



National Task Force for Therapy Equality
Equality And Justice For All
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Dear Oakland Park, Florida Office of the Mayor and City Commission,

The National Task Force for Therapy Equality represents thousands of clients who formerly identify as lesbian, gay, bisexual, or transgender (LGBT), as well as tens of thousands of youth, parents, and families who experience unwanted same-sex attractions, or unwanted SSA.

Youth with unwanted SSA do not identify as LGBT. Many are in the process of working through conflicts with their sexuality identity and family, spiritual/religious values, and life goals. While these youth may experience homosexual attractions, they may also have opposite-sex attractions, or their sexual identity may not correspond with their unwanted sexual feelings. Meaning, they may believe in their heart and identify themselves as heterosexual, but due to various unresolved issues, experiences, and sometimes, trauma, they struggle with attractions that do not correspond with who they believe they are.

Because of the complex nature of human sexuality and identity development, scientific research shows that sexual attractions are especially fluid and subject to change during adolescence. Young people are especially vulnerable, due to the immature pre-frontal cortex in their brain, to take sexual risks during this developmental period that could have lasting and harmful effects on their future.

Because of the nature of these sexual risks and the immaturity of their bodies, as well as their emotional and psychological fragility, we believe youth have the right to be provided with the medical and psychological risks associated with homosexual and transgender behavior, and that licensed mental health practitioners can support and provide a safe place for youth to discuss these risks and receive help and information to make the best decision for their lives.

Presently, well-organized attempts are under way to block youth from being given both the appropriate scientific knowledge and counseling about homosexual and transgender behavior. Activists labeling this counseling “conversion therapy” are using scare tactics to silence youth, and their families, that seek help for sexual and gender identity conflicts. We would like to remind this body of three important facts:

1. The American Psychological Association said in 2008 that although much research has been conducted, scientists cannot conclude that homosexual orientation is innate, or that people are born gay.
2. While activists have made strides in a handful of states to ban therapy for youth who experience sexual and gender identity conflicts, the vast majority of states, which now totals 22 in the last three years, have voted not to take away the rights of youth and parents (see list of states in footnotes below).¹
3. Finally, there are NO (meaning, zero) outcome-based studies on youth who experience unwanted same-sex attractions and seek therapy to resolve their conflicts. Therefore, the role of the legislators should be to promote research efforts to study and support youth that seek therapy, not pre-maturely ban their efforts. Recommending a ban sends a message to these youth and parents that they are unwelcome in your county, city, or state, and at a time where we are seeking inclusion and tolerance for all, this would be a step backwards.

Lawmakers can play an important role in supporting all youth and families who experience sexual identity conflicts, not just those who identify as LGBT. I hope this body makes the right and fair decision to support all youth and respect the wide range and diversity of sexual values they hold.

Respectfully yours,

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¹ These states include: Arizona, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, and West Virginia.



What Happens When Legislation Prevents Therapy

1. Parents will be denied the right to seek a counselor for their children that suits the child's need and aligns with their family values and spiritual beliefs on sexuality. The right of clients to choose their own goals for therapy is a civil right.
2. There are no outcome-based studies on adolescents undergoing sexual orientation change effort therapy; allegations of harm and ineffectiveness of SOCE therapy are unfounded based on this lack of research in the peer-reviewed literature. When examining the outcomes of adults undergoing SOCE therapy, a 2009 review of the scientific literature identified over one hundred years of research that demonstrates some clients with unwanted same-sex attractions may experience change or fluidity in their orientation and identity as a result of psychotherapy.²
3. American Association of Christian Counselors, Catholic Medical Association, American College of Pediatricians, Christian Medical Association, Freedom2Care, Alliance for Therapeutic Choice and Scientific Integrity, and the International Network of Orthodox Jewish Mental Health Professionals represent over 100,000 medical and mental health professionals and they all support the rights of clients to pursue therapy to change.
4. Psychotherapy/counseling is both medical conduct *and* speech. Banning SOCE therapy is against the First Amendment of the Constitution and is viewpoint discrimination.
5. Children who are molested and develop same-sex attraction (SSA) as a result of sexual abuse will be denied access to highly qualified professional counselors who are trained on how to treat trauma and help clients resolve SSA. Same-sex attracted persons are more likely to be victims of sexual abuse than heterosexuals.^{3,4}
6. It has now been proven that some of the stories of "therapy torture" and harm told by gay activists testifying in front of legislatures are fabricated.⁵
7. Scientists cannot conclude that same-sex attractions are caused by genes, hormones, or brain differences. It's a combination of many factors.^{6,7} Science has not determined that anyone is born gay.
8. Research suggests that sexual orientation, especially in adolescence, is fluid and subject to change.^{8,9,10}
9. Individuals who do not identify as lesbian, gay, bisexual and transgender (LGBT) believe they are inherently heterosexual and seek help to identify the specific reasons why they experience unwanted SSA.
10. Heterosexual identity affirming therapy is not different from any other psychotherapy. Counselors who work with clients who experience unwanted SSA/gender identity confusion are licensed and provide psychological services for a wide variety of issues.

² Phelan, J.E., Whitehead, N. & Sutton, P.M. (2009). What Research Shows: NARTH's Response to the APA Claims on Homosexuality. *Journal of Human Sexuality, 1*, 1-94.

³ Walker, M. D., Hernandez, A. M., & Davey, M. (2012). Childhood Sexual Abuse and Adult Sexual Identity Formation: Intersection of Gender, Race, and Sexual Orientation. *Family Therapy, 40*(5), 385-398

⁴ Tomeo, M.E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons. *Archives of Sexual Behavior, 30*(5), 535-541.

⁵ Doyle, C.J. (March 21, 2013). *Transgendered 'woman' lies about therapy 'torture'*.

Retrieved online at: <http://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture>; also see: <http://www.fpiw.org/about/family-policy-blog/the-fear-of-change.html>

⁶ American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: American Psychological Association, p. 2.

⁷ Whitehead, N.E. & Whitehead B. (2013). *My Genes Made Me Do It! A scientific look at Sexual Orientation*. Lafayette, LA: Huntington House Publishers.

⁸ Savin-Williams, R. C. & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior, 36*(3), 385-394.

⁹ Savin-Williams, R. C. & Ream, G. L. (2006). Pubertal onset and sexual orientation in an adolescent national probability sample. *Archives of Sexual Behavior, 35*(3), 279-286.

¹⁰ Whitehead, N.E. (2009). Adolescent Sexual Orientation: Surprising amounts of change.