



Family Watch International

Promoting Family Based Solutions to World Problems

**How Laws Banning Sexual Reorientation
Therapy are Harmful
and Violate Fundamental Human Rights**

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Executive Summary

Sexual rights activist groups in every part of the world are attempting to enact laws that would ban any therapy intended to help people decrease their unwanted same-sex attraction or gender dysphoria (severe gender confusion).

This therapy is most often called “conversion therapy” by those who oppose it, but it is also referred to by various other names, including “sexual orientation change efforts” (often called SOCE), “reparative therapy,” “reintegration therapy,” or “reorientation therapy.”

For the purposes of this brief, the term “reorientation therapy” or simply “therapy” will be used primarily; however, in some instances, such as in cited quotes, some of the terms listed above will also be used to refer to the therapy for unwanted same-sex attraction (SSA) that activists are trying to ban.

Laws that would ban such therapy all rest on the unsupported claims that “sexual orientation” and “gender identity” are fixed, genetic and immutable characteristics, therefore, any efforts to help people resolve their unwanted feelings or attractions to align with their values are ineffective and harmful.

This brief will present pertinent, well-documented research that counteracts the false claims used to support bans on reorientation therapy. The research presented will show that there is no ethical or scientific basis for limiting or banning therapy that has helped countless people with unwanted same-sex attraction and that this reorientation therapy carries no greater risk than other widely accepted therapeutic interventions. This brief will also show how therapy bans, where adopted, not only violate the right of persons to self-determination and choice with regard to their mental health, they also violate the constitutional rights of counselors by designating some therapeutic messages as acceptable and banning alternative messages.

The following eight main points addressed in this brief are backed by a significant body of research findings, which are summarized herein. Relevant legal implications and political considerations relating to the policy debate regarding reorientation therapy also are addressed.

What the Research Shows

1. No one is “born gay.” There is no scientific research that supports this claim and much research and clinical experience that refutes it. There may be biological influences that contribute to same-sex attraction, but there is no “gay gene.”
2. Same-sex attraction develops as the result of a complex interaction of factors that often include experiences during childhood and adolescence.
3. There are numerous, well-documented mental and physical health risks associated with homosexual behavior.

4. Many individuals with same-sex attraction can, and do, change their sexual orientation, and reorientation therapy has been shown to be highly beneficial to many people experiencing unwanted same-sex attraction.
5. There is no research showing that reorientation therapy has any more potential for harm than other psychotherapies.
6. Banning reorientation therapy would be especially harmful to adolescents experiencing same-sex attraction.
7. Bans on such therapy violate a number of human rights and freedoms embedded in international law and national constitutions.
8. The opposition to reorientation therapy is largely driven by a political agenda and not by legitimate concerns for the health and welfare of those struggling with unwanted same-sex attraction.

Documented support for each of the above points follows.

Introduction

Therapy to help people overcome their unwanted same-sex attraction has come under increasingly virulent and aggressive attacks by sexual rights activists. This is because such therapy poses a serious threat to the very foundation of the sexual rights movement, which is founded in the false idea that same-sex attracted individuals are “born that way” and can’t change, and that homosexuality is an innate and immutable characteristic, like race or gender. In order for sexual rights activists to maintain their position, they must suppress or discredit any evidence showing that reorientation therapy can be effective in helping people reduce their unwanted attractions.

However, if even just one person is shown to be able to change their sexual orientation from homosexual to heterosexual, this shatters the myth that homosexuals are “born gay” and can’t change. This is a major reason why sexual rights activists immediately attack and attempt to ostracize those who claim they have experienced any change in sexual orientation and why they seek to discredit therapists who offer reorientation therapy.

Opinion polls show that people who believe the “born that way and can’t change” fallacy are more likely to support the goals of the sexual rights agenda, including legalizing same-sex marriage and same-sex adoption worldwide. Therefore, a major strategy of the sexual rights movement in achieving their political agenda is this focus and major push to try to convince the world that it is impossible for same-sex attracted individuals to change their sexual orientation.

In the past, the attacks on reorientation therapy have been largely focused on trying to get mental health-related associations to brand such therapy as unethical. In recent years, there also has been an increasing effort to convince governmental officials and policymakers around the world that allowing people who struggle with unwanted same-sex attraction to receive therapy somehow violates their “human rights.”

Ironically, denying those who struggle with unwanted same-sex attraction the opportunity to receive therapy if they choose to do so violates their internationally recognized rights to health, self-determination and liberty. In the case of adolescents struggling with SSA, a ban on therapy also violates the fundamental rights of parents to direct the upbringing of their children and to determine what is best for them.

Most recently, there have been several lawsuits or ethics complaints filed against therapists as well as successful efforts to pass legislation, which prohibits licensed mental health professionals from providing reorientation therapy to anyone under 18 years old. Proponents claim that such bans are justified to protect homosexual youth from being harmed by such therapy.

1. There is no Evidence that Homosexuals are “Born that Way” and “Can’t Change.”

Political polls and opinion surveys show that an increasing number of people believe that homosexuality is genetic and cannot be changed. However, there is no scientific evidence that supports the claim that people are “born gay” or that same-sex attraction is an innate and immutable condition like race or sex. Rather, research and clinical evidence has been steadily accumulating in recent years supporting the fact that people are NOT born gay. For example, several years ago, the American Psychological Association (APA) was forced to update its summary of the cause of homosexuality from its prior description that had strongly indicated that it was biologically determined. Their current statement reads:

There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, **no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles...**¹ (Emphasis added.)

This change of position is even more significant when one understands that the APA is hostile to reorientation therapy. In fact, in recent years, due to political activism within the APA, this organization has increasingly ignored science and has become an advocate for “politically correct” issues like homosexual and transgender “rights.”

Dr. Nicolas Cummings, a past president of the APA and recipient of its lifetime distinguished service award, has provided a devastating critique of the APA’s growing contempt for science in this area.¹ It is important to note that Cummings personally supports homosexual rights and therefore cannot be dismissed as “homophobic” or “anti-gay.” In fact, in 1975, it was Dr. Cummings who sponsored the American Psychological Association’s resolution endorsing the decision of the American Psychiatric Association to remove homosexuality from its list of mental disorders. In addition, Dr. Cummings is particularly credible on this issue because he has personally treated several thousand homosexuals, including hundreds who have successfully changed their sexual orientation. Cummings supports the right of homosexuals to receive

¹ American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC: Author. Retrieved from <http://www.apa.org/topics/orientation.pdf>. (A brief commentary on this change to the APA position on homosexuality and some of its implications can be found at <http://www.narth.com/docs/deemphasizes.html>)

reorientation therapy or affirmation therapy depending on the client's preference.²

There is a continuing debate among researchers over the relative importance of the various factors that lead to the development of same-sex attraction. But the people who typically argue that homosexuals are “born gay” are usually homosexual rights activists or their allies pushing an agenda largely for political reasons, and thus completely ignoring inconvenient yet easily verifiable facts.

The research findings that are the easiest for most people to understand showing that no one is born gay, are the surveys of identical twins. By definition, identical twins are “identical” because both individuals have identical genes. If homosexuality were genetically determined, as the sexual rights activists claim, then where one twin is homosexual, the other identical twin would also be homosexual 100 percent of the time. However, research consistently shows that this is far from the case.

One of the largest of these studies of identical twin pairs used the Australian Twin Registry, which at the time had approximately 33,000 sets of twins on its registry. After surveying pairs of twins, the researchers found that both identical twins were homosexual only 11 percent of the time. This is considered by geneticists to be a *very low indicator* of the influence of genes on any human trait. All other research has found similar very low occurrences of homosexuality in both identical twins.³

A landmark 2019 study, the largest gene study ever conducted looking at the genes and sexual behavior of nearly a half million individuals from the United Kingdom, United States and Sweden confirmed that there is no such thing as a “gay gene” that causes a person's same-sex sexual behavior. It found that instead, a person's same-sex behavior or attraction to those of the same sex is shaped by a complex mix of genetic and environmental influences, similar to what influences the development of most other human traits.⁴

Dr. Francis S. Collins, a world-renowned geneticist who headed the Human Genome Project and current director of the U.S. National Institutes of Health, summarizes the state of knowledge concerning the genetic influences on the development of homosexuality this way:

“An area of particularly strong public interest is the genetic basis of homosexuality. Evidence from twin studies does in fact support the conclusion that heritable factors play a role in male homosexuality. However, the likelihood that the identical twin of a homosexual male will also be gay is about 20 percent (compared with 2-4 percent of males in the general population), **indicating that sexual orientation is genetically influenced but not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations.**”⁵ (Emphasis added.)

² Videos of Dr. Cummings' interview are available at <http://josephnicolosi.com/interviews/#videos>

³ 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.

⁴ Ganna, A., Verweij, K. J. H., Nivard, M. G., et al. (2019). Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior. *Science* 365(6456). doi: 10.1126/science.aat7693.

⁵ Collins, F. S. (2006). *The Language of God: A Scientist Presents Evidence for Belief*, New York: Free Press.

A final proof that homosexuality is not fixed is the testimonials of untold thousands of people who have changed from a homosexual to a heterosexual orientation, as discussed further in Section 4 below.

2. Same-Sex Attraction Develops as the Result of a Complex Interaction of Factors, Including Experiences During Childhood and Adolescence.

Science has not been able to pinpoint all of the factors that result in any individual developing same-sex attraction. However, reputable researchers in the field, including a number of those who are themselves homosexual, agree that there is no single cause of homosexuality, and as stated above, that no one is “born gay.” Instead, they agree that people develop same-sex attraction as a result of the interaction of “nature” factors (the genetic) and the “nurture” factors (the environment). The only real disagreement among researchers is how much various factors contribute to the development of same-sex attraction in any particular individual.

Since the research shows that any genetic predispositions toward developing same-sex attraction (if they exist) are minor, then it follows that the primary causes must be the “nurture factors”—that is, the environmental and experiential factors occurring in an individual’s life. This is supported by the current APA statement as noted above.

Some of the “nurture” factors that researchers and therapists have identified that can lead to homosexuality include: the home environment (especially the relationship with parents during early childhood), a child’s particular perception of his parents, sexual abuse or molestation, rejection or bullying by peers, and gender non-conformity.

The identical twin surveys again offer insight into how these nurture factors might interact. Identical twins have identical nature factors (i.e., they have identical genetics), and if they are raised together, experience similar, but not necessarily identical nurture factors. Yet, since the nurture factor of twins is more likely to be similar compared to non-twin siblings, it would be expected that there would be a higher incidence of homosexuality among identical twin pairs than in the general population. The best estimate based on surveys in the U.S. is that only about 1.7 percent of individuals identify as exclusively homosexual, and this is in line with findings in other countries.⁶

Other identical twin studies also find a very low incidence of both twins being homosexual. All research in this area has found an incidence much lower than the 100 percent that would be expected if homosexuality really were genetically determined but still noticeably higher than the general population. This is likely because twins typically experience similar nurturing environments.

One difference in experience between identical twins could be if one twin was sexually molested and the other was not. Researchers and therapists consistently find a higher incidence of sexual molestation among homosexuals than in the heterosexual population. In a review of the literature

⁶ Gates, G. J. (2011). *How Many People are Lesbian Gay, Bi-sexual and Transgender?* Williams Institute. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

⁴ Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association*, 280, 1855-1862.

on sexual abuse of adolescents published in the *Journal of the American Medical Association*, researchers reported that “Abused [male] adolescents, particularly those victimized by males, were up to 7 times more likely to self-identify as gay or bisexual than peers who had not been abused.”⁷ This is a sobering statistic.

A more recent review of the literature also found this to be the case and discounted other possible explanations:

While it is possible that these differences [in reporting sexual abuse] may be an artifact of reporting biases (e.g., heterosexual men being less willing to report being victimized by a man or to report that early heterosexual contact is abuse as opposed to initiation), it seems unlikely that reporting bias would account for a difference of this consistency and magnitude across a wide range of samples.⁸

This higher correlation between molestation and development of same-sex attraction is found so consistently that many researchers and therapists consider it to be a very significant factor in the development of SSA in many people. The fact that not all victims of molestation develop same-sex attraction underscores the significant role of individual experiences and environments. These differences can include the variation in personality traits, coping mechanisms and any remedial actions such as psychotherapy either taken (or not taken), all of which are unique to each individual circumstance.

Most significantly, these findings on the correlation between molestation and SSA further refute the “born that way” fallacy. Those who perpetuate the “born gay” fallacy cannot explain why there is a greater percentage of homosexuals among those who have been molested as compared to the general population.

The data on sexual molestation also offers insight on (1) how to prevent the development of same-sex attraction in vulnerable individuals, and (2) the value of psychotherapeutic treatment for those who have been molested. Since statistically, those who have been sexually abused are more likely to develop SSA, it is also possible that many of these same-sex attracted individuals who were molested would have developed a heterosexual orientation but for this traumatic experience. If some of the other known contributing factors to the development of homosexuality—such as rejection, ridicule or bullying by peers—could be prevented or remediated through therapy and by other effective means, it follows logically that the development of homosexuality might also be prevented in at least some vulnerable adolescents.

Similarly, access to therapy for those youth who have been molested and are developing same-sex attraction could help them deal with the trauma and develop normal heterosexual attraction. Since the sooner unwanted same-sex attraction is addressed, the easier it is to change, it is especially harmful to ban reorientation therapy for adolescents. Therapists who have worked extensively with those struggling with unwanted same-sex attraction can often recognize

⁷ Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association*, 280, 1855-1862.

⁸ Purcell, D. W., et al. (2008). Childhood sexual abuse experienced by gay and bisexual men: Understanding the disparities and interventions to help eliminate them. *Unequal Opportunity: Health Disparities Affecting Gay and Bisexual Men in the United States*. New York, NY: Oxford University Press, Inc.

vulnerable youth who become confused about their sexual orientation but have not yet developed strong attractions for those of the opposite sex.

Others who work with youth (e.g., school counselors, church youth leaders, etc.) can also be trained to identify the most obvious of the risk factors and identify vulnerable youth who might benefit from intervention. Banning reorientation therapy removes one of the most effective tools for helping troubled youth.⁹

Section 4 below discusses the benefits of reorientation therapy in more detail, and section 6 focuses on how banning such therapy creates a special harm for youth.

3. There are Numerous, Well-Documented Mental and Physical Health Risks Associated with Homosexual Behavior.

Governments have an interest in protecting the right of people to receive voluntary reorientation therapy because of the many serious and well-documented mental and physical health risks associated with homosexual behavior. In a review of over 125 years of research and clinical experience with all aspects of homosexuality, the National Association for Research and Therapy of Homosexuality (NARTH) concluded that homosexuals experience about three times more physical and mental health problems than heterosexuals.¹⁰

One of the most serious of these health problems is the greatly increased risk of HIV infection and the development of AIDS. A report by the U.S. Centers for Disease Control and Prevention (CDC) on this problem states:

Gay and bisexual men are the population most affected by HIV. In 2017, gay and bisexual men accounted for 66% (25,748) of all HIV diagnoses and 82% of diagnoses among males.¹¹

AIDS is not the only serious health risk associated with homosexual behavior. In “Health Risks of the Homosexual Lifestyle,” The American College of Pediatricians provides a summary of some of the other health concerns.¹²

Health professionals in the homosexual community themselves recognize these unique and increased health risks. The Gay and Lesbian Medical Association has published a list of “Top Ten Things Gay Men Should Discuss With Their Healthcare Provider.”¹³ This document, produced by a pro-homosexual entity, asserts that homosexual men have higher rates of drug and alcohol abuse, oral and anal cancer, prostate, testicular and colon cancer, HIV/AIDS, hepatitis, syphilis, depression, eating disorders, body image problems, suicide and more.

⁹ For more information on preventing homosexuality, see, for example, A Parent’s Guide to Preventing Homosexuality written by Dr. Joseph Nicolosi, one of the foremost therapists in this area in the world.

¹⁰ 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 <http://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>

¹¹ Centers for Disease Control and Prevention. (2019). HIV in the United States and Dependent Areas. Retrieved from <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

¹² See <http://factsaboutyouth.com/posts/health-risks-of-the-homosexual-lifestyle/>

¹³ See <http://www.lgbt.ucla.edu/documents/TopTenGayMen.pdf>

While sexual rights activists usually agree that these serious health risks do exist at a much higher rate for “men who have sex with men,” they often discount these findings by claiming that they are the result of discrimination and prejudice that homosexuals face and that the health issues would largely disappear if homosexuality was fully accepted by society. But research does not bear this out. There has not been a significant reduction in these health impacts even though in many countries, homosexuals are more accepted than ever before in history. Two U.S. government researchers looking at the data concluded that “despite considerable social, political and human rights advances,” the sexual health of homosexuals and other men who have sex with men is not getting better.¹⁴

It is clear that many of these physical health problems have to do with homosexual behavior itself, and while some of them can be treated, they cannot be prevented for individuals who engage in these behaviors.

4. Many Homosexuals Can and Do Change Their Sexual Orientation.

Those who promote the “born gay” fallacy also claim that sexual orientation is fixed, like race or sex, and therefore it is impossible to change one’s sexual orientation through therapy. They also deny that experiences such as sexual abuse or other environmental factors can have any influence on sexual orientation and therefore ignore or try to suppress or discredit research showing otherwise. Again, as noted above, there is no scientific support for the claim that people are born gay and cannot change, and there is a growing body of research and clinical success that prove that many homosexuals can and do change their sexual orientation.

The APA’s definition of “sexual orientation” in its publication, “The Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients,” reflects this proof and is significant in light of the organization’s official hostility toward reorientation therapy. It states:

Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one’s own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals). While these categories continue to be widely used, research has suggested that sexual orientation does not always appear in such definable categories and instead occurs on a continuum (e.g., Kinsey, Pomeroy, Martin, & Gebhard, 1953; Klein, 1993; Klein, Sepekoff, & Wolff, 1985; Shiveley & DeCecco, 1977). **In addition, some research indicates that sexual orientation is fluid for some people; this may be especially true for women** (e.g., Diamond, 2007; Golden, 1987; Peplau & Garnets, 2000).¹⁵ (Emphasis added).

By stating that sexual orientation is “fluid” (i.e., changeable) for at least some people, the APA is apparently inadvertently admitting that sexual orientation can change. Thus, it would follow that there are factors that could influence such a change and that reorientation therapy could be one of these factors for some people.

¹⁴ Wolitski, R. J., Fenton, K. A. (2011). Sexual Health, HIV, and Sexually Transmitted Infections among Gay, Bisexual, and Other Men Who Have Sex with Men in the United States. *AIDS and Behavior*, 15, 9-17.

¹⁵ The Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients, adopted by the APA Council of Representatives, February 18-20, 2011. Retrieved from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>.

The NARTH review of 125 years of research and clinical experience cited above is one of the most extensive ever undertaken. This research shows unequivocally that many people can and do change their sexual orientation, and most who do not change still greatly benefit from the therapy that helps them cope with their unwanted same-sex attraction.¹⁶

This accumulating research also finds that most adolescents who may begin to have feelings of same-sex attraction or are confused about their sexual orientation usually naturally develop a heterosexual orientation even without therapy. For example, Ott, et al. found that “sexual identity, attraction, and behavior have been shown to change substantially across adolescence and young adulthood.”¹⁷ Researchers Savin-Williams and Ream concluded from their studies on 15- to 21-year-old individuals that non-heterosexual orientations declined as they matured: “All attraction categories other than opposite-sex were associated with a lower likelihood of stability over time.”¹⁸

Clinical experience continues to be an important source of data and information on the effectiveness of various psychotherapies, and for more than a century, mental health practitioners have consistently reported that many homosexuals do change their sexual orientation. Former APA president Nicolas Cummings, as noted above, is one of the most credible and outspoken critics of the APA for its abandonment of science-based positions in favor of advocating politically correct positions. For a time, 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.¹⁹ Dr. Cummings has also stressed that “I am ... 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.”²⁰

Some of the most compelling evidence of the effectiveness of reorientation therapy are the testimonials of those who have been helped to either diminish their SSA, or to change to a heterosexual orientation. A number of these testimonies are posted on the websites, www.voices-of-change.org and www.changedmovement.com/. Also, a Family Watch documentary highlighting the research regarding these issues as well as the testimony of four men regarding their experiences with homosexuality and change can be found at www.UnderstandingSameSexAttraction.org.

¹⁶ 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. Available <http://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>

¹⁷ Ott, M. Q., et al. (2013). Repeated changes in reported sexual orientation identity linked to substance use behaviors in youth. *Journal of Adolescent Health*, 52, 465-472.

¹⁸ 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.

¹⁹ Cummings, N. A. (2013). Sexual reorientation therapy not unethical: Column. *USA Today*. 30 July. Retrieved from <http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>

²⁰ Videos of Dr. Cummings' interview are available at <http://josephnicolosi.com/interviews/#videos>

Even a cursory review of the research, clinical experience and personal testimonies makes it clear that through reorientation therapy a number of individuals with unwanted same-sex attraction can and do change their sexual orientation, and those who may not be able to change are usually greatly benefitted as a result of the therapy.

Therapy is commonly available to deal with a wide range of other mental health issues and traumas. But if homosexual rights activists succeed in banning change therapy for same-sex attraction for those under 18 years of age, then more adolescents will be denied help that could benefit them.

5. There is no Research Showing that Reorientation Therapy Has Any More Potential for Harm than Other Psychotherapies.

Section 4 (above) summarizes the evidence that shows therapy has benefitted many individuals who experience same-sex attraction. The most common claim made by those trying to ban this kind of therapy is that it is harmful, especially to adolescents, and therefore government must step in and prohibit therapists from offering it. These claims of potential harm are based almost entirely on anecdotal evidence and therefore cannot be considered as valid research findings. In fact, in one case, false testimony designed to discredit reorientation therapy was given by a homosexual activist at a legislative hearing on a bill to ban such therapy.²¹ The inherent limitations of anecdotal accounts are even more pronounced because they are most often recounted or referenced by individuals who are opposed to reorientation therapy for whatever reason and therefore may be motivated to distort or exaggerate their claims.

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 additional deterioration in their condition following treatment, regardless of the type of therapy. Another 50 percent of patients report no change as a result.²² 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.

The fact is that there has been virtually no scientific research on the claims of harm from reorientation therapy. After reviewing the few research efforts in this area, an APA task force examining such therapy stated that **“we cannot conclude how likely it is that harm will occur from SOCE.”**²³ (Emphasis added.)

What little research has been done is often oversimplified and misrepresented, especially by those who advocate banning reorientation therapy. The study most often cited claiming that change therapy causes harm was done by Shidlo and Schroeder. This study, however, suffers

²¹ Doyle, C. (2013). “Transgender Woman Lies About Therapy Torture,” *World Net Daily*. Retrieved from <http://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture/>

²² 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, 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.

²³ American Psychological Association. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, page 42. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

from several serious methodological flaws, one of the most significant of which is sample bias. The researchers advertised for subjects to help them “prove the harm” of reorientation therapy. It is not at all surprising that they found subjects who claimed to have been harmed by such therapy.

Other serious research design weaknesses include: (1) relying entirely on the individual’s recollection of harm that in some cases purportedly occurred decades ago, and (2) the researchers did not differentiate between modern reorientation therapy provided by trained professionals and “therapy” that might have been provided by untrained individuals, such as clergy.

What is surprising is that even with intentionally recruiting a very biased sample and significant weaknesses in the study’s methodology, a significant portion of the subjects reported that they had actually been helped by therapy.²⁴

Recognizing at least some of these serious limitations, the authors correctly cautioned against trying to generalize their findings beyond their specific sample of respondents. Yet homosexual rights activists have tried to do precisely that. This research therefore tells us little or nothing about the prevalence of harm from currently practiced reorientation therapy and only provides a few anecdotal claims that such a prevalence of harm exists.

Another flawed study often cited by therapy ban proponents to prove change therapy is harmful and increases the likelihood of suicide was conducted in 2018 by an LGBT advocacy organization near San Francisco, California. They surveyed adults who frequented venues in the LGBT community including LGBT bars, questioning them about their experiences during adolescence with parent-initiated (not client-initiated) “conversion therapy.” However, the definition of “conversion therapy” in the study was vague with no indication if the “therapy” experienced was conducted by a licensed therapist, in a formal therapeutic setting, using contemporary, non-abusive, non-aversive, non-coercive, evidence-based methods and well-established practices like what an adolescent would likely experience today. Moreover, the study only recruited subjects from LGBT-supportive venues, and therefore, would not have included any individuals who may have changed through therapy.²⁵ The researchers themselves concluded that their study did not prove that change therapy causes suicide.

One of the most compelling claims that is often made by those seeking to ban reorientation therapy is that undergoing this type of therapy leads to increased risk of suicide, with the Shidlo and Schroeder study being cited most often as support for this assertion. However, an independent analysis of their own data compared to broader studies of suicide problems with other therapies found that reorientation therapy is no more harmful than these other therapies.²⁶ Other empirical studies have also found no greater risk of suicide resulting from SOCE.²⁷ The

²⁴ Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers’ report. *Professional Psychology: Research and Practice*, 33, 249-259.

²⁵ 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.

²⁶ Whitehead, N. (2010). Homosexuality and Co-Morbidities: Research and Therapeutic Implications. *Journal of Human Sexuality*, 2, 125-176.

²⁷ 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, 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*,

NARTH survey of over a century of research and clinical experience that has already been cited several times also shows that is no more harmful than other psychotherapies.²⁸

Finally, the authors of a widely used medical textbook have reviewed the research and clinical experience in this area. They provide an excellent summary and evaluation in their highly authoritative medical textbook, *Essential Psychopathology and its Treatment*. They conclude:

“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.**”²⁹ (Emphasis added.)

This widely respected textbook, like all other medical textbooks, is designed to convey verifiable scientific facts and information rather than advocate a particular position. Note that in addition to the authors’ assessment that “reorientation therapy” is not harmful, they also conclude on the basis of their review of the research that motivated clients can change their sexual orientation through such therapy, just as other studies have found.

6. Banning Reorientation Therapy Would be Especially Harmful to Adolescents.

The fact that homosexuality, especially in males, usually develops in vulnerable individuals during childhood and adolescence makes banning reorientation therapy especially harmful to adolescents.

It is not uncommon for youth to question their sexual orientation as a normal part of the maturation process. For example, one large U.S. study of 12-year-old children found that 26 percent were uncertain about their sexual orientation.³⁰ Yet the best estimates are that less than two percent of the U.S. population is exclusively homosexual.³¹ This means that most of these confused youth grow up to be heterosexual.

As noted earlier, banning reorientation therapy would further victimize youth who have been the victims of sexual molestation, and who, primarily for that reason, are experiencing sexual orientation confusion or are developing unwanted same-sex attraction. Therapy that has been proven effective by the personal experience of many sexual abuse victims would be denied to minors where laws are passed to ban reorientation therapy. And adolescents who may not have

37, 404-427; Karten, E. Y., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies, 18*, 84-102.

²⁸ 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 <http://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>

²⁹ Kilgus, M. D., Maxmen, J. S., Ward, N. G. (2009). *Essential Psychopathology & Its Treatment*, (3rd ed.). New York: Norton and Co.

³⁰ Remafedi, G., Resnick, M., Blum, R., Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics, 89*,714-721.

³¹ Gates, G. J. (2011). *How Many People are Lesbian Gay, Bi-sexual and Transgender?* Williams Institute. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>.

been molested but are still experiencing sexual orientation confusion or unwanted same-sex attraction for other reasons, would also be denied this right.

Most of the legislation being proposed does not ban all therapy for struggling youth, only change therapy that might help them overcome an unwanted sexual orientation or resolve sexual orientation confusion by offering them support and guidance if they want to develop a heterosexual orientation. This is in essence what reorientation therapy is.

But there is another therapeutic approach for those dealing with any issues related to sexual orientation known as “affirmative therapy.” This form of therapy is favored by homosexual rights activists and their allies because it focuses on “affirming” homosexuality by trying to help an individual accept, cope with, and be more comfortable with his or her same-sex attraction. It is based on the false premise that homosexuals are “born that way” and that no one should try to change (which is precisely the reason why it is supported by homosexual rights activists and their allies).

There is little question that affirmative therapy is helpful for many homosexuals who are comfortable with their same-sex orientation. But for those with *unwanted* same-sex attraction, being subjected to affirmative therapy can be devastating because it not only fails to hold out the possibility of change that they are seeking, but also implicitly tells them that they cannot change and must learn to live with their present sexual orientation.³²

The states that have adopted laws banning SOCE for minors are actually dictating that only one of these therapeutic approaches can be offered to clients—therapy to affirm clients in a sexual orientation other than heterosexual. These governments are doing this with no evidence that such reorientation therapy is ineffective or that the known benefits outweigh any possible risks for harm. As noted above, in its recent report on reorientation therapy, the APA also had to admit that “Given the limited amount of methodologically sound research, we cannot draw a conclusion regarding whether recent forms of SOCE are or are not effective.”³³

With no rational basis for banning only one of these therapies, it is clear that state laws banning reorientation therapy are motivated by political pressure and amount to governmentally imposed “viewpoint discrimination.” The U.S. Supreme Court has consistently found that such governmental actions violate the U.S. Constitution. Lawsuits challenging these state laws were filed by SOCE proponents as soon as they were passed. Regardless of the outcome of these lawsuits, it is certain that the U.S. Supreme Court will make the final decision on their constitutionality.

Those trying to ban reorientation therapy often allege there is an increased risk of suicide as a result of undergoing this therapy. As noted above, there is, in fact, no research that supports a higher risk generally for reorientation therapy. Indeed, a growing number of people have testified that such therapy actually prevented them from committing suicide.

³² Lock, J. (1998). Treatment of Homophobia in a Gay Male Adolescent. *American Journal of Psychotherapy*, 52, 202-214. This article dramatically illustrates the harm that can be done by subjecting someone with strongly felt, unwanted same-sex attraction to affirmative therapy. Contrast this to Caleb’s positive experience with reorientation therapy that he relates in FWI’s video “[Understanding Same Sex Attraction](#).”

³³ American Psychological Association Report of the APA task force on appropriate therapeutic response to sexual orientation. (2009). pg. 42, Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

In fact, one 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.³⁴ If an adolescent undergoing affirmative 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 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 a contributing factor 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 affirmative therapists.

Suicide has been called the ultimate expression of hopelessness. There can be multiple causes of this hopelessness in individuals with unwanted same-sex attraction, but many individuals who have been helped by therapy efforts have testified that this therapy and the possibility of change turned their despair into hope. Many believe that reorientation therapy literally saved their lives by preventing them from resorting to suicide. Yet those seeking to ban such therapy, along with the many mental health professionals driven by political correctness, will not acknowledge that it is beneficial in any way and can in itself reduce the risk of suicide for many adolescents.

By legislating that only affirmative (not change) therapy is available for any struggling youth regardless of whether it is appropriate for their individual circumstances, such as being victims of molestation, banning therapy for their unwanted attractions will guarantee that some of these youth who might have been helped will instead be further harmed. Finally, banning reorientation therapy will reinforce the fallacy that people are “born gay,” thus leading many teachers, counselors and others who work with youth to continue to convey this fallacy with all the harm that this alone can cause.

As a result, teenage suicides inevitably will increase if reorientation therapy is banned.

7. Banning Reorientation Therapy is a Serious Violation of Fundamental Human Rights Embedded in International Law and National Constitutions.

Denying individuals with unwanted same-sex attraction the therapy that could help them is a significant violation of the international human right to physical and mental health. The International Covenant on Economic, Social and Cultural Rights (1976) recognizes the “**right of everyone to the enjoyment of the highest attainable standard of physical and mental health**” (Emphasis added). And the Universal Declaration of Human Rights (UDHR), states that “**everyone has the right to ... medical care and necessary social services**” (Art. 25:1; Emphasis added). Banning reorientation therapy also violates other international human rights, such as the right to self-determination or liberty. Specifically, “Everyone has the right to life, liberty and security of person” (UDHR, Art. 3; International Conference on Population Development (1994), Chapter II, Principle 1).

³⁴ Remafedi, G., Farrow, J. A., Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87, 869-875.

Moreover, there can be no question that banning reorientation therapy for adolescents with unwanted SSA also is a clear infringement of the universal right of parents to do what they think is best for their children. Under international law, **“Parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children...”**³⁵ (Emphasis added). Yet California state Sen. Ted Lieu, the sponsor of the California law that was passed banning such reorientation therapy for adolescents, openly declared that this was precisely his objective: “The attack on parental rights is exactly the whole point of the bill because we don’t want to let parents harm their children. For example, the government will not allow parents to let their kids smoke cigarettes. We also won’t have parents let their children consume alcohol at a bar or restaurant.”³⁶

As the research and personal testimonials of the safety and benefits highlighted in this brief demonstrate, comparing reorientation therapy to alcohol or tobacco use is absurd. There is overwhelming research showing the dangers of using these substances and no reports or research showing any benefits. Conversely, ample research shows that reorientation therapy can be beneficial for many who avail themselves of this kind of help and no evidence that it causes harm.

Alarming, the main sponsor of the New Jersey therapy ban bill that passed, Assemblyman Tim Eustace, made an even more serious threat. Eustace said that reorientation therapy was “child abuse” and warned that the state could remove a child from his or her parents if they seek this type of therapy: “What this [bill] does is prevent things that are harmful to people. If a parent were beating their child on a regular basis we would step in and remove that child from the house. If you pay somebody to beat your child or abuse your child, what’s the difference?”³⁷ Such statements and false claims of harm constitute a serious attack on parental rights.

Ironically, since the state can only regulate those whom it can license, the only alternative parents may have in the states that ban reorientation therapy is to seek therapeutic help for their children out of state or to turn to unlicensed individuals, such as clergy. While clergy may be helpful, they are generally not as well trained and likely are not equipped to provide psychotherapy. As a result, the potential of successful outcomes will decrease, and the potential for inadvertent harm may increase.

All parents, whether or not they have children struggling with unwanted same-sex attraction or sexual orientation confusion, should be alarmed at this blatant attack on their rights to ensure the well-being of their children, liberty, and the rights of their children to health, liberty and self-determination. These violations are all the more serious because, as has been shown, there is no scientific basis for the bans. If other legislation that infringes on parental rights can be driven by politics and entirely ignore available science to further the agenda of a small minority, parents may lose additional rights and control over their children’s welfare.

³⁵ UNICEF. (2002). “A World Fit for Children, 32-2. Retrieved from: <https://childrenandarmedconflict.un.org/keydocuments/english/aworldfitforchil10.html>

³⁶ Reyes, K. (2012, July 27). Controversy follows effort to ban gay conversion therapy. (2012). *Orange County Register*. Retrieved from <http://www.ocregister.com/articles/therapy-365822-parents-orientation.html>

³⁷ WPHT interview 8/21/13.

8. Politics is Behind the Efforts to Ban Reorientation Therapy.

At several points in this brief, there have been references to the increasing politicization of the American Psychological Association, with Dr. Nicolas Cummings, the former APA president, being one of its most knowledgeable and credible critics. It is important to understand this fact when quotes from the APA are used to attack reorientation therapy. Other professional associations in related fields that have also issued statements on reorientation therapy basically take at face value what the psychotherapy organizations, primarily the APA and the American Psychiatric Association, do and say. They too are increasingly affected by political correctness. As a result, their conclusions should not be given much credence.

The American Psychiatric Association is most often cited with respect to the removal in 1973 of homosexuality as a mental disorder from its Diagnostic and Statistical Manual (DSM). Yet this was done on the basis of almost no research and was of dubious validity. Instead, the organization was literally terrorized by sexual rights activists who disrupted meetings and engaged in other kinds of pressure tactics.³⁸

Shortly after the American Psychiatric Association removed homosexuality from the DSM, the APA followed suit and removed it as a mental disorder from its list of therapeutic interventions. As noted, Dr. Cummings, one of the current critics of the APA, sponsored the resolution to accomplish this.

At one point early in the last decade, the APA came close to declaring reorientation therapy to be an unethical practice. When this effort was defeated, the organization established a committee to review the efficacy and safety of such therapy. No practitioners who provided reorientation therapy were allowed to serve on the committee. Instead, several psychologists who were outspoken homosexual rights activists were appointed. Not surprisingly, the APA then issued a biased report reflecting its hostility toward reorientation therapy.

As noted in Section 5, even this biased committee could not completely ignore the data showing the effectiveness of reorientation therapy, though they tried to misrepresent much of it. They had to admit, for example, that there is not enough research to determine if reorientation therapy is harmful or not, though they cast it in the worst light possible. The committee's report is often cited (and invariably misrepresented by homosexual rights advocates and their allies) as "proof" that this type of therapy has been discredited, is harmful, etc., when, in fact, the report is much more carefully nuanced than represented.

One of the most commonly used quotes appears on page three of the Executive Summary of this committee's report, which states: "Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE. We found that there was some evidence to indicate that individuals experienced harm from SOCE."³⁹

³⁸ A good summary of the pressure campaign and critique of the dubious research used to support the DSM change is found in the article "The Trojan Couch" by Dr. Jeffrey Satinover. Available at <http://factsaboutyouth.com/wp-content/uploads/TheTrojanCouchSatinover.pdf>

³⁹ American Psychological Association. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, page 3. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

What, exactly, does “unlikely” mean? It must mean something less than half the time but certainly does not mean zero. As noted above, the same thing can be said about ALL psychotherapy. About half the time it is ineffective in helping the patient. Similarly, the caution that “there was some evidence to indicate that individuals experienced harm from SOCE” could be applied to any psychotherapy, since the research also shows that between 5-10 percent of the time individuals are worse off following any type of therapy. And as noted earlier, they had to acknowledge on page 42 of the APA report that **“we cannot conclude how likely it is that harm will occur from SOCE.”**⁴⁰ (Emphasis added.)

Though widely referenced by sexual rights activists as evidence of a finding by the APA that reorientation therapy is ineffective and harmful, a simple parsing of all relevant findings in the report paints a very different picture. This example illustrates two important principles essential to understanding the attacks on reorientation therapy. First, the statements of professional associations cannot be taken at face value because, while they might not be entirely wrong (though at times they certainly are), they are usually spun in the most politically correct way. Second, these often-biased statements are usually further misrepresented and mischaracterized by sexual rights activists.

It is unconscionable that sexual rights activists and their political allies are willing to further victimize children by using the force of law to deny them access to therapy in an attempt to advance a political agenda. In fact, denying therapy to children who are struggling with same-sex attraction, especially if they have been molested, is tantamount to legislated child abuse.

Conclusions

This brief has presented clear evidence supporting the following conclusions:

- There is no scientific research or clinical experience that supports the claim that people are “born gay,” and that this condition is entirely genetic and unchangeable.
- There is solid evidence from scientific research and clinical experience that homosexuality develops in vulnerable individuals as the result of both nature and nurture factors, primarily during childhood and adolescence.
- Everyone has a fundamental right to seek therapy for unwanted same-sex attraction or confusion about sexual orientation just as they do for any other physical or mental health condition.
- There is a wealth of solid research evidence, clinical experience and personal testimonials that some people can and do change their sexual orientation.
- There is no evidence that reorientation therapy has any more potential for harm than other psychotherapies; on the contrary, there is strong research evidence and clinical

⁴⁰ Ibid., page 42.

experience that shows it is helpful for many individuals struggling with unwanted same-sex attraction.

- There is no justification to ban such therapy, and doing so will inevitably cause harm, especially to adolescents who are struggling with unwanted SSA or who are confused about their sexual orientation.
- The efforts to ban therapy for adolescents with unwanted SSA violate their rights to liberty and health and are a serious infringement on parental rights.
- The well-documented mental and physical health problems associated with the homosexual lifestyle more than justify—on a completely non-moral basis—the right of people with unwanted SSA or sexual orientation confusion to have the best and widest range of help available to them, and that must include access to reorientation therapy.
- The mental health-related professional associations are taking a politically correct and non-professional approach to reorientation therapy by ignoring sound science and clinical experience and attempting to cast it in the worst possible light. Thus, their pronouncements about change therapy cannot be taken at face value.
- Critics of reorientation therapy are applying a double standard by holding it to a higher threshold of safety and efficacy than applied to any other psychotherapy, including affirmative therapy (the opposite of reorientation therapy), and by accepting at face value anecdotal claims to harm while ignoring testimonials of individuals of benefits and success in their efforts to reorient sexually.
- The burden of proof is on those trying to ban reorientation therapy to present solid research that any harm outweighs the benefits.