A U. N. GENDER FRAMEWORK MANDATE WOULD BAN LIFE-SAVING THERAPY FOR DECREASING OR CHANGING UNWANTED SEXUAL FEELINGS OR BEHAVIORS

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NOT BORN THAT WAY

A U.N. Gender Framework mandate would force everyone to affirm an unscientific and false ideology or be punished. Radical activists want everyone to believe that sexual attraction and gender identity feelings are biologically determined and are who someone innately is for life. Researchers have abandoned that idea.[1] [2] Medical associations around the world say transgender identity is not caused by having the brain of the opposite sex.[3] And more than 20 researchers at universities and research institutes on 3 continents looked at the genomes of nearly half a million people. They have definitively concluded, there is no single "gay gene" and never will be, and genes do not make someone LGB.[4]

The American Psychological Association's *APA Handbook of Sexuality and Psychology* and international research have established that same-sex attraction and behavior commonly shift or change, mostly toward or to exclusively heterosexual.[5] [6] [7] [8] [9] [10] The British Psychological Society says gender feelings can even change into late life.[11] **Sexual and gender feelings both develop and change through life experience, like other unchosen, complex feelings and behaviors therapists help people decrease or change every day.**

SERIOUS HARMFUL CONSEQUENCES OF A U.N. GENDER FRAMEWORK

But the Gender Framework would forbid anyone—whether a professional therapist, pastor, church support group, or possibly even a parent—**from helping anyone**—possibly even an adult—to change or even reduce unwanted same-sex attraction feelings or behavior or unwanted gender identity or expression. **Here are some serious harmful consequences.**

(1) ***Feelings caused by trauma would have to be affirmed and not treated***. Even the *APA Handbook of Sexuality and Psychology* says having same-sex partners may be caused by childhood sexual abuse for some, based on research that includes a 30 year study of documented cases of childhood sexual abuse.[12] [13] Robust research in the U.S. and Finland found that many children and adolescents experience bullying,[14] suicidal thoughts, neurodevelopmental disabilities, and psychiatric disorders at high rates BEFORE they have thoughts about gender,[15] so these problems may cause a gender incongruent identity as some professional organizations say.[16] [17] [18] **A therapy ban mandate would forbid life-saving therapy or any help that may resolve *both* underlying psychiatric conditions *and* resulting same-sex attraction or gender feelings.**

(2) ***Troubled children would be sterilized for life.*** About 85 percent of children outgrow gender incongruence by adulthood IF they are NOT affirmed to dress and live as another sex,[19] but a UN mandate might result in their being affirmed to do so, perhaps even at school without their parents' knowledge. Without help to accept their sex,[20] i**ncreasing numbers of children would be sent down an affirming one-way road to a medical protocol of experimental puberty blockers and toxic cross-sex hormones that foreclose sexual function and pleasure and sterilize them for life,[21] [22] removal of healthy breasts, and potentially sex**

surgeries, and would lead to 2-2.5 times higher rates of deaths from cancers, strokes, and heart attacks, a 2.8 times higher rate of persisting psychiatric hospitalizations, and a 19 times higher rate of completed suicides, all before they are able to drive.[23] [24] **Do governments want to be responsible for this?** As Georgia Howe said, we fret "about hormones in non organic milk causing precocious puberty in girls. Hormones are powerful even in small doses, and kids' bodies are fragile….please grow a spine and say no to child gender transition."[25] **Governments should not compel professionals to harm children. The United Kingdom High Court just stopped this child abuse,[26] [27] and the U.N. Independent Expert wants to escalate it? Sterilizing children should be illegal, not therapy conversations.**

(3) ***A therapy ban mandate would discriminate against LGBT relationships and families***: International research shows that, contrary to conventional wisdom, most people who experience same-sex attraction by far are both-sex attracted,[28] and most of these who are in a relationship or marriage are with the opposite sex. [29] [30] People should have a right to help to decrease same-sex attraction or gender incongruence that is endangering their marriage to the person they love. Under a Gender Framework mandate, **there would be marriages and families that cannot be saved.**

(4) **A U.N. Gender Framework mandate *would send religious citizens to persecution***: Studies, including research by a remarkable team of LGBT-affirming researchers and traditional faith-affirming researchers working together, shows that same-sex attracted individuals who live according to their traditional faith, that says marriage is between a man and a woman, are no less happy, mentally healthy, satisfied with life, and flourishing than those of liberal faith or no faith.[31] [32] [33] But a worldwide Gender Framework mandate would create persecution against billions of citizens across many religions for their beliefs and against all individuals who want change-exploring therapy or testify they benefitted from it. **Billions of citizens will not look kindly upon any government that votes for their harm.**

SAFE AND EFFECTIVE THERAPY

Comprehensive research reviews by gay-affirming researchers[34] and change-affirming researchers[35] [36] [37] both accept that research participants reported **they changed same-sex attraction and behavior through non-aversive, standard therapies.** These reviews agree **there is no research that meets scientific standards that proves non-aversive, change-exploring therapy is unsafe or ineffective.** A decision of the United States 11th Circuit Court of Appeals[38] in October 2020 agreed with these points and rejected therapy bans. **Many professional organizations support change-exploring therapy conversations, and several oppose body altering gender affirmation, but the U.N. Independent Expert wants to get a list of them to target them for abuse. The Independent Expert's premise, that change-exploring therapy has been debunked, is false.**

Governments should not decide who someone is, what will make a person happy, and who may have access to much needed therapy conversations. Everyone should have the right to walk away from sexual or gender practices and experiences that don't work for them and to have help to live the way that brings them health and happiness.[39]

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Endnotes:

[1] Identical twins share the same genes, prenatal environment, and number of older brothers. Identical twins are always the same sex. Sex is 100% determined by genes and prenatal hormones. But if one twin comes to have LGB experiences or transgender identity, the other usually does not. This shows that influences other than genes or prenatal biological factors are predominant causal factors.

"We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow." p. 3
Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. legal advocacy for sexual minorities. Journal of Sex Research, 00(00), 1-29. https://www.tandfonline.com/doi/abs/10.1080/00224499.2016.1139665

If one identical twin is transgender, the other is also in only 28% of identical twin pairs. (I used the figure of 28% from table 5, p. 28, rather than 20% in the abstract.)
Incongruent gender identity: Diamond, M. (2013). Transsexuality among twins: Identity concordance, transition, rearing, and orientation, *International Journal of Transgenderism, 14:*1, 24-38,(Print) 1434-4599 (Online) Journal homepage: http://www.tandfonline.com/loi/wijt20 Journal homepage: http://www.tandfonline.com/loi/wijt20

[2] "Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies are evident as main effects or in interaction with biological factors. A joint program research by psychoanalysts and biologically orientated scientists may prove fruitful."

Rosario, M. & Schrimshaw, E. (2014). Chapter 18: Theories and Etiologies of Sexual Orientation. In Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, volume 1, p. 583.

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

Hembree, W., et al. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guildeline. J Clin Endocrinol Metab,102:1–35, https://academic.oup.com/jcem , p. 6-7.

Lee, P.A., Nordenström, A., Houk, C.P., Ahmed, S.F., Auchus, R., Baratz, A., Dalke, K.B., Liao, L, Lin-Su, K., Looijenga, L.H.J., Mazur, T., Meyer-Bahlburg, H.F.L., Mouriquand, P., Quigley, C.A., Sandberg, D.E., Vilain, E., Witchel, S., & the Global DSD Update Consortium (2016). Consensus Statement: Global disorders of sex development update since 2006: Perceptions, approach and care. Hormone Research in Pediatrics, 85, 158–180. https://doi.org/10.1159/000442975

The American Psychological Association's *Handbook of Sexuality and Psychology* says transgender identity is not simply biologically determined, has psychological causes, and may be pathological. Affirmative treatment may neglect individual problems gender dysphoric minors are experiencing. (*APA Handbook, 1*: 743-744, 750.)
Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014). APA Handbook of Sexuality and Psychology. Volume 1. Person Based Approaches. Pp. 739-758. Washington D.C.: American Psychological Association. https://www.apa.org/pubs/books/4311512

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA: American Psychiatric Association, pp. 451-459. See especially pp. 451, 457.

Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness (2018). Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics 142(4)*: e20182162. P. 4.

British Psychological Society (BPS) (February 2012). Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients, p. 26. https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20(2012).pdf

[4] Genetics of Sexual Behavior: A website to communicate and share the results from the largest study on the genetics of sexual behavior, https://geneticsexbehavior.info/what-we-found/ ;based on: Ganna, A., et al. (2019). Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior, Science 365, eaat7693 (2019). DOI: 10.1126/science. aat7693,
https://geneticsexbehavior.info/wp-content/uploads/2019/08/ganna190830.pdf

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

[6] Ott, M. Corliss, H., Wypij, D., Rosario, M., Austin, B. (2011) Stability and change in self-reported sexual orientation in young people: Application of mobility metrics. Archives of Sexual Behavior, 40: 519–532. doi:10.1007/s10508-010-9691-3; Author manuscript available in PMC 2012, June 1.

[7] Of all men who experienced same-sex behavior, 42% did so before age 18 and never again. Laumann, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S. (1994). *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago and London: The University of Chicago Press.

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

[9] In a study of sexual identity, defined by sexual attraction, in young adults over about 6 years, 43% of men and 50% of women experienced a shift in their sexual attraction, mostly one step along a scale that ranged from exclusively homosexual, to mostly homosexual, to bisexual (equally attracted to both sexes), to mostly heterosexual, to exclusively heterosexual. Among those who experienced any change, 66% of men and 66% of women changed to exclusively heterosexual. Among bisexuals, 75% changed, mostly toward or to exclusively heterosexual. Some exclusively homosexual individuals did change to develop opposite-sex attraction, even exclusively heterosexual attraction (males: 7% to exclusively heterosexual + 2% to bisexual = 9% changed; lesbians: 13% to exclusively heterosexual + 6% to mostly heterosexual + 8% to bisexual = 27% changed). Fewer exclusively heterosexual men (3%) and women (11%) changed, mostly to mostly heterosexual. (Calculated from Figure 1.)
Even a partial change can change a life and enable someone to live the life they desire. Categorical change to exclusively heterosexual is not required.
There are factors that are leading to these changes, obviously, and researchers, therapists, and clients should, in principle, be able to discover these factors.
Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41*, 103-110. https://link.springer.com/article/10.1007/s10508-012-9913-y

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

[11] British Psychological Society (Guidelines, 2012):
"Gender dysphoria can fluctuate over years, not infrequently increasing or decreasing in mid life and it is not unusual for people to present for therapeutic discussion and support later in life". (p. 25)

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

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

[14] Kaltiala-Heino, R., Sumia, M., Työläjärvi, M., and Lindberg, N. (2015). Two years of gender identity service for minors: Overrepresentation of natal girls with severe problems in adolescent development. Child and Adolescent Psychiatry and Mental Health, 9, 4-6. https://doi.org/10.1186/s13034-015-0042-y

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

[16] **World Professional Association for Transgender Health** (WPATH) (p. 24)
“Gender dysphoria" may be “secondary to or better accounted for by other diagnoses.”

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W.J., Monstrey, S., Adler, R.K, Brown, G.R., Devor, A.H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D.H., Lev, A.I., Mayer, G., Meyer-Bahlburg, H., Hall, B.P., Pfaefflin, F., Rachlin, K., Robinson, B., Schechter, L.S., Tangpricha, V., van Trotsenburg, M., Vitale, A., Winter, S., Whittle, S., Wylie, K.R., & Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7, International Journal of Transgenderism, 13, 165-232. https://doi.org/10.1080/15532739.2011.700873

[17] **The British Psychological Society (**Guideline, 2012) says, “In some cases the reported desire to change sex may be symptomatic of a psychiatric condition for example psychosis, schizophrenia or a transient obsession such as may occur with Asperger’s syndrome….” (p. 26)

[18] **The American Psychiatric Association** Task Force on the Treatment of Gender Identity Disorder noted gender dysphoric adolescents should be “screened for trauma as well as for any disorder (such as schizophrenia, mania, psychotic depression) that may produce gender confusion. When present, such psychopathology must be addressed and taken into account *prior* to assisting the adolescent’s decision as to whether or not to pursue sex reassignment or actually assisting the adolescent with the gender transition.”

Byne, W., Bradley, S.J., Coleman, E., et al. (2012). Report of the American Psychiatric Association Task Force on treatment of gender identity disorder. *Archives of Sexual Behavior, 41,* 759-796. https://link.springer.com/article/10.1007%2Fs10508-012-9975-x

[19] Endrocrine Society Guideline (Hembree, et al., 2017, p.11). American Psychiatric Association (*DSM-5*, p. 455), American Psychological Association (*APA Handbook, 1,* 744, 750).

Cohen-Kettenis P, Delemarre-van de Waal, H., & Gooren L. (2008), The treatment of adolescent transsexuals: Changing insights, *J Sex Med, 5,* 1892–1897, DOI: 10.1111/j.1743-6109.2008.00870.x)

Zucker, K. (2018). The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), *International Journal of Transgenderism*, pp. 2-3, 11, https://doi.org/ 10.1080/15532739.2018.1468293)

[20] Zucker, K. & Bradley, S. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents.* New York, NY: The Guilford Press.

[21] Laidlaw, M., Cretella, M. & Donovan, K. (2019) The right to best care for children does not include the right to medical transition, *The American Journal of Bioethics, 19:2*, 75-77. https://pubmed.ncbi.nlm.nih.gov/31543020/

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

[23] Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," PLoS One 6, no. 2 (2011): e16885. https://doi.org/10.1371/journal.pone.0016885

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

[25] Howe, G. (Mar. 4, 2021). Liberals, Please Grow A Spine And Say No To Child Gender Transition. DailyWire.com. liberals-please-grow-a-spine-and-say-no-to-child-gender-transition

[26] Jackson, M. (Dec. 18, 2020). Study: Effects of puberty-blockers can last a lifetime; Data debunk a common rationale for giving kids transgender treatment. World. https://world.wng.org/content/study_effects_of_puberty_blockers_can_last_a_lifetime

[27] A high court decision in the U.K. concludes that the high risks of gender affirmative medical treatments are such that children under age 16 cannot be competent to consent.
Bell et al. v. Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust (Decision 1 Dec. 2020). https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf

[28] According to the American Psychological Association and abundant rigorous research internationally, most people who experience same-sex attraction also experience equal or greater opposite-sex attraction. Like many people, some both-sex attracted people desire to both conceive and raise children with their spouse. Many both-sex attracted people are in opposite-sex relationships by preference. They have a large capacity for sexual orientation change. In research studies, they commonly shift along a spectrum that ranges exclusively homosexual to mostly homosexual to bisexual (about equally attracted to both sexes) to mostly heterosexual to exclusively heterosexual. They change mostly toward or to exclusively heterosexual. Even a change of 1 or 2 steps along that spectrum toward less same-sex attraction and greater opposite-sex attraction may enable someone to live their dream. Shouldn't they have the right to counseling they may need and desire to explore their capacity to make that change?

"Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical 'type' of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true. Individuals with nonexclusive patterns of attraction are indisputably the 'norm,' and those with exclusive same-sex attractions are the exception." This pattern has been found internationally.
Diamond (2014), in *APA Handbook of Sexuality and Psychology, 1*:633;
See also Diamond, L. & Rosky, C. (2016), Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research, 00*:1-29. DOI: 10.1080/00224499.2016.1139665.

"The largest identity group, second only to heterosexual, was 'mostly heterosexual' for each sex and across both age groups, and that group was 'larger than all the other non-heterosexual identities combined'" (abstract). "The bisexual category was the most unstable" with three quarters changing that status *in 6 years* (abstract). "[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality" (p 106).
Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41:* abstract, p. 106. https://link.springer.com/article/10.1007/s10508-012-9913-y; reviewed in Diamond & Rosky (2016), p. 7, Table 1; Diamond (2014), in *APA Handbook, 1*:638.
Mostly heterosexual individuals generally do not identify as LGB and can get overlooked by popular surveys.

[29] Calculated from Table 8.
Herek, G.M., Norton, A.T., Allen, T.J., & Sims, C.L. (2010). Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. Sexuality Research Social Policy, 7, 176–200. https://link.springer.com/content/pdf/10.1007%2Fs13178-010-0017-y.pdf

[30] Office of National Statistics (2017). Sexual orientation, UK:2017; Experimental statistics on sexual orientation in the UK in 2017 by region, sex, age, marital status, ethnicity and socio-economic classification. *Statistical Bulletin*, p. 10, Figure 5. Sexual orientation, UK 2017.pdf ; https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017

[31] Lefevor, G., Sorrell, S., Kappers, G., Plunk, A., Schow, R., Rosik, C., & Beckstead, A. (2019). Same-Sex Attracted, Not LGBQ: The associations of sexual identity labeling on religiousness, sexuality, and health among Mormons, Journal of Homosexuality, https://www.researchgate.net/publication/331611219_Same-Sex_Attracted_Not_LGBQ_The_Associations_of_Sexual_Identity_Labeling_on_Religiousness_Sexuality_and_Health_Among_Mormons

[32] "Surprisingly, no significant differences are found between mainline Protestants (whose church doctrine often accepts same-sex relations) and evangelical Protestants (whose church doctrine often condemns same-sex relations)." (Abstract)
"Perhaps even more surprising is that our results show that LGBT individuals who identify as agnostic or atheist or with no particular religious affiliation report lower levels of happiness compared to mainline Protestants." (p. 91)

Barringer, M. & Gay, D. (2017). Happily religious: The surprising sources of happiness among lesbian, gay, bisexual, and transgender adults. Sociological Inquiry, 87, 75-96. https://doi.org/10.1111/soin.12154

[33] "In a surprising finding, Mormon LGBs report better mental health than non-Mormon LGBs, while their self-rated and physical health is not significantly different." (Abstract)
Cranney, S. (2017). The LGB Mormon paradox: Mental, physical, and self-rated health among Mormon and non-Mormon LGB individuals in the Utah Behavioral Risk Factor Surveillance system. *Journal of Homosexuality, 64*(6), 731-744. http://dx.doi.org/10.1080/00918369.2016.1236570

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

[35] **On research through 2009:**
Report Summary: What research shows: NARTH's response to the APA claims on homosexuality: Summary of *Journal of Human Sexuality* (Volume I), pp. 1-5.
https://www.scribd.com/document/125145105/Summary-of-Journal-of-Human-Sexuality-Volume-1.
Full Report: Phelan, J., Whitehead, N., & Sutton, P.M. (2009). What research shows: NARTH's response to the APA claims on homosexuality: A report of the scientific advisory committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality, 1:* 1-121. https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1
On research 2000 to present:
Sprigg, P. (2018). Are Sexual Orientation Change Efforts (SOCE) Effective? Are They Harmful? What the Evidence Shows, Family Research Council, https://www.frc.org/issueanalysis/are-sexual-orientation-change-efforts-soce-effective-are-they-harmful-what-the-evidence-shows :
Read the Full Version (Issue Analysis): https://downloads.frc.org/EF/EF18I04.pdf
Read the Abbreviated Version (Issue Brief Report Summary): https://downloads.frc.org/EF/EF18I05.pdf

[36] **CLIENTS OF CHANGE ALLOWING THERAPY HAVE REPORTED THESE BENEFITS TO RESEARCHERS WHO ARE OPEN TO CHANGE:**

- Decreased: Same sex behavior
- Decreased: Same sex attraction
- Decreased: Frequency and intensity of homosexual thoughts
- Decreased: Depression
- Decreased: Shame
- Decreased: Suicidal thoughts and attempts
- Decreased: Self harming behavior
- Increased: Self-acceptance, Self-understanding, and Self-esteem
- Increased: Personal power, Emotional stability,
- Increased: Satisfying relationships with God, Church, and Family
- Increased: Feelings of femininity in females
- Increased: Feelings of Masculinity in males
- Increased: Trust in the opposite sex
- Increased: Interest in opposite sex dating
- Increased: Opposite sex attraction
- Increased: Opposite sex behavior

Nicolosi J., Byrd, A., & Potts, R. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*, 1071-1088. https://doi.org/10.2466%2Fpr0.2000.86.3c.1071
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. https://doi.org/10.3149%2Fjms.1801.84
Byrd, A.D., Nicolosi, J., & Potts, R.W. (2008). Clients' perceptions of how reorientation therapy and self-help can promote changes in sexual orientation. *Psychological Reports, 102*, 3-28. https://doi.org/10.2466/pr0.102.1.3-28

[37]

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

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

Otto, et al v. City of Boca Raton, FL et al., emphasis added:

Press release: https://lc.org/newsroom/details/112020-court-of-appeals-strikes-down-fl-counseling-ban-1

The legal decision: https://lc.org/PDFs/Attachments2PRsLAs/112020Otto.pdf

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