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ACPeds, AAPS, CMDA and CMA Support Minors' Right to Therapy

Legislators must NOT ban therapy for minors with unwanted same-sex attractions and/or gender dysphoria. The State must not violate minors' right to seek psychotherapy they believe may aid them, and must not restrict the right of licensed professional counselors to provide this ethical care.

So called "conversion therapy bans" bar ethical talk therapy. Specifically, when minors present with unwanted same-sex attractions and/or gender dysphoria, therapists are prevented from exploring potential factors underlying the attractions or beliefs, including but not limited to, sexual abuse, family and peer dynamics, social media use and social contagion. Instead, therapists are required to engage solely in speech that affirms the child as lesbian, gay, bisexual or transgender. Therapists are barred from providing heterosexual-affirming psychotherapy even when the minor him or herself asks for help to identify as heterosexual. As a result, a number of youth will be legislated into a false sexual identity, and many others will unnecessarily begin the high risk sex change process *as young as age 11 that renders them permanently sterile. This fact alone makes it highly unethical, if not criminal, for the law to require therapists to affirm every child with gender dysphoria as transgender.*

Proposed bans not rooted in science

Therapy bans are rooted in four myths: First, that sexual orientation and gender dysphoria are fixed, inborn traits like race. Secondly, that homosexual attractions and gender dysphoria experienced by minors are enduring. Thirdly, that LGBQT behaviors carry no increased health risks as compared to heterosexual behavior, and finally, that scientific research proves that psychotherapy to explore sexual attractions and gender identity (pejoratively dubbed 'conversion' therapy) is universally harmful.

Homosexuality is not like race

Identical twins share exactly the same genetic makeup and are exposed to the same pre-natal hormones. If homosexuality were genetic like race, or determined by pre-natal hormones alone, then identical twins would have the same sexual orientation 100% of the time. Instead, at most, identical twins are both homosexual only 20% of the time. Dr. Francis Collins, former director of the Human Genome Project, summed it up best when he wrote sexual orientation "is not hardwired by DNA, and whatever genes are involved represent predispositions, not predetermination."[1] This means that at least 80% of what causes homosexuality in one identical twin is postnatal and rooted in non-shared experiences.

The Association of Gay and Lesbian Psychiatrists acknowledges that "[s]ome people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime."[2] The psychodynamic and social learning theories of homosexuality have never been disproven. There is good evidence that parental and social influences, including childhood trauma, can contribute to same sex attractions for some. These adolescents have the right to therapy for their trauma; they do not deserve the added trauma of being legislated into a false sexual identity.

Homosexual attractions in minors are more fluid than fixed

The American Psychological Association Handbook acknowledges that adolescence is well recognized for its sexual fluidity and instability of homosexual attractions.[3] In 2007, Savin-Williams and Ream examined data from the large longitudinal AdHealth study and documented changes in attraction so great between the ages of 16 and 17 that they questioned whether the concept of sexual orientation had any meaning for adolescents with homosexual attractions. Seventy-five percent of adolescents who had some initial homosexual attraction between the ages of 17-21 changed to experience heterosexual attraction only. This is in stark contrast to the stability they found among adolescents experiencing heterosexual attractions. Among these adolescents, fully 98% retained their heterosexual-only attractions into adulthood.[4] Another study demonstrating significant change away from homosexual attractions in adolescence involved 13,840 youth. Of those initially "unsure" of their sexual orientation, 66% became exclusively heterosexual.[5] It follows logically that if such high rates of change in homosexual attraction occur adventitiously among youth, then many adolescents who desire and receive therapeutic assistance should succeed.

Gender Dysphoria is not like race.

As with homosexual attraction, twin studies of transsexual adults prove definitively that prenatal genetic and hormonal influence is minimal. The largest twin study of transsexual adults found that only 28% of identical twins were both transgender-identified.[6] Since identical twins contain 100% of the same DNA from conception, and are exposed to the same prenatal hormones, if genes and/or prenatal hormones contributed to a significant degree to transgenderism, the concordance rates would be close to 100%. Instead, 72% of identical twin pairs were discordant. As with homosexual attractions, *this means that at least 72% of what contributes to transgenderism as an adult in one co-twin consists of one or more non-shared post-natal experiences.* This is consistent with the dramatic rates of resolution of gender dysphoria documented among children when they are not counseled to impersonate the opposite sex.

Gender Identity is FLUID: 80-95% of "trans-children" outgrow it with watchful waiting or therapy

Experts agree that when not affirmed, 80-95% of pre-pubertal youth with gender dysphoria will come to accept their biological sex by late adolescence.[7] One increasingly hears the fanciful claim that a child with gender dysphoria is born with a brain that is of the opposite sex of his body. This is biologically impossible. Every cell of the human body contains identical copies of a person's sex chromosomes and the brains of biologically normal infants are imprinted prenatally by their own endogenous sex

hormones at 8 weeks' gestation.[8] Every infant boy is born with a brain imprinted by his own testosterone; every infant girl is born with a brain imprinted by endogenous estrogen. Brain studies of transgender adults that purport to show differences in brain microstructures are of notoriously poor quality and more than likely reflect the fact that long-term transgender behavior alters brain microstructures.[9] This latter phenomenon of behavior altering the chemical and physical structure of the brain is known as neuroplasticity, and is well established.[10]

Non-heterosexual & Transgender Behavior Carries Grave Health Risks

There are many reasons for an adolescent, especially males, who are distressed by unwanted homosexual attractions to seek therapy. According to the CDC, from 2006-2009, young men who have sex with men aged 13-24 years had the greatest percentage increase in diagnosed HIV infections of all age groups. Among all adolescent males aged 13-24 years, approximately 91% of all diagnosed HIV infections were from male-to-male sexual contact.[11] This is because receptive anal intercourse is 20 times riskier than receptive vaginal intercourse.[12]

Moreover, compared with heterosexual youth, non-heterosexual youth are at increased risk (by a median of 76% if bisexual; 63.8% if homosexual) for contracting other sexually transmitted infections, using tobacco, alcohol and other drugs, and engaging in behaviors that contribute to violence, depression and suicide.[13]

Is heterosexual affirming therapy harmful

Studies do not demonstrate harm to minors who want to diminish same-sex attractions in psychotherapy because no studies on youth have ever been published. However, there is significant documentation of successful outcomes among some adults who sought to increase their heterosexual potential in psychotherapy.[14,15,16,17] More importantly, no studies exist to demonstrate that the LGBQT-affirming therapy mandated by these bills is universally helpful and without significant risk.

Bans condemn minors to a false sexual identity and/or toxic hormones and irreversible surgery

Therapy bans are crafted such that youth troubled by their sexual attractions and all youth with gender dysphoria will receive only one choice: in the first case, to be affirmed into a false sexual identity, and in the second case, to pursue a so-called sex change. In other words, therapists will be criminalized if they provide heterosexual affirming therapy, and help boys feel more like boys, or help girls feel more like girls, but not if they help children to feel, dress and act more like the opposite sex, and encourage them to use toxic cross-sex hormones followed by sex reassignment surgery to mutilate healthy body parts. ***The state should not violate minors' right to choose therapy that they believe will aid them in aligning their sexual identity and/or gender identity with biological reality.***

Sincerely,

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