction or gender confusion who are already at a higher risk for suicide could ultimately take their own lives when denied the therapy they want and need.**
- 4. Therapists who are currently treating children with psychological comorbidities (i.e., a combination of pornography addiction, depression, unwanted same-sex attraction, gender dysphoria, etc.) will be forced to address only part of their child clients’ needs.**
- 5. The only legal change counseling available to children will be from religious leaders who often have no professional training in treating unwanted same-sex attraction or gender dysphoria.**
- 6. The rights of parents to guide the health services of their children will be violated.**
- 7. The religious rights of parents and children will be undermined.**
- 8. The free speech rights of therapists will be violated.**
- 9. The right to self-determination of therapy clients will be violated.**

10. The state will have launched a huge overreach into the personal, intimate sexual lives and identity issues of children and their families, dictating health decisions that should be left up to parents, children, and their professional therapists.

Part II: Facts and Information Debunking False Claims Made Regarding Homosexual Attractions and Cross-Gender Identification

Note: A number of the false claims listed below were expressed in testimony given when a therapy ban was first presented to the Utah legislature. The same false claims are made everywhere therapy bans are pushed.

False Claim #1: Homosexual attractions and cross-gender identities are fixed and unchangeable.

FACT: Attractions and self-perceived gender identities are fluid, and many individuals with gender dysphoria or with feelings of unwanted same-sex attraction have been able to embrace their biological sex or to develop heterosexual attractions. For documented peer-reviewed research see FamilyWatch.org/TherapyBan and the video at UnderstandingSameSexAttraction.org. For multiple testimonies of individuals who have been helped by change therapy, see the following websites:

VoicesOfChange.net
SexChangeRegret.com
Changedmovement.com
VoiceOfTheVoiceless.info

False Claim #2: Conversion therapy is a dangerous and discredited practice that harms children and tears families apart.

FACT: There is no evidence proving that all professional therapy that affirms a person's biological sex or attempts to diminish same-sex attraction is harmful. The Alliance for Therapeutic Integrity (previously called NARTH) conducted a review of 125 years of research and clinical experience—one of the most extensive reviews ever undertaken. This research shows unequivocally that **many people with unwanted same-sex attraction can, and do, change their sexual orientation**, and of those who do not change, most still greatly benefit from therapy that helps them cope with their unwanted same-sex attraction.¹

Further, a 2009 American Psychological Association Task Force report **concludes that there is no proof of harm from “Sexual Orientation Change Efforts (SOCE).”**² Although another part of the APA report states that SOCE therapy *could* be harmful, it also indicates the evidence is *inconclusive* on the matter. Yet this same 2009 APA report is one of the primary “studies” that therapy ban

¹ Phelan, J. E., 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. Retrieved from <https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>. The Executive Summary can be found at <https://www.scribd.com/document/125145105/Summary-of-Journal-of-Human-Sexuality-Volume-1>

² American Psychological Association. (2009). Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. 82-83. Retrieved from <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

activists use in legislatures to claim that therapy has been proven to cause actual harm. Notwithstanding the lack of evidence of harm, activists cherry-pick the parts of the report that support their bias. Moreover, it should also be noted that every APA doctor selected to be on the APA task force is gay, except for one who is an LGBT-affirmative therapist.

False Claim #3: Conversion therapy has been rejected as ineffective, harmful and unethical by all of the nation’s leading medical and mental health organizations.

FACT: See the fact commentary in False Claim #2 rebutting the assertion that change therapy is “harmful.” With regard to the above claim that “all” the nation’s leading organizations have deemed change therapy “unethical,” the APA, for example, has never declared change therapy to be “unethical,” nor has the APA condemned it. This is likely because even though the APA may not like change therapy as it runs afoul of their political LGBT agenda, the APA knows the research does not support condemning it. In addition, many other psychological organizations that have denounced change therapy have done so without doing their own research on it. Thousands of therapists and doctors have left the larger “mainstream” professional organizations that have denounced change therapy and have formed their own organizations that more accurately communicate what the research shows in these areas. These organizations include the American College of Pediatricians (ACPeds) and the Alliance for Therapeutic Integrity, which have both issued strong statements opposing therapy bans.³

False Claim #4: A study in 2009 found that LGBTQ youth subjected to conversion therapy were two times more likely to experience depression and nearly three times more likely to attempt suicide.

FACT: This study was conducted by an LGBT-affirming research group in San Francisco that has not made the underlying data available. The study researchers relied largely on reports from LGBT-identifying individuals whom the researchers recruited from gay bars, clubs and “community centers,” ignoring anyone who had sought and obtained change through therapy. Moreover, the study was not randomized, had no control group, and has never been replicated.

The main scare tactic being used to justify these laws—claiming that many more youth will die—rests upon a very questionable study that doesn’t appear to be scientifically rigorous at all.

Further, the 18 states that have passed therapy bans have produced no evidence that LGBT youth suicides have decreased since these laws were enacted. Teen suicides are tragic, and we want to do everything we can to prevent them, but where is the documented proof that banning all change therapy makes the slightest bit of difference?

False Claim #5: The American Psychological Association Task Force on appropriate therapeutic response to sexual orientation found that survivors of conversion therapy reported confusion, guilt, shame, self-hatred, social withdrawal, depression and suicidality.

³ American College of Pediatricians. (n.d.). HB099 a threat to children's mental and physical health. Retrieved from https://familywatch.org/wp-content/uploads/sites/5/2019/02/UT_One_Page_Testimony_Against_Ban_2.23.19_V1.pdf

FACT: This statement is misleading since feelings of “confusion, guilt, shame, self-hatred, social withdrawal, depression and suicidality” are often reported by many same-sex attracted individuals regardless of whether they have received therapy or not. A NARTH survey of over a century of research and clinical experience found that sexual orientation change therapy is no more harmful than other psychotherapies.⁴

Psychotherapy of any kind is as much “art” as “science” and carries with it a certain amount of risk if it is not successful or does not otherwise meet the patient’s expectations. Studies suggest that about 5-10 percent of psychotherapy patients report deterioration in their condition following treatment, regardless of the type of therapy. Another 50 percent of patients report no change as a result.⁵ Other research suggests that the two most important factors in any successful psychotherapy are (1) the motivation of the patient, and (2) the relationship established between the patient and the therapist.

False Claim #6: The majority of states that have considered therapy bans have adopted them.

FACT: While as of this writing 18 states have adopted bans, the following 21 states have rejected bills that would have banned change therapy, indicating widespread resistance: Arizona, Florida, Georgia, Iowa, Idaho, Indiana, Kentucky, Michigan, Minnesota, Missouri, North Carolina, Nebraska, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Virginia, Wisconsin, West Virginia, and Wyoming. In every one of the 21 states listed where change therapy bills were rejected, both Republicans and some Democrats rejected the bans, many on free speech grounds.

False Claim #7: Therapy bans do not violate free speech laws for therapists.

FACT: The Supreme Court recently rejected the “professional speech” regulation doctrine, which allowed government regulators to diminish the free speech rights of licensed professionals.⁶ Decisions of the 9th and 3rd Circuit Courts of Appeals on which therapy bans have relied, therefore, have been abrogated. Further, a federal judge found that a therapy ban in Orlando, Florida failed *all* First Amendment tests.⁷ In other words, laws such as this will likely eventually be struck down as unconstitutional, as it violates the free speech rights of therapists.

False Claim #8: A majority of clients who report being subjected to the talk therapy aspect of conversion therapy are typically suffering from it.

FACT: Many people have flourished after receiving talk therapy for unwanted attractions or severe gender confusion. (See False Claim #2.)

⁴ Phelan, J. E., 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. Retrieved from <https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>. The Executive Summary can be found at <https://www.scribd.com/document/125145105/Summary-of-Journal-of-Human-Sexuality-Volume-1>

⁵ Hansen, N. B., Lambert, M. J., & Forman. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice*, 9(3), 329-343. doi: 10.1093/clipsy.9.3.329; Lambert, M. J., & Ogles, B. M. (2004). *The efficacy and effectiveness of psychotherapy*. New York, NY: Wiley.

⁶ See *Nat'l Inst. of Family & Life Advocates v. Becerra*, 138 S. Ct. 2361, 2371–72 (2018) (abrogating *Pickup v. Brown*, 740 F.3d 1208 (2014) and *King v. Governor of the State of New Jersey*, 767 F.3d 216 (2014)).

⁷ *Vazzo v. City of Tampa, Florida*, Report and Recommendations — Document #149. District Court, M.D. Florida.

False Claim #9: Therapy that helps children accept their biological sex or diminish their feelings of same-sex attraction increases suicidal ideation.

FACT: Many clients see therapists precisely because they already have suicidal ideation. Consider the following facts:

- **Studies have shown that as many as 70 percent of patients with gender dysphoria have an additional psychiatric condition (comorbidity) concurrently or in their lifetime.**⁸ This makes them much more susceptible to suicidal ideation, regardless of the type of therapy they receive.
- **Transgender people, both before and after “sex-reassignment” surgery and hormones, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population.**⁹
- **Studies have shown that the very high suicide rate of gender-confused individuals (as high as 19 times greater than the general population) is not significantly reduced by cross-sex surgery and hormone treatment and does not relieve many of their problems.**¹⁰

False Claim #10: Youth have been told they can overcome these feelings if they are sufficiently diligent with a task the therapist gives them.

FACT: Professional counselors who help people with feelings of unwanted gender confusion or attractions follow a code of conduct that prohibits them from making such claims, and no ethical, mainstream change therapist makes such claims. It is unfair to paint all change therapists with such a broad brush.

False Claim #11: Peer-reviewed research has demonstrated that even when clients are highly motivated and complete a recommended course of therapy, the number of those who can consistently function in a heterosexual lifestyle is small.

FACT: Former APA president Nicolas Cummings headed the mental health division of Kaiser Permanente, the huge California-based health maintenance organization. In an affidavit filed in 2013 in a lawsuit challenging the effectiveness of reorientation therapy, Dr. Cummings said he personally treated over 2,000 people with same-sex attraction, and his staff treated an additional 16,000. Of those of his patients who wanted to change their sexual orientation to heterosexual, “hundreds” were successful, going on to lead normal heterosexual lives.¹¹ Dr. Cummings has also stressed that “I am

⁸ Meybodi, A. M., Hajebi, A. Jolfaei, A. G. (2014). Psychiatric Axis I Comorbidities among Patients with Gender Dysphoria. *Psychiatry Journal*, 2014. doi: 10.1155/2014/971814; Heylens, G., et al. (2014). Psychiatric characteristics in transsexual individuals: multicentre study in four European countries. *British Journal of Psychiatry*, 204(2), 151-156.

⁹ Dhejne, et al. (2014). An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets. *Archives of Sexual Behavior*, 43(8), 1535– 1545.

¹⁰ Meyer, J. K. & Reter, D. J. (1979). Sex Reassignment. Follow-up. *Archives of General Psychiatry*, 36(9), 1010-1015; American College of Pediatricians. (2017). *Gender Dysphoria in Children*. Retrieved from <https://www.acped.org/the-college-speaks/position-statements/gender-dysphoria-in-children>; Dhejne, et al. (2014). An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets. *Archives of Sexual Behavior*, 43(8), 1535– 1545.

¹¹ Cummings, N. A. (2013, July 30). Sexual reorientation therapy not unethical: Column. *USA Today*. Retrieved from <http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>

... a proponent of patient self-determination. I believe and teach that gays and lesbians have the right to be affirmed in their homosexuality and also have the right to seek help in changing their sexual orientation if that is their choice.”¹²

Other empirical studies have also found no greater risk of suicide resulting from SOCE.¹³ The NARTH survey of over a century of research and clinical experience that has already been cited several times also shows that SOCE is no more harmful than other psychotherapies.¹⁴

False Claim #12: These laws will protect parents by informing them that sending their child to such a therapist is harmful.

FACT: These laws do not “inform” parents. They prohibit parents from being able to make these decisions. Parents are best able to assess whether the therapeutic approach of a particular therapist is appropriate for their child, and this is their right. This statement also arrogantly assumes that the legislature or a licensing board knows better than parents and their chosen mental health professional, which treads on dangerous ground indeed.

False Claim #13: These laws allow therapists to help clients live their values.

FACT: These laws do the exact opposite. They criminalize any efforts a therapist might engage in to help their client live their values related to sexual orientation and gender identity if the client’s values lead them to want to change.

False Claim #14: Therapy bans are necessary to prevent therapists from changing children in ways that harm them.

FACT: A therapist can’t “change” a child. The child has to want to change. No mainstream, ethical change therapist would ever claim to change a child. They can only offer a child tools and information to help them achieve desired change and assist them to develop and grow according to their own self-determination, whether that be gay or straight.

False Claim #15: We can reduce the youth suicide rate by clarifying that our state does not allow conversion therapy.

FACT: A significant research study found that for every year that an adolescent postpones self-identifying as homosexual, the risk of suicide drops 20 percent per year.¹⁵ If an adolescent

¹² Videos of Dr. Cummings' interview are available at <http://josephnicolosi.com/interviews/#videos>

¹³ See, for example, Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*(3 Pt 2), 1071-1088; Jones, S. L. & Yarhouse, M. A. (2011). A longitudinal study of attempted religiously-mediated sexual orientation change. *Journal of Sex and Marital Therapy, 37*(5), 404-427; Karten, E. Y., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies, 18*(1), 84-102.

¹⁴ Phelan, J. E., 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*. Retrieved from <https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>. The Executive Summary can be found at <https://www.scribd.com/document/125145105/Summary-of-Journal-of-Human-Sexuality-Volume-1>

undergoing change therapy is told during the period of normal confusion about sexual orientation that homosexuality is an inborn trait that cannot be changed and believes it, this can push the adolescent into early identification as same-sex attracted and can increase the risk of suicide. It can also push an adolescent into same-sex sexual exploration and homosexual pornography, which, in and of themselves, can be contributing factors in tipping a vulnerable youth toward homosexual behavior, which will subsequently put them at a high risk for many negative health consequences. Unfortunately, such messages as “If you think you might be gay, you are” and “If you think you might be gay, you need to experiment sexually and find out” are all too frequently conveyed by homosexual rights activists, same-sex attracted peers, and even counselors and therapists.

False Claim #16: Talk therapy that promotes the idea that feelings, thoughts and behaviors related to same-sex attraction and gender confusion are unhealthy should be banned.

FACT: We are talking about children here. This is suggesting that behaviors related to sexual orientation and gender identity that could, for example, include pornography addiction, having multiple sexual partners, or wanting to bind or remove healthy breasts and/or mutilate sexual organs, can be deemed as unhealthy, even if it's the child that doesn't want to experience those feelings or behaviors.

False Claim #17: Conversion therapy has not only been proven to not work but to cause depression and suicide.

FACT: There is no evidence that LGBT-identifying persons commit suicide at higher rates if they have had therapy. Studies that claim to have found such evidence have all had serious methodological flaws including being based on self-reporting surveys that elicit answers from people found in venues known to be frequented by activists with a vested interest in discrediting anything but LGBT-affirming therapy. For example, a widely promoted study published in the journal *Jama Psychiatry* claimed that children who received “conversion therapy” before age ten had much higher rates of suicide. However, this study, which was conducted by an advocacy group, the National Center for Transgender Equality, had serious methodological flaws including:

- The study was conducted by an advocacy group with a predetermined interest in a specific outcome.
- The participants were all self-selected from those in transgender communities so anyone who found therapy helpful would likely have been excluded from the study.
- The results are self-reported, so they reflect only perceptions of individuals rather than objective measures of well-being.
- As the study admits, there are no specific definitions of “gender identity conversion efforts,” so it’s not clear what the participants actually experienced. The study notes that 71.3 percent of the respondents had ever spoken to a professional about gender identity, and only 19.6 percent of these experienced what they labeled “conversion efforts.” Strangely, the report

¹⁵ Remafedi, G., Farrow, J. A., Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics*, 87(6), 869-875.

lumps “religious advisors” with professionals. Religious advisors accounted for 35 percent of the reports of conversion efforts, so only about 2,000 respondents had anything like what the “conversion therapy” bills would ban, and again, it is not clear that the reported “conversion efforts” were significant in duration or intensity or if it incorporated the kind of therapy that is most widely used today, which has been shown to yield positive effects for many.

- As the study also admits, there is no way to determine causation, so other factors could better explain the reports of suicidality than therapy. For instance, there are other data that show that those who identify as transgender also experience mental health challenges like depression. Depression is strongly correlated with suicidality. This supposition is strengthened by the fact that the majority of respondents had no partner (which might suggest something like loneliness or another condition that makes finding a partner difficult). Only a minority had a college degree. Many were not employed (50 percent in the group that reported GICE and 62 percent in the group that did not) despite less than 15 percent being over 65. In these circumstances, poor mental health that might lead to suicidal ideation is not entirely surprising.
- Only a very small number of respondents reported experiencing these efforts before they were 10 (206 respondents of 27,715 total), and it would be hard to generalize based on such a small number, especially in light of the other serious flaws in the study.
- The authors of the study admitted that “its cross-sectional study design ... precludes determination of causation” and that they lacked data regarding “what specific modalities were used” in what they were calling conversion therapy, leaving serious doubts as to all of their claims regarding the potential harm of such therapy in general.

Again, a number of empirical studies have found no greater risk of suicide resulting from change therapy.¹⁶

Moreover, the authors of a widely used medical textbook reviewed the research and clinical experience in this area and concluded in their highly authoritative medical textbook, *Essential Psychopathology and its Treatment*:

“While many mental health care providers and professional associations have expressed considerable skepticism that sexual orientation could be changed through psychotherapy and also assumed that therapeutic attempts at reorientation would produce harm, **recent empirical evidence demonstrates that homosexual orientation can indeed be therapeutically changed in motivated clients and that reorientation therapy does not produce emotional harm.**”¹⁷ (Emphasis added.)

It is, in fact, very possible that children with unwanted same-sex attraction or gender confusion who want professional help but who are told they can *never* change and will have same-sex attraction or

¹⁶ Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*(3 Pt 2), 1071-1088; Jones, Jones, S. L. & Yarhouse, M. A. (2011). A longitudinal study of attempted religiously-mediated sexual orientation change. *Journal of Sex and Marital Therapy, 37*(5), 404-427; Karten, E. Y., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies, 18*(1), 84-102.

¹⁷ Kilgus, M. D., Maxmen, J. S., Ward, N. G. (2009). *Essential Psychopathology & Its Treatment*, (3rd ed.). New York: Norton and Co.

gender confusion for the rest of their lives are the ones who become suicidal. These laws would better be named the “must stay gay forever laws”—no other options allowed.

False Claim #18: It's not appropriate to speak of the notion of self-determination in the context of minors. It's the licensed mental health care provider who knows that the treatment is ineffective and harmful.

FACT: Therapy is not even effective if you try to force a child down a path they refuse to go down. To be effective, therapy must support the child's self-determinism. This suggests that minors cannot self-determine toward change; instead, they must be forced to embrace an LGBTQ identity. This is saying that any therapist who suggests otherwise is doing something ineffective and harmful. In other words, these laws would better be named “the must stay gay laws,” no other options allowed.

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