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Issue: “Conversion Therapy”

CHANGED Movement opposes all bans against so-called “conversion therapy” because they prohibit LGBTQ-identifying people from receiving the care of licensed professional counselors when exploring one’s own sexual fluidity ***only when the client’s expressed goals are embracing one’s biological sex, exploring opposite sex behaviors, or decreasing certain same-sex sexual behaviors.*** Through controlled speech, these unconstitutional bans push thousands of people who question their sexuality (those within “Q” or “questioning”) toward a politicized sexual identity.

What is “conversion therapy”?

Across the world, definitions are vague, creating a chilling effect on free speech for thousands of us seeking support. So-called “conversion therapy” is a broad and ill-defined term referring to therapeutic practices that include forms of physical violence, force, manipulation, shame, or humiliation to coerce an individual to renounce LGBTQ identity or change sexual orientation or gender identity. *We reject these unethical practices as ineffective and harmful.* We advocate for accessible, patient-directed talk therapy among self-motivated individuals that affirms and empowers personal choice, desired sexual ethic, and individual life goals. Government should not restrict what topics can or cannot be talked about with one’s trusted counselor or therapist of choice.

We appeal to policymakers to protect patient self-determination in talk-based counseling and advocate for freedom to question one’s sexuality authentically without government intrusion.

CHANGED Movement is an advocacy and human rights organization for people who have questioned (or are questioning) their sexuality and gender but have not embraced LGBTQ in their own sexual identity. Questioning one’s own sexual identity or gender is confusing, frightening, and lonely, and we believe there should be more, not fewer, opportunities to question and explore sexual identity in the safety of a licensed counseling practice.

Based upon existing court cases, conversion therapy legislation is a denial of free speech; and indirectly discriminates against LGBTQ-identifying adults (religious or non-religious) seeking professionally licensed help in following heterosexual ambitions or historical expressions of Judeo-Christian faith in their sexual behavior.

Bans have been regarded as violations of free speech and deemed unconstitutional in the courts:

1. Otto v. City of Boca Raton: In October 2019, the Eleventh Circuit ruled that “**bans preventing counselors from helping their clients** in Palm Beach County and the City of Boca Raton **were unconstitutional viewpoint restrictions on speech** under the First Amendment.”ⁱ
2. Vazzo v. Tampa: The failed appeal of Otto v. Boca Raton: “attempts to muzzle counselors from helping their clients in Palm Beach County and the City of Boca Raton were unconstitutional restrictions on the freedom of speech because they targeted specific viewpoints.”ⁱⁱ The Court considered four cases: *Pickup v. Brown*, 740 F.3d 1208 (9th Cir. 2014), *King v. Governor of New*

CHANGED

MOVEMENT

Jersey, 767 F.3d 216 (3d Cir. 2014), *Wollschlaeger v. Governor, Florida*, 848 F.3d 1293 (11th Cir. 2017) and *National Institute of Family and Life Advocates (NIFLA) v. Becerra*, 138 S. Ct. 2361 (2018). **The cases established that SOCE (Sexual Orientation Change Efforts) counseling is professional speech rather than conduct. Taking these cases together, the Court observed that the “strict-scrutiny analysis applies to laws banning SOCE counseling”.**ⁱⁱⁱ

3. California AB2943 “Unlawful Business Practices” was withdrawn by sponsor Rep. Evan Low weeks after the SCOTUS decision *NIFLA v. Becerra*.
4. In September 2019, New York City withdrew its city ordinance^{iv} against so-called conversion therapy because it was deemed a violation of free speech and risked a court case that likely would have gone to the Supreme Court.

The 2020 Williams Institute Blosnich study on suicide within Sexual Orientation Change Efforts (SOCE) **presents false conclusions yet undergirds many “conversion therapy” bans. Re-analysis of the data indicates that SOCE decreases suicidality. Researchers have called for its retraction.** The study fails to control for suicidality prior to therapy. With this correction, the data indicates that SOCE dramatically reduces suicidality among LGB-identifying adults.

1. The Generations data set, a Federally Funded study of LGB health outcomes, is currently the largest representative set of data on LGB-identifying people. Prof. Paul Sullins’ (2021) reanalysis of the Blosnich study concludes, “By violating the principle of temporal precedence in scientific inference, i.e., that a cause cannot occur after an effect, Blosnich et al. reversed the correct conclusion in these data. Experiencing SOCE therapy does not encourage higher suicidality, as they claim; rather, experiencing higher suicidality appears to encourage recourse to SOCE, which in turn strongly reduces suicidality, particularly initial suicide attempts. ***Restrictions on SOCE deprive sexual minorities of an important resource for reducing suicidality, putting them at substantially increased suicide risk.***”^v
2. This study, promoted by the Trevor Project to support therapy bans, reveals how viewpoint discrimination is influencing scientific research.

The American Psychological Association confirms sexuality is fluid and affirms client autonomy.

1. The APA concedes that sexual orientation is fluid in the *APA Handbook on Sexuality and Psychology*^{vi} (American Psychological Association, 2014) and recommends that people be given the choice in the role of same-sex sexuality in their lives. **Kleinplatz and Diamond urge in the handbook that “it is critically important for clinicians not to assume that any experience of same sex desire or behavior is a sign of latent homosexuality and instead to allow individuals to determine for themselves the role of same-sex sexuality in their lives and identity.”**^{vii}
2. **Statistically few lesbian and gay identifying people are exclusively same-sex sexually attracted.** The American Psychological Association’s *APA Handbook of Sexuality and Psychology* says that among same-sex attracted people, “individuals with nonexclusive patterns

CHANGED

MOVEMENT

of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception”^{viii}. The same *Handbook* also accepts, “...research on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or identities.”^{ix} x Study after study finds that —if offered a Likert Scale of response —most people say they are only attracted to the opposite sex or are heterosexual, but the next largest group is ‘mostly attracted’ to the opposite sex, or ‘mostly heterosexual.’^{xi xii xiii xiv xv xvi xvii} What cannot be ignored, is that, next to heterosexuality, the largest identity group is ‘mostly heterosexual.’

3. According to Gallup, “More than half of LGBTQ Americans, **57%, indicate they are bisexual.**”^{xviii} Sexuality among that groups, according to the APA is the most fluid, and tends toward opposite-sex relationships.
 - a. The APA Handbook on Sexuality citing Diamond and Rosky: “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.”^{xix} Similar change is found in other population-based longitudinal studies, and rates of change do not appear to decline as participants get older.^{xx}

“Conversion therapy” bans target people of faith. Studies indicate the religious affiliation is beneficial to LGBTQ-identifying people:

1. “The contention that a desire to modify same-sex attractions and behaviors can only be an expression of self-stigma reflects a **serious disregard for and misunderstanding of conservative religious and moral values.**”^{xxi}
2. Studies continue to indicate that religious practices are beneficial to individuals with LGBTQ experience—even those that uphold historical views of biblical sexual ethics. The results of a 2017 study of research conducted by the Pew Research Center show that religious affiliation is a significant predictor of LGBTQ individuals’ happiness. LGBTQ individuals who identify as Catholic, agnostic or atheist, or with no particular religious affiliation report lower levels of happiness compared to mainline Protestants.^{xxii} The authors observed the happiness overall of LGBTQ respondents (85 percent were happy) was similar to the happiness of the general population in another nationally representative study, the General Social Survey, which found that 86 percent of the general population was happy.^{xxiii}

ⁱ <https://lc.org/newsroom/details/020223-appeals-court-strikes-down-tampa-counseling-ban>

ⁱⁱ <https://www1.cbn.com/cbnnews/us/2023/february/federal-court-strikes-down-tampas-ban-on-counseling-for-minors-seeking-freedom>

ⁱⁱⁱ <https://globalfreedomofexpression.columbia.edu/cases/vazzo-v-city-of-tampa/>

^{iv} <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3080991&GUID=959D1885-B55F-46CE-B422-7FC094A1E3EF&Options=ID%7cText%7c&Search=conversion+therapy>

^v Sullins, D.P. Sexual Orientation Change Efforts Do Not Increase Suicide: Correcting a False Research Narrative. *Arch Sex Behav* 51, 3377–3393 (2022). <https://doi.org/10.1007/s10508-022-02408-2>

CHANGED

MOVEMENT

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- ^{vi} Tolman Deborah L and Lisa M Diamond. 2014. APA Handbook of Sexuality and Psychology. Washington DC: American Psychological Association.
- ^{vii} Ibid. p.257.
- ^{viii} Diamond, L. (2014). Chapter 20: Gender and same-sex sexuality. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) APA Handbook of Sexuality and Psychology, Volume 1. Person Based Approaches. Washington D.C.: American Psychological Association. Vol. 1, p. 633.
- ^{ix} 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>
- ^x Op. cit., Diamond, L. (2014).
- ^{xi} Geary, R.S., Tanton, C., Erens, B., Clifton, S., Prah, P., Wellings, K., et al. (2018). Sexual identity, attraction and behaviour in Britain: The implications of using different dimensions of sexual orientation to estimate the size of sexual minority populations and inform public health interventions. *PLoS ONE* 13(1): e0189607. <https://doi.org/10.1371/journal.pone.0189607> (See S2 Table: Sexual Identity, Same-sex Attraction and Recent opposite-sex Sex Among Men and Women Reporting Same-sex Sex Ever, by Recency of Same-sex Sex and Age, Britain, 2010-12).
- ^{xii} National Surveys of Sexuality and Lifestyles. (n.d.). <https://www.natsal.ac.uk/> (Natsals 1-3).
- ^{xiii} Office for National Statistics Sexual Orientation. (2019). Table 5: Legal Marital Status by Sexual Identity Source: Annual Population Survey (APS), Office for National Statistics Produced by Demographic Analysis Unit, Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk>
- ^{xiv} Hayes, J., Chakraborty, A.T., McManus, S., Bebbington, P., Brugha, T., Nicholson, S., King, M. (2011). *Archives of Sexual Behavior* 41(3):631-9. DOI: 10.1007/s10508-011-9856-8.
- ^{xv} Savin-Williams, R. C., Joyner, K., & Rieger, G. (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-y8> doi:10.1007/s10508-012-9913-y Calculations taken from figure 1. (Working on Add Health National Longitudinal Study of Adolescent Health (USA).
- ^{xvi} Ott, M.Q., Corliss, H.L., Wypij, D., Rosario, M., Austin, S.B. (2011). Stability and change in self-reported sexual orientation identity in young people: Application of mobility metrics. *Archives of Sexual Behavior*, 40(3), 519–532. doi:10.1007/s10508-010-9691-3 GUTS(Working on Growing Up Today Study (USA) <https://link.springer.com/article/10.1007%2Fs10508-010-9691-3>
- ^{xvii} 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 (Working on NSMDNational Survey of Midlife Development in the United States (aka MIDUS) (USA). <http://midus.wisc.edu/findings/pdfs/1153.pdf>
- ^{xviii} <https://news.gallup.com/poll/389792/LGBTQ-identification-ticks-up.aspx>
- ^{xix} APA Handbook on Sexuality p 106
- ^{xx} Diamond, L.M and Rosky, C.J, “Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities,” *Journal of Sex Research*, 00(00), 2016. p. 7, Table 1
- ^{xxi} S. Jones, “Same-Sex Science: The social sciences cannot settle the moral status of homosexuality,” *First Things*, Feb. 2012 <https://onlinelibrary.wiley.com/doi/abs/10.1111/soin.12154>
- ^{xxiii} Haynes, Laura. “Are Religious Californians Really Harming the Mental Health of People Who Identify as LGBTQ?” *Public Discourse* (blog), September 16, 2019. <https://www.thepublicdiscourse.com/2019/09/56790/>.