

SEXUAL ORIENTATION AND GENDER INCONGRUENCE  
CHANGE,  
MAY HAVE (TREATABLE) PSYCHOLOGICAL CAUSES—  
AND OTHER CONFESSIONS OF THE  
AMERICAN PSYCHOLOGICAL ASSOCIATION AND RESEARCH



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Dr. Haynes reviews research, writes, and speaks internationally on sexuality and gender as they relate to therapy, law, and global policy. She has testified before legislative hearing committees in several states in the U. S., trained therapists from countries around the world, and presented to United Nations diplomats and high level government officials. She serves on the General Board of the International Federation for Therapeutic and Counselling Choice and is its U.S.A. Representative. She retired from clinical psychology practice in 2018 after more than 40 years experience.



# THERAPY BAN ARGUMENTS

## **Some opponents of change-exploring therapy claim:**

- **Same-sex sexuality and transgender identity are
  - **inborn**
  - **unchangeable**
  - **invariably normal****
- **Therapy to change same sex behavior or attraction or incongruent gender identity is always, or at least usually, ineffective and harmful.**
- **Failure to affirm LGBT behavior causes mental health disorders and suicide.**

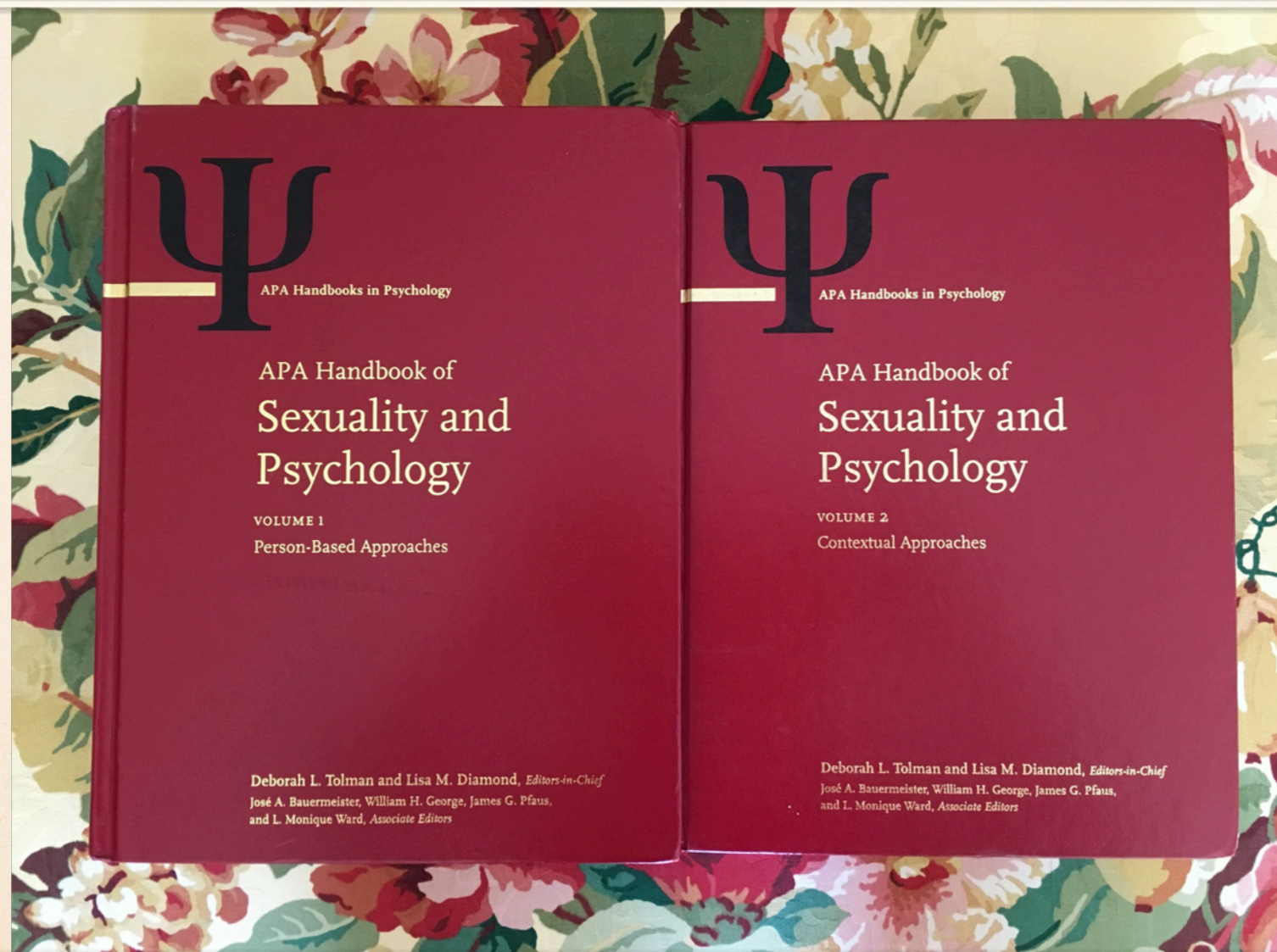
**ARE THESE CLAIMS TRUE?  
WHAT DOES RESEARCH SAY?**



# APA HANDBOOK



## OF SEXUALITY AND PSYCHOLOGY, 2014, VOLUMES 1 & 2





# APA HANDBOOK AUTHORITY

**In the “Series Preface” to the handbook, the American Psychological Association, the largest psychological association in the world:**

**“With the *imprimatur* [official approval] of the largest scientific and professional organization representing psychology in the United States and the largest association of psychologists in the world, and with content edited and authored by some of its most respected members, the *APA Handbooks in Psychology* series will be the indispensable and authoritative reference resource to turn to for researchers, instructors, practitioners, and field leaders alike.”**

(Vandenboss, G. (2014), Series Preface, in Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, 1: xvi, Washington D.C.: American Psychological Association, <http://dx.doi.org/10.1037/14193-000> )



# APA HANDBOOK AND DR. LISA DIAMOND

## Professor Lisa Diamond

is a **co-editor-in-chief** of the *Handbook*, and she **authored** and **co-authored** chapters in it, making her one of the APA's "**most respected members**" and a **recognized leading expert in sexuality and psychology—especially sexual orientation change through life experience**. However, she is not an expert on change through therapy.

### I will use:

- *APA Handbook of Sexuality and Psychology (APA Handbook) (2014)*
- Research or research reviews authored or co-authored by Lisa Diamond and by another leading expert, Michael Bailey
- Other relevant documents of the APA and other professional organisations
- Other significant research



# APA HANDBOOK AND DR. LISA DIAMOND

**Nearly all of  
the research I will review was  
published in English and  
conducted in western countries.  
Research findings in  
other cultures may be different.**



IS LGBT THEORY TRUE?

*Is “born that way and  
cannot change”  
true of same sex  
attraction or behavior ?*



# SEXUAL ORIENTATION: GENES

***APA Handbook (2014): There's no gay gene:***

**“[W]e are far from identifying potential genes that may explain not just male homosexuality but also female homosexuality.”**

(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, 1: 579; 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(00), 4-5. <https://www.tandfonline.com/doi/abs/10.1080/00224499.2016.1139665> )



# SEXUAL ORIENTATION: GENES

## **2019 GENOME WIDE ASSOCIATION STUDY**

**A group of more than 20 scientists from universities and research institutes in several countries looked at the all the genes of nearly a half million people and asked them about their history of same-sex behavior.**

(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/>)

(Ganna et al. (2019). What we found and limitations. 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/> )



# SEXUAL ORIENTATION: GENES

## **GWAS Researchers' Concluded:**

**There is no single “gay gene” and never will be.**

**“We can therefore say with confidence that there is neither a single genetic determinant of, nor a single gene for, same sex sexual behavior or sexual orientation.”**

(Ganna et al. (2019). What we found and limitations. <https://geneticsexbehavior.info/what-we-found/> )



# SEXUAL ORIENTATION: GENES

## **GWAS Researchers' Conclusions cont'd:**

**Genes cannot predict someone will have same-sex behavior.**

**“It is not possible to predict or identify someone’s sexual behavior or sexual orientation from their DNA...knowing someone’s genetic information allows us to guess their sexual behavior just about as well as guessing with no genetic information at all.”**

(Ganna et al. (2019). What we found and limitations. <https://geneticsexbehavior.info/what-we-found/> )



# SEXUAL ORIENTATION: GENES

**Genes that each accounted for 1% or more of factors that were different between people who reported they had same-sex behavior and people who reported they did not were associated with PSYCHOLOGICAL TRAITS AND MENTAL DISORDERS:**

- **Behaviors:**
  - **Smoking**
  - **Cannabis use (higher in females)**
  - **Risk-taking**
  - **Openness to experience**
- **Mental Health Traits or Disorders:**
  - **Depression**
  - **Bipolar disorder (higher in females)**
  - **Schizophrenia**
- **No Physical Traits**

**Consider: Do these genes suggest same-sex sexuality is natural or normal?**

**Biological parents share these genes, too, so these genes could contribute some to harmful parenting or adverse childhood experiences.**

**These genetic predispositions in children could worsen the impact of adverse experiences.**

**Note: The above traits are not about sex.**

(Ganna et al. (2019). Large-scale GWAS. <https://geneticsexbehavior.info/wp-content/uploads/2019/08/ganna190830.pdf>)



# SEXUAL ORIENTATION: GENES

## MENTAL DISORDERS MAY CONTRIBUTE TO SAME-SEX SEXUALITY

**Michael Bailey,**

**who is gay and a leading researcher into the causes of nonheterosexuality:**

- **Acknowledged in 2020 that the theory that minority stress causes the higher rates of mental health conditions in nonheterosexuals is still unproved.**
- **The hypothesis should be studied: that “... the genes that cause nonheterosexual behavior also cause depression...”**
- **“Persons with mental illness, especially if they display unusual or inappropriate affect, may be more likely to elicit stigmatization. Alternatively, they may misperceive neutral events as stigmatization.”**

**Will researches and professionals become more open to nonheterosexuality being treatable?**

(Bailey, Michael, J. (2020). The minority stress model deserves reconsideration, not just extension. *Archives of Sexual Behavior*, 49, 2265-2268. <https://doi.org/10.1007/s10508-019-01606-9> **This journal is highly regarded.**)



# SEXUAL ORIENTATION: GENES

Back to the GWAS gene study:

## Some Genes Were Sex Related:

- One gene is linked to “**male pattern balding**” and is **near a gene** related **to affecting whether a foetus becomes male or female.**

“This strengthens the idea that **sex-hormone regulation may be involved** in the development of same-sex sexual behavior.”

**Does this mean there may be a small genetic tendency for some boys to be born less masculine? “Less masculine” does not equal same-sex attracted. Less masculine boys may have some *social experiences that influence their sexuality development*. They may be rejected by their father or brothers, bullied by peers, or socially expected to be gay.**

- Another gene “is strongly linked to several genes involved in **olfaction...**,” the sense of smell, specifically to **miss-smelling.**

**A “link between olfaction and reproductive function has previously been established.”**

**Do these genes suggest same-sex sexuality is natural or normal?**

**Whatever having these genes means, it CANNOT predict a boy will become homosexual.**

**It takes more than genes for a boy to develop same-sex behavior or attraction.**

(Ganna et al. (2019). What we found and limitations. <https://geneticsexbehavior.info/what-we-found/> )



# SEXUAL ORIENTATION: GENES

The largest gene study says:

**GENES INFLUENCE SAME-SEX BEHAVIOR SOMEWHAT.**  
**LIFE EXPERIENCES IN THE PERSON'S ENVIRONMENT**  
**ARE THE LARGEST INFLUENCE.**

**“Behavioral traits, like sexual behavior and orientation, are only partially genetic in nature....they are also shaped in large part by a person's environment and life experiences....”** (emphasis added)

**“Our genetic findings in no way preclude the additional influences of culture, society, family, or individual experiences, or of non-genetic biological influences, in the development of sexual behavior and orientation.”**

(Quotes from: (Ganna et al. (2019). What we found and limitations. <https://geneticsexbehavior.info/what-we-found/> ; Ganna et al. (2019). Large-scale GWAS. <https://geneticsexbehavior.info/wp-content/uploads/2019/08/ganna190830.pdf> )



# SEXUAL ORIENTATION: GENES

## GENETIC CONTRIBUTION TO SAME-SEX SEXUALITY?

**An analysis was published in 2015 “of virtually all twin studies published in the past 50 years, on a wide range of traits and reporting on more than 14 million twin pairs across 39 different countries.”**

**Twin studies are used to explore the genetic contribution to various traits.**

**The researchers observed that all human traits studied had a genetic contribution.**

**The percent of causal factors that were from inherited genes for some traits were as follows:**

**49% average genetic heritability for all traits studied—physical and psychological**

**46% average genetic heritability for all psychiatric traits studied**

**45% obsessive compulsive disorder**

**40% eating disorders**

**37% emotionally unstable personality disorder**

**34% depressive episode**

**32% interpersonal interactions and relationships**

**32% same-sex sexuality**

**31% spirituality and religion—virtually the same as for same-sex sexuality**

**THE GENETIC CONTRIBUTION FOR SAME-SEX SEXUALITY IS LESS THAN FOR OTHER TRAITS  
PROFESSIONALS HELP PEOPLE REDUCE OR CHANGE EVERY DAY.**

(Polderman (no date). MaTCH (Meta-analysis of Twin Correlations and Heritability). <http://match.ctglab.nl/#/specific/plot1>  
Polderman, T., Benyamin, B., Leeuw, C., Sullivan, P., Bochoven, A., Visscher, P., & Posthuma, D. (2015). Meta-analysis of the heritability of human traits based on fifty years of twin studies, *Nature Genetics*, 47, 702–709. <https://www.nature.com/articles/ng.3285> )



# SEXUAL ORIENTATION: GENES

## EFFECTIVE TRAUMA THERAPY MODIFIES GENES

**An excellent study has found that effective trauma treatments modify the epigenetic signals that regulate how strongly genes are turned on, especially in the brain.**

**So effective psychotherapy modifies genes.**

**“New is that our results indicate that **trauma-focused psychotherapy does indeed change biology** and that these changes can be detected by analysis of the epigenetic state across the genome.”**

(Vinkers, C.H., Geuze, E., van Rooij, S.J.H., Kennis, M., Schur, R.R., Nispeling, D.M., Smith, A.K., Nievergelt, C.M., Uddin, M., Rutten, B.P.F., Vermetten, E., & Boks, M.P. (2019). Successful treatment of post-traumatic stress disorder reverses DNA methylation marks. *Molecular Psychiatry*. <https://doi.org/10.1038/s41380-019-0549-3> )



# SEXUAL ORIENTATION: GENES

## Epigenetics Challenge “Born That Way”

**“In essence, the current scientific revolution in our understanding of the human epigenome challenges the very notion of being ‘born gay,’ along with the notion of being ‘born’ with *any* complex trait.”**

(Diamond & Rosky (2016) p. 4, emphasis by the authors, 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> )



# SEXUAL ORIENTATION: ENVIRONMENT

**Genes influence somewhat but  
do not determine  
same sex attraction or behaviour.**

**What experiences  
in a person's environment  
may lead to  
same sex sexual attraction  
or behavior?**



# SEXUAL ORIENTATION: PRENATAL HORMONES

**Do prenatal hormones in a person's biological environment lead to same sex sexuality?**



# SEXUAL ORIENTATION: PRENATAL HORMONES

**The Fraternal Birth Order Effect (FBO)—caused by prenatal hormones?  
Bailey and colleagues including Diamond (2016) said:**

**Nonheterosexual men have more older brothers on average than heterosexual men.**

- **Applies to a minority of males—15% to 28 1/2%, and no females.**
- **The chance of being homosexual or bisexual increases 33% with each older biological brother.**
- **“Assuming that a man without any older brothers has a 2% chance of being homosexual or bisexual, a man with one older brother has a 2.6% chance. With two, three, and four older brothers, the chances are 3.5%, 4.6%, and 6.0%, respectively.”**
- **A boy with 4 brothers has an overwhelming likelihood— 94% likelihood—of being heterosexual or mostly heterosexual.**
- **The FBO effect is modest, not determinative. There still have to be other influences.** (pp. 76, 79)

(Bailey, J. M, Vasey, P.L., Diamond, L.M., et al. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest*, 17, 45-101. <https://doi.org/10.1177/02F1529100616637616> ;

Also: Cantor, J.M., Blanchard, R., Paterson, A.D., & Bogaert, A.F. (2002). How many gay men owe their sexual orientation to fraternal birth order? *Archives of Sexual Behavior*, 31(1), 63-71. [https://www.researchgate.net/publication/11453194\\_How\\_Many\\_Gay\\_Men\\_Owe\\_Their\\_Sexual\\_Orientation\\_to\\_Fraternal\\_Birth\\_Order](https://www.researchgate.net/publication/11453194_How_Many_Gay_Men_Owe_Their_Sexual_Orientation_to_Fraternal_Birth_Order) ;

Blanchard, R. & Bogaert, A.F. (2004). Proportion of homosexual men who owe their sexual orientation to fraternal birth order: An estimate based on two national probability samples. *American Journal of Human Biology*, 16(2), 151-157. <http://onlinelibrary.wiley.com/doi/10.1002/ajhb.20006/abstract> )



# SEXUAL ORIENTATION: PRENATAL HORMONES

## The Fraternal Birth Order Effect (FBO)—continued

### How might having older biological brothers lead to same-sex sexuality in boys? Two Theories:

- **Biological Theory: Maternal immune response theory**

This hypothesis suggests that some mothers develop a reaction against a protein that is linked to the male sex (Y) chromosome, and that this effect increases with each of her pregnancies with a male foetus.

This process is said to alter the typical masculine development of the male foetus's brain, along a less masculine/more feminine path, but allows the masculine development of the genitals to proceed normally.

A less masculine brain is thought to influence sexual preference directly or indirectly.

(Bogaert et al., 2018; see also Bailey, J.M. (2018), <https://doi.org/10.1007/s10508-017-1115-1> )

**PROBLEM; Identical twins have the same number of older brothers, but if one is gay, the other usually is not.**

(Bailey, Vassey, & Diamond, p. 80)

- **Psychological Theory: Same-Sex Sexual Abuse**

**Boys who have older brothers are around more older boys and men who are around older boys.**

**Risk for same-sex sexual abuse may be higher.**

(Cantor, 2004)

**PROBLEM: The older brother effect may occur only if there are older *biological* brothers from the same mother, not just older brothers.**



# SEXUAL ORIENTATION: PRENATAL HORMONES

**An interesting study found some support,  
but it was too small.**

**Be prepared for a larger, more conclusive study possibly  
coming.**

**But whatever explains the older brother effect,  
this factor does not determine same-sex sexuality.  
There still have to be other factors.**

(Bogaert, A., Skorska, M., Wang, C., Gabrie, J., MacNeil, A., Hoffarth, M., VanderLaan, D., Zucker, K., & Blanchard, R. (2018). Male homosexuality and maternal immune responsivity to the Y-linked Protein NLGN4Y, PNAS, 115(2):303-306. [www.pnas.org/cgi/doi/10.1073/pnas.1705895114](http://www.pnas.org/cgi/doi/10.1073/pnas.1705895114) )



# SEXUAL ORIENTATION: PRENATAL HORMONES

## PRENATAL BRAIN ORGANIZATION THEORIES

### HAVE A LIMITATION

Several theories such as the maternal immune response theory and some epigenetic theories, argue that factors in the prenatal environment (in the womb) lead to same sex attraction.

However, what these theories actually argue is that prenatal biological factors may cause a boy to be born less masculine or a girl to be born more masculine.

These traits are *not* sexual orientation. And it is not true that everyone who has these traits is same sex attracted.

These theories are as yet unproved.

But even if proved, there would have to be additional factors.



# SEXUAL ORIENTATION: PRENATAL HORMONES

## **Neurohormonal Brain Organization Theory of Sexuality—cont'd**

**Some men who changed through therapy said others saw them as less masculine than other boys—for example in interests, ability in sports, or temperament. They feel it was responses from others—not being less “masculine”—that led to their same sex sexuality. Examples:**

- **A same sex parent or peers rejected and bullied them.**
- **Teachers, parents, and peers assumed they were gay, treated them as gay, and even called them gay, due to cultural expectations, even if they started out opposite sex attracted.**
- **They felt they had nowhere to go for acceptance except to the gay community, where they tried same sex relationships and developed a capacity for them.**



# SEXUAL ORIENTATION: PRENATAL HORMONES

After extensively reviewing prenatal hormone research, Rebecca Jordan-Young concluded,

**Prenatal hormone theories often do not sufficiently take into account that *the brain largely develops after birth*. Life experiences shape childhood and adult development in directions *that may add to, decrease, or entirely eliminate some possible influences of prenatal hormones*.** (E.g. 2012, pp. 286-288)

(Jordan-Young, R.M. (2010). *Brain storm: The flaws in the science of sex differences*. Cambridge, MA: Harvard University Press.

Jordan-Young, R.M. (2012). Hormones, context, and “brain gender”: A review of evidence from congenital adrenal hyperplasia. *Social Science & Medicine*, 74, 1738-1744. <https://doi.org/10.1016/j.socscimed.2011.08.026> E.g. pp. 286-288.)



## SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

**Same sex sexuality is not simply determined by *biological* factors such as genes or prenatal hormones.**

**What influences are there in the *social* environment?**



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

***APA Handbook:***  
**There Are Psychoanalytic Factors,**  
**Not Just Biological**

**“Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies [events] are evident as main effects [stand-alone factors] or in interaction with biological factors....A joint program of research by psychoanalysts and biologically oriented scientists may prove fruitful.”**

(Rosario & Shrimshaw (2014), in *APA Handbook*, 1: 583).



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

## Several Rigorous Studies: Parent Absence or Loss:

Several rigorous studies that followed large numbers of people over time have found cross-culturally that parent absence or loss, **especially loss or absence of the biological parent of the same-sex as the child**, may be a possible **causal** factor **for some** in same-sex attraction, behavior, orientation identity, or whether someone marries a person of the same sex or opposite sex.

Parent losses during the **first 6 years of life** for boys and girls and mother loss for girls during adolescence may have the most impact, **suggesting sensitive developmental periods**. (Frisch & Hvid, 2006)

**Reflection: Could emotional unavailability of a parent, especially the parent of the same-sex, also be a factor for some?**

- (Fergusson, D., Horwood, L., Beautrais, A. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56:p. 878.
- Francis, A. M. (2008). Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4):371-377. <http://www.tandfonline.com/doi/full/10.1080/00224490802398357?scroll=top&needAccess=true>
- Frisch, M. & Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes. *Archives of Sexual Behavior*, 35, pp. 533-547. <https://link.springer.com/article/10.1007/s10508-006-9062-2>
- Frisch, M. & Hviid, A. (2007). Reply to Blanchard's (2007) "Older-sibling and younger-sibling sex ratios in Frisch and Hviid's (2006) national cohort study of two million Danes." *Arch Sexual Behavior*, 36, 864-867. <https://link.springer.com/article/10.1007/s10508-007-9169-0>
- Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37:481-497. <http://dx.doi.org/10.1017/S0021932004006765>
- Regnerus, M. (2012). How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study. *Social Science Research*, 41(4):752-770. <https://www.sciencedirect.com/science/article/abs/pii/S0049089X12000610> )



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

***APA Handbook:***

## **CHILDHOOD SEXUAL ABUSE**

**has “associative and potentially causal links” to  
having same sex partners for some  
based on research that includes a  
30 year study of documented cases of childhood  
sexual abuse.**

(Mustaky, et al. (2014), in *APA Handbook of Sexuality and Psychology*,  
vol. 1, pp. 609-610, emphasis added.)



## SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

**Of course, not everyone who identifies as gay was sexually abused, and not everyone who was sexually abused has same-sex experiences, and some people were sexually abused after they experienced same-sex feelings or behavior, BUT some people do feel their same-sex attractions or behavior were forced on them by childhood sexual abuse.**



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

## LGBT ADULTS HAVE HIGH RATES OF SEVERE STRESSFUL CHILDHOOD EXPERIENCES

**A systematic analysis of 73 articles found these high rates of severe stressful childhood experiences for non heterosexual and transgender adults.**

**Prevalences in studies using representative sampling and non-representative sampling respectively were:**

- **Severe stressful childhood sexual abuse—33.5% and 20.7% (not every LGBT person)**
- **Severe stressful childhood physical abuse—23.5% and 28.7%,**
- **Severe stressful childhood emotional neglect and severe physical neglect—48.5% and 47.5%.**

**Researchers reported outcomes for the victims included:**

- **Psychiatric symptoms**
- **Substance abuse**
- **Re-victimisation**
- **Dysfunctional behaviour adjustments**
- **Others**

(Schneeberger, A.R., Dietl, M.F., Muenzenmaier, K.H., Huber, C.G., & Lang, U.E. (2014). Stressful childhood experiences and health outcomes in sexual minority populations: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 49, 1427-1445. <https://link.springer.com/article/10.1007%2Fsoo127-014-0854-8> )



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

## **One Study Found ACEs Fully Accounted for Higher Rates Of Poor Mental Health**

**The adverse childhood experiences listed below FULLY accounted for higher rates of psychiatric conditions in LGB-identified adults in government research that is representative of adults in three U.S. states.**

- **Childhood Abuse**
  - **Emotional**
  - **Physical**
  - **Sexual**
  
- **Household dysfunction (the parents or adults in the home)**
  - **Intimate partner violence**
  - **Substance abuse**
  - **Mental illness**
  - **Separation/divorce**
  - **Incarcerated household member**

(Blosnich, J.R. & Andersen, J.P. (2015). Thursday's child: the role of adverse childhood experiences in explaining mental health disparities among lesbian, gay, and bisexual US adults. *Social Psychiatry and Psychiatric Epidemiology*, 50, 335–338. <https://link.springer.com/article/10.1007/s00127-014-0955-4> ; Centers for Disease Control and Prevention (U.S.) Last updated April 10, 2020. Prevalence of ACEs by Category for Participants Completing the ACE Module on the 2010-2014 BRFSS. Adverse Childhood Experiences Resources, p. 23. National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/resources.html?> )



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

## **Does LGBTQ identity lead to adverse childhood experiences?**

Do parents abuse children or adolescents after they are already LGBTQ identified, because parents can see their **gender nonconformity (GNC)**, and they try to “control or correct” it?

**Baams’ study in 2018 may be the first to measure GNC separately in LGBTQ identified adolescents in order to test this view.**

Baams looked at 81,885 high school students in a Minnesota statewide survey in the U.S.

- **GNC students did experience more ACEs than other LGBTQ identified students to a small though statistically significant degree (OR = 1.14-1.45), but for the most part GNC did NOT explain ACEs.**
- **It seems unlikely a GNC child or adolescent would cause ACEs such as a parent mental illness, incarceration, intimate partner violence, divorce or separation, or problem drinking.**
- **Also, parents do not universally abuse children who have GNC, though some may. There have to be more parent factors leading to the abuse that may also have led to GNC.**
- **It is possible that parent abuse and dysfunction and other ACEs contribute to some children rejecting their sex or becoming gender nonconforming or not feeling attracted to the opposite sex.**

(Baams L. (2018), <http://pediatrics.aappublications.org/content/early/2018/04/12/peds> . Also parent in prison: Fergusson et al. (1999), p. 878), <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/205418> )



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

**Anecdotaly, some also feel that  
pornography or bullying  
shaped their sexual attraction  
toward the same sex.**



# SEXUAL ORIENTATION: BORN THAT WAY?

## Conclusion on Causes:

The *APA Handbook* says, “The inconvenient reality...is that social behaviors are **always jointly determined**” by **“nature, nurture, and opportunity.”**

So it is not true that same-sex sexuality is totally biologically determined for some and not for others.

**There are always “nurture” or psychological causes for same-sex sexuality.**

(Kleinplatz, P. & Diamond, L. (2014) Chapter 9: Sexual Diversity, 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, pp. 256-257, emphasis added)



# SEXUAL ORIENTATION: CHANGE

**“Born that way” is false.**

**Same sex sexuality may have  
treatable psychological  
causes.**



# SEXUAL ORIENTATION: CHANGE

***Can same sex sexuality change?***

***Some say only sexual orientation identity can change  
(lesbian, gay, or bisexual self-label—what you call yourself),***

***but not same-sex attraction or behavior.***

***True?***



# SEXUAL ORIENTATION: CHANGE

THE AMERICAN PSYCHOLOGICAL  
ASSOCIATION SAYS AND INTERNATIONAL  
RESEARCH HAS ESTABLISHED:

**SEXUAL ATTRACTION, BEHAVIOR, AND  
ORIENTATION IDENTITY**

—ALL 3—

**CHANGE FOR MANY  
THROUGH EVERYDAY LIFE EXPERIENCE  
FOR BOTH ADOLESCENTS AND ADULTS**



# SEXUAL ORIENTATION: CHANGE

## ***APA Handbook* quotes:**

- ❖ **“[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time.”**

(Diamond, 2014, in *APA Handbook*, v. 1, p. 636)

- ❖ **“Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation.”**

(Rosario & Schrimshaw, 2014, *APA Handbook*, v. 1, p. 562)

- ❖ **“Over the course of life, individuals experience the following... changes or fluctuations in sexual attractions, behaviors, and romantic partnerships.”**

(Mustanski, Kuper, & Greene (2014), in *APA Handbook*, v. 1, p. 619.)



# SEXUAL ORIENTATION: CHANGE

**SAME-SEX ATTRACTION, BEHAVIOR, AND IDENTITY  
ONLY MATCH IN A MINORITY OF PEOPLE (1994 numbers)**

## **Women (adults):**

**59% Attraction only**

**15% Attraction, behavior, identity**

**13% Attraction, behavior**

**1% Attraction and identity**

**0% Behavior and identity only**

**13% Behavior only**

**0% Identity only**

## **Men (adults):**

**44% Attraction only (mostly hetero, religious)**

**24% Attraction, behavior, identity**

**6% Attraction, behavior**

**2% Attraction, identity**

**0% Behavior, identity**

**22% Behavior only**

**2% Identity only (They found a social group?)**

**One or more of these traits may change. They may change at different rates.  
Researchers have to say which trait they are studying.**

**(Most comprehensive study ever of sexuality in America: 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, p. 299.)**



# SEXUAL ORIENTATION: CHANGE

Example:

Attraction, Behaviour, and Identity May Not Match  
**Kinsey Scale**

## ATTRACTION

Exclusively Heterosexual	Mostly Heterosexual	<u>Bisexual</u> (about <u>equal</u> to both sexes)	Mostly Homosexual	Exclusively Homosexual ("Gay" or "Lesbian")
-----------------------------	------------------------	--	----------------------	--

## BEHAVIOUR

Exclusively Heterosexual	Mostly Heterosexual	Bisexual (about <u>equal</u> to both sexes)	Mostly Homosexual	<u>Exclusively Homosexual</u> ("Gay" or "Lesbian")
-----------------------------	------------------------	---	----------------------	--

But this person may feel their sexual attraction and behaviour were caused by sexual abuse and do not express the true self that would be heterosexual if the affects of sexual abuse were healed.

## IDENTITY

<u>Exclusively Heterosexual</u>	Mostly Heterosexual	Bisexual (about <u>equal</u> to both sexes)	Mostly Homosexual	Exclusively Homosexual ("Gay" or "Lesbian")
-------------------------------------	------------------------	---	----------------------	--



# SEXUAL ORIENTATION: CHANGE

QUIZ: Where do you think most non-heterosexuals rate their sexual attraction on this scale?

## Kinsey Scale

Exclusively Heterosexual	Mostly Heterosexual	Bisexual (about <u>equal</u> to both sexes)	Mostly Homosexual (There were nearly none.)	Exclusively Homosexual ("Gay" or "Lesbian")
-----------------------------	------------------------	---	---	---

- A. Exclusively Same Sex Attracted—Gay or Lesbian?**  
**B. Both Sex Attracted—Mostly-Heterosexual or Bisexual?**



# SEXUAL ORIENTATION: CHANGE

**MOST SAME-SEX ATTRACTED PEOPLE  
ARE BOTH-SEX ATTRACTED.**

**“Hence, directly contrary to the conventional wisdom...Individuals with nonexclusive patterns of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception.”**

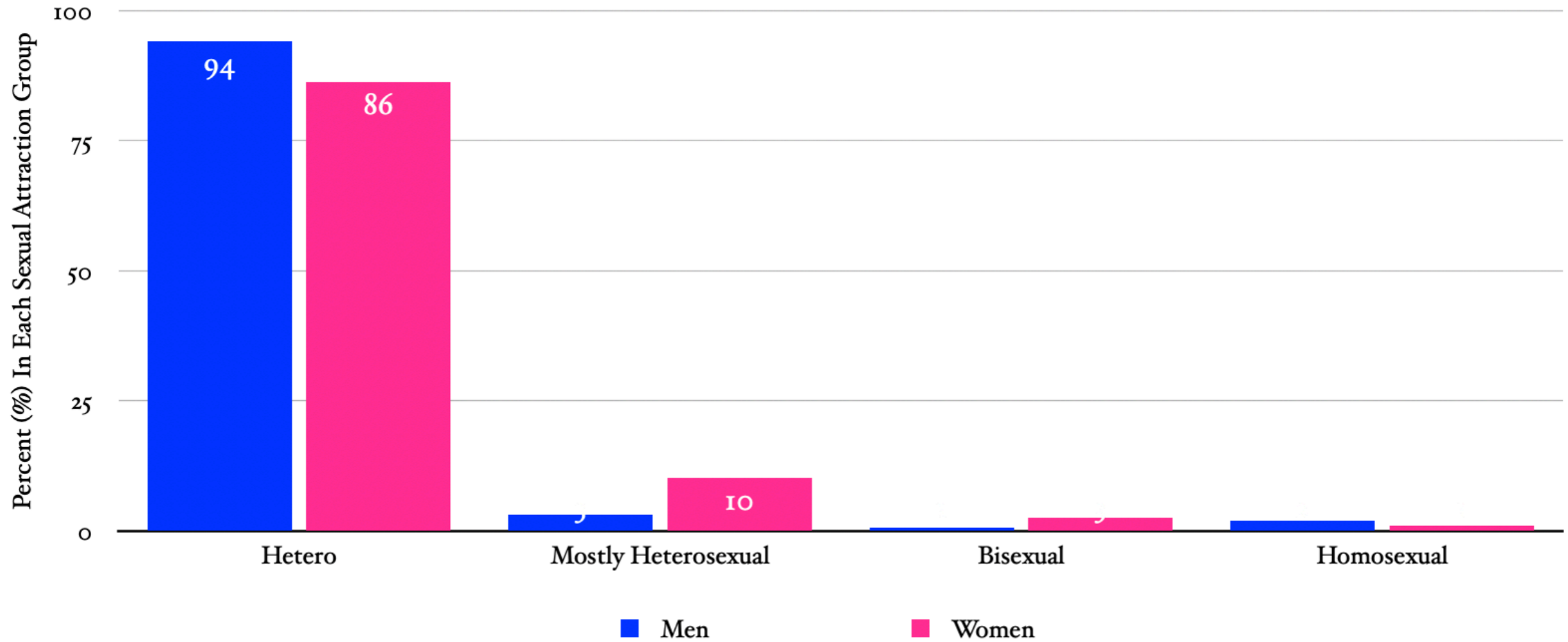
(Diamond, L., 2014, in *APA Handbook of Sexuality and Psychology, v. 1*, p. 633.)

**MANY WHO ARE BOTH-SEX ATTRACTED EXPERIENCE  
CHANGE.**

(Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Arch Sexual Behavior* 41: Abstract. <https://link.springer.com/article/10.1007/s10508-012-9913-y>)



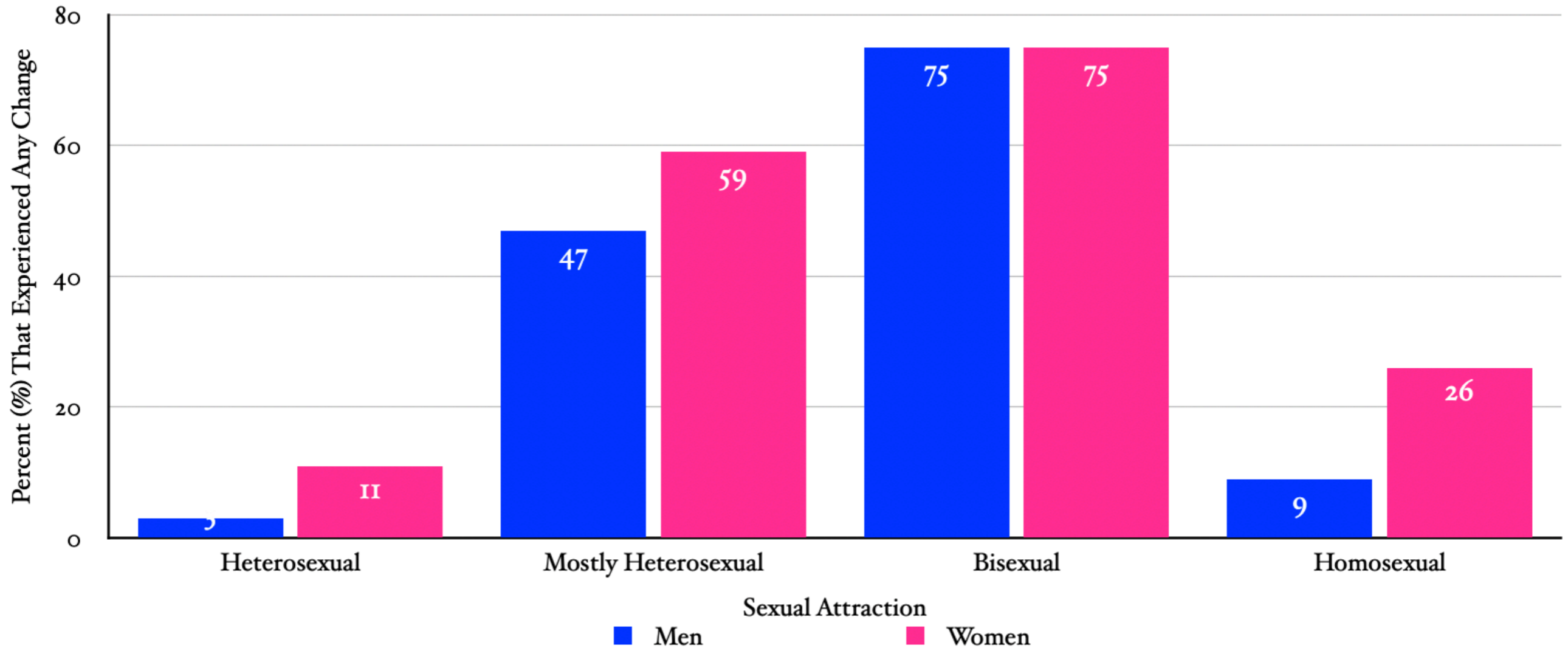
### Frequency of Sexual Orientations, Ages 18-24 (Savin-Williams et al., 2012)



(Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Arch Sexual Behavior* 41: 103-110. <https://link.springer.com/article/10.1007/s10508-012-9913-y>  
Adapted from Figure 1.)



Sexual Attraction Change Over 6 Years, From Ages 18-24 to About Ages 24-36 (Savin-Williams et al., 2012)



(Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Arch Sexual Behavior* 41: 103-110. <https://link.springer.com/article/10.1007/s10508-012-9913-y>  
Adapted from Figure 1.)



# SEXUAL ORIENTATION: CHANGE

## Kinsey Scale

**Some people experience that their same-sex attraction has completely ended through therapy, but they have not developed opposite sex attraction, although they can still experience physical sexual excitement.**

**Where can you put someone on this scale who is not attracted to the same sex or opposite sex? **NOWHERE.****

Exclusively Heterosexual	Mostly Heterosexual	Bisexual (about <u>equal</u> to both sexes)	Mostly Homosexual	Exclusively Homosexual ("Gay" or "Lesbian")
-----------------------------	------------------------	---	----------------------	--

**We have no idea how many people may make this kind of change through life experience. Research has often used this scale.**



# SEXUAL ORIENTATION: CHANGE

**We should use separate scales to assess our clients for same-sex or opposite sex traits.**

**Adapted from Shivley and De Cecco Scales**

<b>Homosexual Attraction</b>				
	<u>Not at All</u>		Somewhat	Very
I	2	3	4	5

<b>Heterosexual Attraction</b>				
	<u>Not at All</u>		Somewhat	Very
I	2	3	4	5

<b>Homosexual Behaviour</b>				
	<u>Not at All</u>		Somewhat	Very
I	2	3	4	5

<b>Heterosexual Behavior</b>				
	<u>Not at All</u>		Somewhat	Very
I	2	3	4	5

**REMEMBER THESE TRAITS**

**MAY EACH CHANGE AT DIFFERENT RATES DURING THERAPY.**

**We should measure our clients like this before therapy so we can measure again later to assess change.**

(Sell, R.L. (1997). Defining and Measuring Sexual Orientation. *Archives of Sexual Behavior*, 26(6), 643-658. <https://link.springer.com/article/10.1023%2FA%3A1024528427013> See p. 655.)



# SEXUAL ORIENTATION: CHANGE

**It should in principle  
be possible for researchers,  
therapists, and clients  
to discover the influences  
that are leading to the  
changes in same sex attraction  
and behavior.**

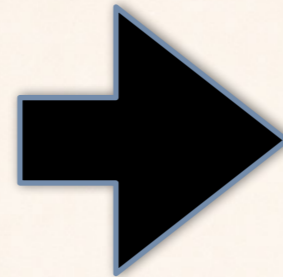


# SOCIAL INFLUENCES

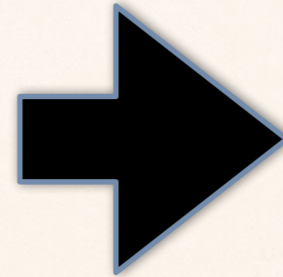
## 10 Year Study of Same-Sex Attracted Women

Beginning of study:

2 women equally and strongly  
same-sex attracted



By end of 10 year study:



Lesbian or hetero social network?

Relationships with women or men?

Patterns can become stable unless women  
switch social network and sex of partners.

LGBT school clubs are social networks.

“[We] make hundreds of decisions every day that indirectly influence our sexual and emotional experiences” (p. 247).

(Diamond, L. (2008). *Sexual Fluidity: Understanding Women's Love and Desire*. Cambridge, Mass.: Harvard Press.

<http://www.hup.harvard.edu/catalog.php?isbn=9780674032262> )



# SEXUAL ORIENTATION: CHANGE

## **SOCIAL GROUPS AND RELATIONSHIPS—continued**

**Women in Diamond's study did not make these choices in order to see if they would change, but there is no reason why women who feel they have a choice could not choose for any reason they want.**

- **Diamond said some who felt they had a choice chose to be in a procreative relationship to have children naturally with their spouse.**
- **We know some want to live according to their religion.**

**Population-based research shows:**

- **most married LGB individuals in the U.K. and**
  - **most bisexuals in a relationship in the U.S.**
- are with someone of the opposite sex.**

**Women in such relationships may experience change. Perhaps bisexual men?**

(U.K. (2017). <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017> ;

Herek et al. (2010), p. 193, Table 8, <https://link.springer.com/content/pdf/10.1007%2F02FSI3178-010-0017-y.pdf> )



# SEXUAL ORIENTATION: CHANGE

**THERAPISTS HELP PEOPLE  
HAVE SATISFYING RELATIONSHIPS  
AND  
PROCESS CHANGES WITHIN THEMSELVES  
THAT THEY EXPERIENCE IN RELATIONSHIPS.**

**Change-exploring therapists  
can help facilitate these shifts  
in sexual interest and behaviour.**



# SEXUAL ORIENTATION: CHANGE

SOCIAL GROUPS AND RELATIONSHIPS  
ARE CHANGE INFLUENCES—continued

- **LGBT-affirming therapy and change-affirming therapy are both social contexts that may influence sexual attraction or behavior shifts, but in different directions.**
- **Putting students into LGBTQ clubs may influence shifts in their sexual orientation—and potentially gender identity?—especially for girls.**



BORN THAT WAY?

***“Born that way and  
cannot change”  
is not true of same sex  
attraction or behavior.***



TRANS IDENTITY: BORN THAT WAY?

*Is “born that way and  
cannot change”  
true of transgender  
identity?*



# TRANS IDENTITY: BORN THAT WAY?

## IDENTICAL TWIN STUDIES: HELP COMPARE PRENATAL BIOLOGICAL VERSUS POST NATAL ENVIRONMENTAL CAUSES

If you put 100 pairs of identical twins in a room:

- They will be the same **sex** in **100%** of the pairs.

Sex is entirely determined by genes and prenatal hormones, and it can never change.

- If one is **transgender**, the other is also in **28%** of the pairs.

[This figure will be less with better samples].

- If one experiences **same-sex sexuality**, the other does also in about **14%** of pairs.

- If one twin is **homosexual and gender non-conforming**, the other is **usually** heterosexual and biological sex embracing.

Although GNC is highly correlated with homosexuality cross-culturally, GNC homosexuality is not particularly heritable. There must be early non-shared environmental factors.

## THERE SHOULD BE FAR MORE RESEARCH INTEREST IN PSYCHOLOGICAL CAUSES!!!

(Transsexual: Older study reported in Bockting (2014), in *APA Handbook* 1:743, updated by Diamond, M. (2013). Transsexuality among twins: Identity concordance, transition, rearing, and orientation, *International Journal of Transgenderism*, 14, 1, 24-38, (Print) 1434-4599, <http://dx.doi.org/10.1080/15532739.2013.750222>, (Online) Journal homepage: <https://www.tandfonline.com/doi/abs/10.1080/15532739.2013.750222>. Figure of 20% in abstract corrected to 28%, correct figure in Table 5, p. 28, as reported in Haynes, Sept. 27, 2016.)

(Gay: Bailey et al with Diamond (2016), pp. 74-76. Pairwise concordance calculated from probandwise concordance = 24%, and  $28/114$  = about 24%; see bottom of Table 4 on p. 75.)

Gender non conforming behavior: Bailey et al with Diamond (2016), pp. 46, 76.)



# TRANS IDENTITY: BORN THAT WAY?

**AT LEAST 14 PROFESSIONAL ORGANIZATIONS,  
INCLUDING AT LEAST 10 ENDOCRINE SOCIETIES  
AROUND THE WORLD, AGREE:**

**TRANSGENDER IDENTITY HAS  
SOCIAL ENVIRONMENT CAUSES.**

**IT'S NOT JUST BIOLOGICALLY CAUSED  
BY GENES, HORMONES, OR BRAIN STRUCTURES.**

**(Endocrine Society + 6 co-sponsoring organizations** (Hembree, et al. (2017). An Endocrine Society Clinical Practice Guideline, pp. 6-7, <https://academic.oup.com/jcem/article/102/11/3869/4157558> ) ; **Global DSD Update Consortium & 10 endocrine associations around the world:** Lee et al. (2016). <https://doi.org/10.1159/000442975> ; **American Psychiatric Association** (*Diagnostic and Statistical Manual, Fifth Edition*, pp. 451, 457). **American Association of Pediatricians:** (Rafferty J, et al. (2018), pp. 2, see also p. 4, <https://pediatrics.aappublications.org/content/pediatrics/142/4/e20182162.full.pdf> ; **American Psychological Association** (Tolman & Diamond, eds. (2014), *APA Handbook of Sexuality and Psychology*, 1: 743). **Some organizations are listed more than once in these references.)**



# TRANS IDENTITY: PSYCHIATRIC CAUSES

**Some professional organizations that may say gender incongruence is normal do not say it is invariably normal.**

**GENDER INCONGRUENCE MAY BE CAUSED BY OTHER PSYCHIATRIC CONDITIONS**

**This is accepted by:**

*The World Professional Association for Transgender Health (WPATH) :*

The “Standards of Care” says **“gender dysphoria” (distress about ones sex) may be “secondary to and better accounted for by other diagnoses.”**

*British Psychological Society (BPS):*

The “Guideline” 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)

*APA Handbook of Sexuality and Psychology:*

Is open to psychopathological or dysfunctional family dynamics as causes.

(WPATH: Cole et al., (2011). [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351);

British Psychological Association, 2012, Guideline, [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](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) ;

Bockting, W. (2014). Chapter 24: Transgender Identity Development in *APA Handbook v. 1*, p. 743, as reported in Haynes, L. (Sept. 27, 2016, edited June 8, 2018). The American Psychological Association says born-that-way-and-can't-change is not true of sexual orientation and gender identity. [https://docs.wixstatic.com/ugd/ec16e9\\_396244b80efc4a6f9c27b4653a974132.pdf](https://docs.wixstatic.com/ugd/ec16e9_396244b80efc4a6f9c27b4653a974132.pdf) )



# TRANS IDENTITY: PSYCHIATRIC CAUSES

## **RESEARCH EVIDENCE that PSYCHIATRIC CONDITIONS ARE CAUSES**

**Research on the medical records of all 8.8 million members of a medical insurance company, Kaiser Permanente—in the U.S. states of Georgia, northern California, and southern California—over 8 years from 2006 to 2014 supports that other psychiatric diagnoses may cause gender incongruence.**

(Becerra-Culqui TA, et al. (2018), <https://pubmed.ncbi.nlm.nih.gov/30476120-letter-to-the-editor-endocrine-treatment-of-gender-dysphoricgender-incongruent-persons-an-endocrine-society-clinical-practice-guideline/> )



# TRANS IDENTITY: PATHOLOGICAL CAUSES

## **PSYCHIATRIC CONDITIONS IN KAISER STUDY:**

**Anxiety disorder**

**Attention deficit disorders**

**Autism spectrum disorders**

**Bipolar disorders**

**Conduct and/or disruptive disorders**

**Depressive disorders**

**Eating disorders**

**Psychoses**

**Personality disorders**

**Schizophrenia spectrum**

**Self-inflicted injuries**

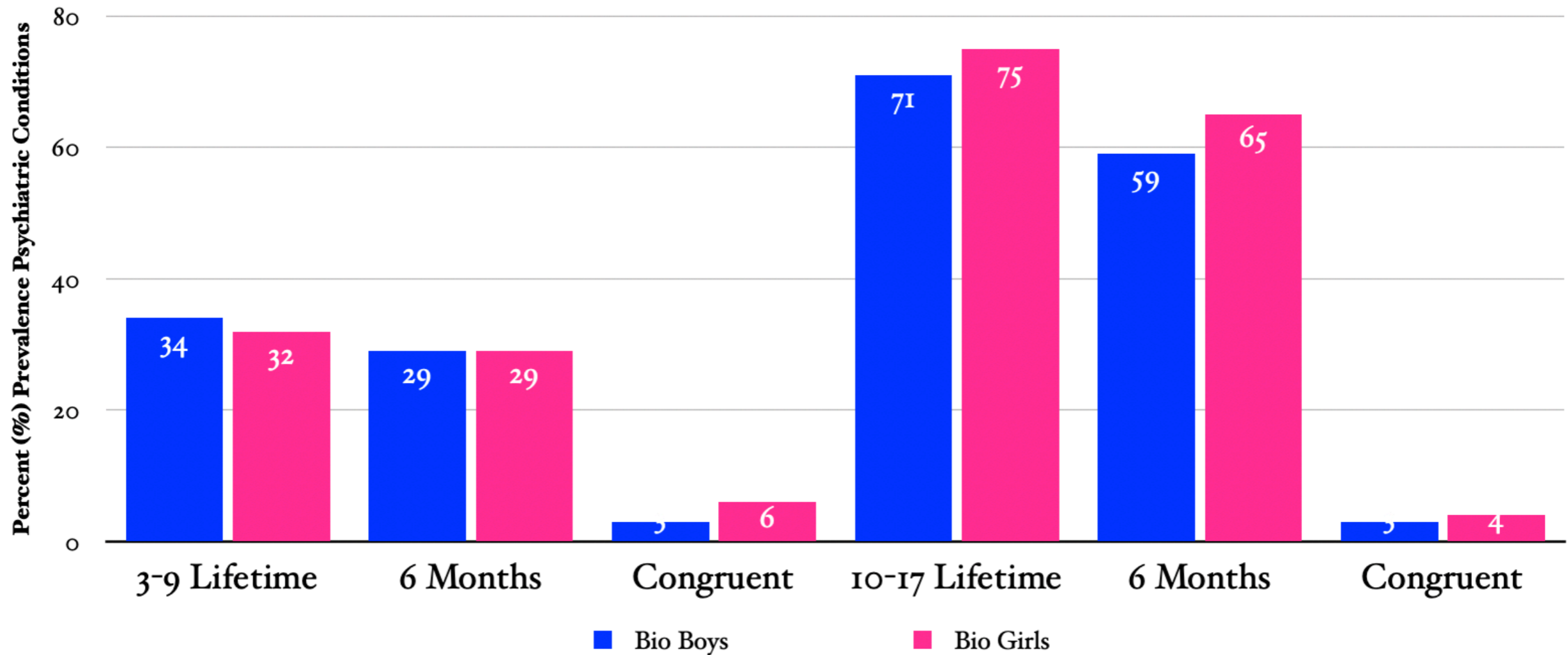
**Substance use disorders**

**Suicidal ideation**

(Becerra-Culqui, et al. (2018), Table 3.)



**Prevalence of Psychiatric Conditions Ages 3-9 and 10-17 Lifetime and 6 Months BEFORE Gender Incongruence vs. Gender Congruent Peers Lifetime**



(Becerra-Culqui T.A. et al. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics*, 141(5), e20173845. <https://doi.org/10.1542/peds.2017-3845> , from tables 2 and 3)



# TRANS IDENTITY: PSYCHIATRIC CAUSES

## **Maturational Influence**

**Some young gender confused children may still be developing their concept that their sex is fixed for life.**

(Siegal, M. & Robinson, J. (1987). Order Effects in Children's Gender-Constancy Responses. *Developmental Psychology*, 23(2), 283-286. <https://psycnet.apa.org/record/1987-18382-001> .

23.3% of children between age 42 and 54 months had not achieved gender constancy, “the stable and constant categorization of the self despite superficial opposite-sex transformations in features such as dress.”)



# TRANS IDENTITY: PSYCHIATRIC CAUSES

## **Kaiser-Permanente Research—continued**

### **ALSO BEFORE GENDER DISCORDANCE:**

**Compared to peers who accepted their sex, gender incongruent adolescents ages 10 to 17 had these higher rates of psychiatric distress during the 6 months before first medical record evidence of gender incongruence:**

- **Depression was up to 23 to 24 times higher.**
- **Suicidal ideation was up to 45 to 54 times higher.**
- **Self-inflicted injuries were up to 70 to 144 times higher.**

(Becerra-Culqui et al. (2018), Table 3.)



# TRANS IDENTITY: PSYCHIATRIC CAUSES

## Research on All Adolescents Applying for Sex Surgery in Finland (2011-2013)

- **Severe psychopathology commonly preceded distress about their sex.**
- **Autism spectrum problems were very common.**
- **92% had been bullied *before* they questioned their gender identity.**
  - **73% were bullied for reasons unrelated to gender presentation or gender identity.**
  - **In 49%, persistent experiences of bullying *before* first thoughts of gender incongruence was found to be associated with peer isolation, anxiety, depression, self-harm, and suicidal preoccupation, if not attempts.**
- **These adolescents had “very high expectations” that gender medical procedures would solve their social, academic, and mental health problems.**

(Kaltiala-Heino, R., Sumia, M., Työläjäarvi, 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>)



# TRANS IDENTITY: PSYCHIATRIC CAUSES

## **PYCHIATRIC CONDITIONS**

**commonly precede gender-incongruence,  
therefore may CAUSE it.**

**Sex-accepting therapy cannot cause mental health conditions and suicidal thoughts that pre-exist gender nonconformity.**

**But psychiatric conditions and adverse childhood experiences could lead to wanting to adapt a different identity.**



# TRANS IDENTITY: CHANGE

**Incongruent gender identity  
is not biologically  
determined. It may have  
treatable psychiatric causes.**

**Can incongruent gender  
identity change?**



# TRANS IDENTITY: CHANGE

**CHILDREN  
USUALLY OUTGROW GENDER DYSPHORIA  
AFTER PUBERTY—  
BY LATE ADOLESCENCE  
OR ADULTHOOD—  
IF ALLOWED TO.  
AT LEAST 9 ORGANIZATIONS OVERALL SAY  
75% TO 98% RESOLVE.**

(**American Psychiatric Association**, *Diagnostic and Statistical Manual, Fifth Edition* (2013), p. 455. (Desistance rates calculated from persistence rates); **American Psychological Association**, *APA Handbook of Sexuality and Psychology*, (2014), v. 1, p. :744 (no more than 25% persist = no less than 75% desist); **Endocrine Society plus 6 co-sponsoring organizations including the World Professional Association for Transgender Health (WPATH)**: Hembree, W., Cohen-Kettenis, P., Gooren, L., et al. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *Journal of Clinical Endocrinology and Metabolism*, 102, 1–35. <https://doi.org/10.1210/jc.2017-01658> ; **An effort to erase the research behind this reality has been well critiqued**: 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*. <https://www.tandfonline.com/doi/abs/10.1080/15532739.2018.1468293> )



# TRANS IDENTITY: CHANGE

**Gender dysphoria can change throughout the lifespan.**

**British Psychological Society “Guideline”:**

**“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...”**

(BPS (2012), p. 25, emphasis added)



TRANS IDENTITY: BORN THAT WAY?

***“Born that way and  
cannot change”  
is NOT true of  
transgender identity.***



TRANS IDENTITY: AFFIRMATIVE TREATMENT

**What do we know about  
gender affirmative  
*treatment?***



# TRANS IDENTITY: AFFIRMATIVE TREATMENT

**The *APA Handbook of Sexuality and Psychology* and  
the Guideline of the Endocrine Society  
with its 6 co-sponsoring organisations all  
CAUTION AGAINST AFFIRMING CHILDREN TO LIVE AS  
THE OPPOSITE SEX.**

**They say AFFIRMATION MAY  
PREVENT NATURAL RESOLUTION  
OF THEIR GENDER DYSPHORIA AND MAY  
NEGLECT INDIVIDUAL PROBLEMS  
A CHILD IS EXPERIENCING.**

**Possible detransitioning back to identifying with their sex  
may be very painful.**

(Bockting (2014), *APA Handbook of Sexuality and Psychology*, pp. 744, 750;

Hembree (2017), "Clinical Practice Guideline," p. 11.

Rebuttal to those who critique high desistance rates: Zucker (2018). <https://www.tandfonline.com/doi/abs/10.1080/15532739.2018.1468293> )



# TRANS IDENTITY: AFFIRMATIVE TREATMENT

## **PUBERTY BLOCKERS**

- **The label on Lupron (puberty blocker) says it can create or worsen psychiatric disorders.**
- **Puberty blockers and cross sex hormones interrupt development of the brain, bones, and psychological development with peers. No one can get that developmental time back.**
- **98% to 100% precede to cross sex hormones that sterilize them.  
Not a “pause button.” It’s the entry drug.**

**Children with psychiatric disorders especially should not have their normal brain and psychological development interrupted.**

(Lupron side effects: <https://www.webmd.com/drugs/2/drug-6888/lupron-subcutaneous/details>)

Medical harms: Laidlaw, M. <https://www.youtube.com/watch?v=lckMvdTu8hw>

98%: Ristori, J. & Steensman, T.D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry*, 28(1), 13-20.

<http://dx.doi.org/10.3109/09540261.2015.1115754> See p. 15.

100%: De Vries, A.L.C., Steensma, T.D., Doreleijers, T.A.H., & Cohen-Kettenis, P.T. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study, *Journal of Sexual Medicine*, 8, 2276–2283. <https://www.sciencedirect.com/science/article/abs/pii/S1743609515336171> See abstract.)



# TRANS IDENTITY: AFFIRMATIVE TREATMENT

## **MEDICALLY AFFIRMING INCONGRUENT GENDER IDENTITY IN CHILDREN CAN MEAN THEY WILL NEVER HAVE CHILDREN**

**Treatment that affirms gender-confused children is a path that often leads to** experimental drugs to prevent puberty, followed by risky, high dose, toxic, wrong-sex hormones in adolescence, resulting in permanent inability to have children, possible loss of ability to have sexual pleasure, being a medical patient for life, healthy breasts removal, possible surgical destruction of reproductive organs, leading long term to a 2-2.5 times higher rate of deaths from heart disease and cancers, a continuing 2.8 times higher rate of psychiatric hospitalizations, and a 19 times higher rate of *completed* suicides—even in an affirming society. **A U.S. government research review said these statistics are from the best available research.**

**Are children able to consent to this at age 5, 11, 13 , or 16?  
Conducting these procedures on minors should be illegal.**

(Dhejne, et al. (2011), doi:10.1371/journal.pone.0016885) (Centers for Medicare & Medicaid Services (August 30, 2016), p. 62, <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282> )



# TRANSGENDER

## **A GROWING NUMBER OF ADDITIONAL MEDICAL PROFESSIONAL ORGANIZATIONS OPPOSE CONTROVERSIAL HORMONES AND SURGERIES THAT STERILIZE GENDER CONFUSED CHILDREN**

- **Royal College of General Practitioners**
- **Swedish Pediatric Society**
- **Royal Australian College of Physicians**
- **National Association of Practicing Psychiatrists (Australia)**
- **Society for Evidence Based Gender Medicine (International)**
- **Pediatric and Adolescent Gender Dysphoria Working Group (international)**

**The Royal College of Psychiatrists has refused to sign a position statement that would oppose psychotherapy or psychiatric treatment to resolve gender dysphoria.**



# TRANSGENDER

## **Countries With Extensive Medical Affirmation Experience Are Increasingly Restricting GAT for Minors**

### **United Kingdom**

(Keira Bell High Court Case: <https://www.transgendertrend.com/keira-bell-high-court-historic-judgment-protect-vulnerable-children/> ; Court decision: <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>)

### **Sweden**

(Karolinska: Unofficial English translation: [https://segm.org/sites/default/files/Karolinska%20\\_Policy\\_Statement\\_English.pdf](https://segm.org/sites/default/files/Karolinska%20_Policy_Statement_English.pdf))

### **The Netherlands**

(de Vries et al. (2012), <https://www.sciencedirect.com/science/article/abs/pii/S1743609515336171>)

### **Finland**

(COHERE (2020), [https://palveluvalikoima.fi/documents/1237350/22895008/Summary\\_minors\\_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary\\_minors\\_en.pdf](https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary_minors_en.pdf))



SEXUAL ORIENTATION: AFFIRMATIVE THERAPY

**Transgender affirming  
treatment is harmful.**

**What do we know about  
affirmative therapy for same  
sex attraction or behavior?**



# SEXUAL ORIENTATION: AFFIRMATIVE THERAPY

## APA Model for Sexual Orientation Affirmative/“Neutral” Therapy:

**The American Psychological Association published its model of how to treat a man who feels conflict between sexual thoughts about men and his religious faith and wants to save his marriage and family.**

- **Try to change his religious faith— his interpretation of Scripture and his church.**
- **Explore what is preventing his acting on his same-sex feelings—(and potentially leaving his marriage and family).**
- **Tell him his same-sex sexuality is mostly biological.**

**This article was sent to all APA members.**

(Based on: Novotney, A., March (2017). How should a psychologist advise a heterosexual man who has sexual thoughts about men? *APA Monitor*, pp. 38-41. Model article offered for continuing ed.)



# SEXUAL ORIENTATION: AFFIRMATIVE THERAPY

**Affirmative therapy may be harmful:**

**“Largely biological” is scientifically *unsupported*.**

***The effect is to leave him:***

**Hopeless** about change (largely biological)  
**+ Isolated** from faith, spouse, children, church community  
**= Recipe for suicidality.**



# SEXUAL ORIENTATION: AFFIRMATIVE THERAPY

## What's missing in affirmative/"neutral" therapy for a change-desiring client:

- **Assumes a man with same-sex sexuality is exclusively same-sex attracted and would be happier leaving his wife. If he must stay because of his religion, the therapist will support him with methods to live with his suffering and do nothing to help him change.**
- **There is no thought of offering him the same individual or marital therapy one would offer a man who is tempted to stray with another *woman* in conflict with his religious faith and with his wish to save his marriage. What other factors could be involved in why he wants to stray now?**
- **The therapist is not curious about possible trauma that has led to the client's same-sex thoughts and treating it with evidence-based treatment. Treating underlying causes might decrease his same sex thoughts and resolve the present problem.**



# ORTHODOX FAITH IS GOOD

**Do same-sex attracted people need to change their religious beliefs to be happy?  
Do traditional religious beliefs cause mental health problems for them?**

- ***Rigorous studies and research by a team of gay-affirming and change-affirming researchers show people who experience same-sex attraction or gender-sex incongruent feelings and live according to their traditional faith are no less happy, mentally healthy, satisfied with life, and flourishing than those of liberal faiths or no faith.***
- **For them, a negative view of same-sex sexuality likely represents movement toward religious views, not beliefs about self, self-hatred, or shame.**

**A viewpoint shift is not required.**

(L. Haynes (Sept. 16, 2019), <https://www.thepublicdiscourse.com/2019/09/56790/>)

More references on next slide for you to access. Barringer, M.N. (2020) Lesbian, Gay, and Bisexual Individuals' Perceptions of American Religious Traditions, *Journal of Homosexuality*, 67(9), 1173-1196. <https://doi.org/10.1080/00918369.2019.1582221>

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. <https://doi.org/10.1080/00918369.2016.1236570>

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-](https://www.researchgate.net/publication/331611219_Same-Sex_Attracted_Not_LGBQ_The_Associations_of_Sexual_Identity_Labeling_on_Religiousness_Sexuality_and_Health_Among_Mormons)

[Sex\\_Attracted\\_Not\\_LGBQ\\_The\\_Associations\\_of\\_Sexual\\_Identity\\_Labeling\\_on\\_Religiousness\\_Sexuality\\_and\\_Health\\_Among\\_Mormons](https://www.researchgate.net/publication/331611219_Same-Sex_Attracted_Not_LGBQ_The_Associations_of_Sexual_Identity_Labeling_on_Religiousness_Sexuality_and_Health_Among_Mormons)

Lefevor, G., Beckstead, L., Schow, R., Raynes, M., Mansfield, T., Rosik, C. (2019). Satisfaction and health within four sexual identity relationship options. *Journal of Sex and Marital Therapy*. <https://doi.org/10.1080/0092623X.2018.1531333> )



# SEXUAL ORIENTATION: AFFIRMATIVE THERAPY

## GAY-AFFIRMATIVE THERAPY:

- **Gay-affirmative therapy that adapted standard therapy to gay culture was not universally more effective than standard therapy.**

(Shoptaw et al. (2005), <https://ucdavis.pure.elsevier.com/en/publications/behavioral-treatment-approaches-for-methamphetamine-dependence-an> ; Shoptaw et al., 2008. <https://europepmc.org/article/MED/15845315> ; Reback, C. J. et al., 2014, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf> )

- **Treating *minority stress* as a *cause* of mental disorders was not effective.**

(Pachankis, J.E., Hatzenbuehler, M.L., Rendina, J., et al. (2015). LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of Consulting and Clinical Psychology*, 83(5):875-899. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4573250/> ; Pachankis, J.E., McConocha, E.M., Clark, K.A., et al. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 88(7), 613-630. <http://dx.doi.org/10.1037/ccp0000508> , note p. 626)

- **Men living in an urban centre with supportive social organisations may not experience minority stress.** (Pachankis et al. (2015), p. 15)

## GAY-AFFIRMATIVE CULTURE:

- **During 50 years of dramatically increasing societal affirmation, LGB psychological stress has progressively worsened.**

(Meyer, I.H., Russell, S.T., Hammack, P.L., Frost, D.M., Wilson & Bianca, D.M. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample, *PLoS ONE*, 16(3), 1-19. <https://pubmed.ncbi.nlm.nih.gov/33657122/>



## SEXUAL ORIENTATION: AFFIRMATIVE THERAPY

**Gay-affirmative therapy is based on scientific errors and ideological bias, may be ineffective or no better than standard therapy, and may be harmful.**

**What do we know about change-exploring therapy for same-sex attraction or behavior?**



# SEXUAL ORIENTATION: CHANGE THERAPY

**The APA MODEL for therapy should have offered**  
**EFFECTIVE THERAPY TO DECREASE SAME SEX BEHAVIOR**  
**if the man in the case example was involved in same-sex behaviour.**

**Rigorous studies by gay-affirmative researchers has established that men can effectively reduce casual same sex behaviour through standard therapies in order to *decrease HIV transmission.***

**Men who had children, and men who had a strongly negative view of men having sex with men, were especially successful at reducing casual same sex behaviour. (Nyamathi 2017)**

**Individuals should be allowed to reduce same sex behaviour and the desire to engage in it to *save their marriage, to live according to their religion, or for whatever reason they wish, without discrimination.***

(Shoptaw et al. (2005), <https://ucdavis.pure.elsevier.com/en/publications/behavioral-treatment-approaches-for-methamphetamine-dependence-an> ; Shoptaw et al., 2008. <https://europepmc.org/article/MED/15845315> ; Reback, C. J. et al. (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf> ; Nyamathi et al., 2017, <https://journals.sagepub.com/doi/abs/10.1177/1557988315590837> )



# SEXUAL ORIENTATION: CHANGE THERAPY

**CLIENTS OF CHANGE-EXPLORING 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**

(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%2Fpro.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/pro.102.1.3-28> )



# SEXUAL ORIENTATION: CHANGE THERAPY

**CLIENTS OF CHANGE ALLOWING THERAPY HAVE REPORTED THESE BENEFITS TO RESEARCHERS WHO ARE OPEN TO CHANGE—continued:**

- **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 et al. (2000), <https://doi.org/10.2466%2Fpro.2000.86.3c.1071> ; Karten & Wade (2010), <https://doi.org/10.3149%2Fjms.1801.84>; Byrd et al. (2008), <https://doi.org/10.2466/pro.102.1.3-28> )



# SEXUAL ORIENTATION

**A CENTURY OF RESEARCH HAS REPORTED PEOPLE CHANGED SAME SEX ATTRACTION AND BEHAVIOR THROUGH THERAPY.**

**Most recent study (convenience sample of 125 men)**

**Religious same sex attracted men:**

- Same sex attraction, behavior, and orientation identity all significantly decreased.
- 69% decreased same sex attraction, starting at close to almost entirely homosexual on average and changing to bisexual on average.

**Married (41%), nearly all with children—on average 3 children each:**

- 71% Same sex behavior before therapy
- 14% Same sex behavior after therapy.
- **Depression and suicidal thoughts and attempts significantly decreased.**
- Only 1 to 5% reported any significant harmful effects. Psychological benefits greatly outweighed harms.

**Research on representative samples is needed to tell us what results would be for the general population.**

**(Sullins, D.P., Rosik, C.H., and Santero, P. (April 27, 2021), Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men. *F1000Research*, 10:222, 1-20. <https://doi.org/10.12688/f1000research.51209.1>)**



# SEXUAL ORIENTATION: CHANGE THERAPY

**Over a hundred years of research, including studies published in peer-reviewed journals of the American Psychological Association by APA members, have found that when the therapy is done right, it is effective.**

**APA presidents have provided successful change therapy and opposed bans.**

**RESEARCH REVIEWS:** National Task Force for Therapy Equality ([TherapyEquality.org/FactSheet](http://TherapyEquality.org/FactSheet)).

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)

Read the Abbreviated Version (Issue Brief Report Summary:)

On research through 2009: What research shows: (Summary Report:) 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>

Former APA president Perloff, R. (2014). A call for the American Psychological Association to recognize the client with unwanted same-sex attractions, *Journal of Human Sexuality* 6: 6-21.

Former APA president Nicolas Cummings, Ph.D., (July 30, 2013), Sexual Reorientation Therapy Not Unethical, USA Today. <https://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>

Former APA President Nicholas Cummings' endorsement in Nicolosi, J. (2009). *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, Downers Grove IL.: IVP Academic.



# SEXUAL ORIENTATION: CHANGE THERAPY

**MEDICAL AND MENTAL HEALTH PROFESSIONAL ORGANIZATIONS have supported a client's right to change-exploring therapy for unwanted sexual attraction or behaviour or unwanted gender incongruent identity or expression and/or opposed laws that would ban such therapy:**

**International Federation for Therapeutic and Counseling Choice ([iftcc.org](http://iftcc.org))**

**International Federation of Catholic Medical Associations (has 65 member organizations)**

**Alliance for Therapeutic Choice and Scientific Integrity (U.S.A.)**

**American Association of Physicians and Surgeons**

**American College of Pediatricians**

**American Association of Christian Counselors**

**Catholic Medical Association (U.S.A.)**

**Christian Medical and Dental Associations (U.S.A.)**

**Association of Christians in Health and Human Services (U.S.A.)**

**Society of Catholic Social Scientists (U.S.A.)**

(<https://iftcc.org/resource/medical-and-mental-health-organisation-opposing-bans-on-therapy-for-unwanted-same-sex-attraction-or-gender-identity/> )



# SEXUAL ORIENTATION

## COMPREHENSIVE THERAPY RESEARCH REVIEWS

**Two of the most comprehensive research reviews on change-exploring therapy have been conducted by gay-affirming and change-affirming researchers.** Many position statements of professional organizations are based on one or both of these reviews.

- **Both accept that research participants reported they reduced or changed same-sex attraction and behaviour through non-aversive, standard therapies.**
- **These reviews agree that there is no research that meets scientific standards that proves non-aversive, change-exploration therapy is unsafe or ineffective.**
- **Both agree that representative and longitudinal studies are needed.**

(American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), p. 49, <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> ; 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> .)



# SEXUAL ORIENTATION

## **PRE-PUBLICATION LONGITUDINAL RESEARCH**

**Adults:**

**Depression and suicidality decreased.**

**Psychological functioning improved.**

**Same sex attraction changed  
moderately.**

**A partial change can change a life.**



# SEXUAL ORIENTATION

## **FOR PARENTS IF THEIR MINOR CHILD DOES NOT WANT CHANGE ALLOWING THERAPY**

**People cannot do forced therapy. We don't do it with minors.**

**Does their child want therapy for something else, for example depression?**

**Family therapy can focus on helping parents and child have the best relationship they can have given that they disagree.**

**Parents can get therapy to coach them on how to be most helpful to their child—even in states that forbid change-exploring therapy for minors.**



# SEXUAL ORIENTATION: CHANGE THERAPY

**In the IFTCC, we have therapists and counsellors around the world who support therapy conversations that may lead to these changes.**

**Claims to the contrary notwithstanding, there is not a professional consensus in opposition to such therapy.**



# RIGHT TO THERAPY

## CONCLUSION:

**LGBT activist theory is not true.**

***Same sex attraction and behavior and gender-sex discordant identity develop from biological, social, and psychological influences that may be pathological and treatable, and they change—***

**like other unchosen complex traits therapists help people diminish or change every day.**



# RESOURCES

**Resources by the author of these slides: Laura Haynes, Ph.D.**

- ❖ **\*Expert Opinion for the Constitutional Court of Bulgaria** submitted by the International Federation for Therapeutic and Counselling Choice. <https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2021/07/IFTCC-Brief-for-Cassian-Constitutional-Courts-in-Bulgaria-on-Gender-2021-6-19-FINAL-Full-edits-English-Post-2021-7-2-.pdf?x2894>
- ❖ **\*Dear Legislator/Fact Sheet:** [therapyequality.org/harmsoftherapybans](https://therapyequality.org/harmsoftherapybans). **Endnotes have lots of research info. Periodically updated for new research or court decisions.**
- ❖ **Discovering Treatable Causes of Same-Sex Attraction and Childhood Gender Dysphoria:** <https://www.cathmed.org/pulse/2020-spring/uncovering-treatable-causes-of-same-sex-attraction-and-childhood-gender-dysphoria/>
- ❖ **International Federation for Therapeutic and Counselling Choice.** [IFTCC.org](https://iftcc.org). **Various videos and documents.**
- ❖ **The American Psychological Association Says Born-That-Way-and-Can't-Change Is Not True of Sexual Orientation and Gender Identity:** [https://docs.wixstatic.com/ugd/ec16e9\\_396244b80efc4a6f9c27b4653a974132.pdf](https://docs.wixstatic.com/ugd/ec16e9_396244b80efc4a6f9c27b4653a974132.pdf)
- ❖ **Are Religious Californians Really Harming the Mental Health of People Who Identify as LGBTQ?** <https://www.thepublicdiscourse.com/2019/09/56790/>



# RESOURCES

**International Federation for Therapeutic and Counselling Choice [IFTCC.org](http://IFTCC.org)**

**“My Child is Transgender. Make Her a Son. Guidance for the Doctor, Andre Van Mol, MD.”**  
**<https://cmda.org/my-child-is-transgender-make-her-a-son-guidance-for-the-doctor/>**

**National Task Force for Therapy Equality (recurrently updated). “Dear Legislator” letter/fact sheet on sexual orientation, gender identity, and defending change-allowing therapy, with legal and research updates. [TherapyEquality.org/HarmsOfTherapyBans](http://TherapyEquality.org/HarmsOfTherapyBans).**

**Minnesota Family Council (2019). Responding to the Transgender Issue: A Parent Resource Guide. <https://genderresourceguide.com>. Supported by: Family Policy Alliance, Heritage Foundation, the Kelsey Coalition, Parents of ROGD Kids, and WOLF—Women’s Liberation Front.**

**Alliance for Therapeutic Choice and Scientific Integrity. Information for professionals and clients on therapy open to change in sexual orientation. [TherapeuticChoice.com](http://TherapeuticChoice.com).**

**American College of Pediatricians. Many articles on sexual orientation and childhood gender dysphoria. [ACPeds.org](http://ACPeds.org),**



# RESOURCES

## **Testimonies of Change Through Therapy or Faith Journey**

- ❖ **Ex-Out-Loud:** <https://www.xoutloud.com>
- ❖ **Voices of the Silenced:** <https://www.voicesofthesilenced.com>
- ❖ **Therapy change:** [VoicesOfChange.net](http://VoicesOfChange.net)
- ❖ **Faith-based change:** [ChangedMovement.com](http://ChangedMovement.com)
- ❖ **Transgender change:** [tranzformed.org](http://tranzformed.org)
- ❖ **Transgender change:** [SexChangeRegret.com](http://SexChangeRegret.com)
- ❖ **Exodus Global Alliance:** <https://www.exodusglobalalliance.org/firstpersonc7.php>
- ❖ **Exodus Asia Pacific:** <https://www.exodusglobalalliance.org/testimoniesc877.php>



# SEXUAL ORIENTATION: GENES

**Appendix:**  
**Slides With Additional Information**



# SEXUAL ORIENTATION: GENES

## Genome-Wide Association Study (GWAS, Ganna et al., 2019) Conclusions continued:

- **Same-sex behavior, attraction, fantasies, and orientation identity all correlate with the same genes.**
- **There are multiple genes associated with same sex behavior.**
- **Genes individually had statistically significant but very small effects (OR ~ 1.1). Genes contribute 32.4% of the factors that influence development of same-sex behavior (based on comparing people who had same-sex behaviour to relatives identified by having similar genes).**
- **Definition of “heritable”: Same-sex behaviour is partly, 32.4%, inherited from parents’ genes, or “heritable”, and partly influenced by other factors.**
- **This rate matches 32% heritability found in identical twin studies.**
- **Researchers found genes accounting for 8% to 25% of heritability, less than 32.4%.**
- **The rest of the variants had effects too small to detect even on this large sample.**
- **The idea that there is a gay gene on the X (female sex) chromosome turned out not to be true.**

(Research article: Ganna A., et al. (2019). Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior, Science, 365, 882. <https://geneticsexbehavior.info/wp-content/uploads/2019/08/ganna190830.pdf>)



# SEXUAL ORIENTATION: PRENATAL HORMONES

## **A Very Small Study of the Biological Theory Found Some Support:**

**2017 TITLE: “Male homosexuality and maternal immune responsivity to the Y-linked Protein NLGN<sub>4</sub>Y.”**

**RESEARCHERS: Anthony F. Bogaert, Malvina N. Skorska, Chao Wang, José Gabrie, Adam J. MacNeil, Mark R. Hoffarth, Doug P. VanderLaan, Kenneth J. Zucker, and Ray Blanchard**

**METHOD: Researchers tested levels of anti-bodies to a protein on the male (Y) chromosome (anti-NLGN<sub>4</sub>Y) in 54 mothers of gay sons. They had comparison groups of 72 mothers of heterosexual sons, 16 women with no sons, and 12 men.**

**This study is very interesting but too small.**

**RESULT: Supported the older biological brother effect.**

**Be prepared for a larger, more conclusive study possibly coming.**

**Is the older brother effect a case of biological environment, social environment, or both?**

**([www.pnas.org/cgi/doi/10.1073/pnas.1705895114](http://www.pnas.org/cgi/doi/10.1073/pnas.1705895114))**



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

**Here's the *APA Handbook* paragraph praising the rigor of the 30 year study. I bring your attention to the statements emphasised in bold:**

“The largest reviews of the literature in this area indicated that MSM [men who have sex with men] report rates of childhood sexual abuse that are approximately three times higher than that of the general male population (Purcell, Malow, Dolezal, & Carballo-Diequez, 2004). **One of the most methodologically rigorous studies in this area** used a prospective longitudinal case-control design that involved following abused and matched non abused children into adulthood **30 years** later. It found that men with **documented histories of childhood sexual abuse** had 6.75 times greater odds than controls of reporting ever having same-sex sexual partners (H. W. Wilson & Widom, 2010). To help control for possible confounding factors, the authors conducted post hoc analyses controlling for number of lifetime sexual partners and sex work, but the association remained. The effect in women was smaller (odds ratio = 2.11) and a statistical trend ( $p = .09$ ).”

There are **“associative or potentially causal links”** between childhood sexual abuse and having same sex partners.

(Mustaky, et al. (2014), in *APA Handbook of Sexuality and Psychology*, vol. 1, pp. 609-610.)



# SEXUAL ORIENTATION: SOCIAL ENVIRONMENT

## ADVERSE CHILDHOOD EXPERIENCES (ACEs) OF LGBTQ & GNC ADOLESCENTS—cont'd

- **LGBTQ identified adolescents on average experienced 1.56 ACEs.**
- **Household dysfunction alone or psychological and physical abuse alone occurred with significant frequency.**
- **Polyvictimization (multiple ACEs listed on the previous slide) was the pattern of ACEs that occurred most often (especially for LGBT identified males and bisexual females, ORs 2.80 to 7.53).**
- **The effects were nearly moderate to nearly large.**

**Sexual abuse had a role when paired with other ACEs in polyvictimization.**

(**Baams L. (2018)**). Disparities for LGBTQ and gender nonconforming adolescents. *Pediatrics*, 141(5), e20173004. <http://pediatrics.aappublications.org/content/early/2018/04/12/peds> .

Parent in prison: Fergusson, D., Horwood, L., Beautrais, A. (1999), Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56, p. 878.)



# TRANS IDENTITY: AFFIRMATIVE TREATMENT

## Suicidality:

**96% of suicidal adolescents in the U.S. and  
90% of people who completed suicide worldwide  
had psychiatric disorders.**

**Researchers #1 recommendation to prevent suicide:  
mental disorders.**

**Treat**

**Affirming LGBTQ feelings  
may neglect to treat underlying causes  
AND their links to LGBTQ experiences,  
leading to mental health problems, adverse life experiences, and suicidality.**

**Who is causing mental health problems, again?**

(Nock, M. et al. (2013), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3886236/>  
Cavanagh, J.T.O., et al. (2003). <https://www.cambridge.org/core/journals/psychological-medicine/article/psychological-autopsy-studies-of-suicide-a-systematic-review/49EEDFiD29B26C270A2788275995FDEE> )



# SEXUAL ORIENTATION: CHANGE THERAPY

**The APA Report on change-allowing therapy of 2009 said it was unable to conclude whether either affirmative therapy (p. 91) or sexual orientation change efforts (pp. 28, 42, 43, 82) were effective or safe. It said it found no causal evidence of harm. The Report said some participants of change allowing therapy reported they changed same sex attraction and behavior, and some said they were harmed. It said these studies provided evidence, but not proof, for their conclusions because of limitations in the methods. It dismissed evidence of change, saying participants just felt better because they talked to someone. Then it gave studies reporting harm a pass and used them for one-sided anecdotal evidence and based its recommendation, against any change-allowing therapy and for affirmative therapy, on them anyway. It said it had NO research for affirmative therapy at all and recommended it. The Report was biased.**

(APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009). <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> )



# SEXUAL ORIENTATION: CHANGE THERAPY

## **EVIDENCE Vs. PROOF**

A claim that there is no “evidence” that people shift or change sexual attraction or behavior along a continuum toward the opposite sex through therapy and do so safely is invalid. If a claim is made that there is not “proof,” a higher standard, of change and safety, that is because there are limitations to the methods used. But, apart from these studies by gay-affirmative researchers, there is also limited “proof” that specifically LGBT affirmative forms of therapy or treatment are effective and safe.

(APA Task Force Report (2009); British Psychological Society (2012); King et al. (2007))



# SEXUAL ORIENTATION: CHANGE THERAPY

**The American Psychological Association, other organizations, and researchers who oppose change-allowing therapy have claimed change-allowing therapy is harmful and ineffective, commonly relying on studies that use ideologically biased methods such as the following (Ryan et al., 2018). They:**

- **Poorly define “conversion therapy” or “sexual orientation change efforts.” So we do not know what was studied.** (Ryan et al., 2018)
- **Do not identify whether providers are psychotherapists, physicians, clergy, or even family members, or they mix these together. Again, we do not know what was studied.** (Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002; Dehlin, 2014; Flentje et al., 2014; Turban et al., 2019; Green et al., 2020; Mallory et al., 2018; 2019)
- **Ask, “Did anyone try to make you...?” or “try to stop you...?” Ethical change allowing therapists do not coerce, so such studies do not apply to them.** ((Ryan et al. (2018); Turban et al. (2019); Green et al. (2020))



# SEXUAL ORIENTATION: CHANGE THERAPY

## **Claims of harm rely on ideologically biased research—cont'd.**

- **Offer participants mostly or only negative options to rate their therapy experience.** (Ozanne, 2018; Dehlin et al., 2014; 2015)
- **Recruit largely/only LGBT-identified participants through largely/only LGBT organizations—who may be well aware the survey may be used politically. People who changed through therapy are generally not in LGBT organizations, therefore are largely or entirely left out of the study.** (Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002; Turban et al., 2019; Green et al., 2020) **As Dr. Christopher Rosik says, studying the safety and effectiveness of change allowing therapy by surveying LGBT identified individuals would be like studying the safety of marriage counseling by surveying divorcees.**

**These methods are likely to confirmation bias of researchers who oppose this therapy.**



# SEXUAL ORIENTATION: CHANGE THERAPY

## **REFERENCES for claims of harm rely on ideologically biased research—cont'd.**

Dehlin, J.P., Galliher, R.V., Bradshaw, W.S., Hyde, D.C., & Crowell, K.A. (2014). Psychosocial correlates of religious approaches to same-sex attraction: A Mormon perspective. *Journal of Gay & Lesbian Mental Health*, 18, 284–311.  
doi:10.1080/19359705.2014.912970

Dehlin, J.P., Galliher, R.V., Bradshaw, W.S., Hyde, D.C., & Crowell, K.A. (2015), Sexual orientation change efforts among current or former LDS Church members, *Journal of Counseling Psychology*, 62, 95-105, <http://dx.doi.org/10.1037/cou0000011>

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