

# CHANGED MOVEMENT

Minnesota House of Representatives  
House Human Services Policy Committee

**Re: Testimony in opposition to HF16 (Hollins)**

January 17, 2023

Honorable members of the House Human Services Policy Committee:

Today, people questioning their sexuality have few options.

While many in the “Q” space (Questioning or Queer) embrace LGBT, many don’t. After a time of self-discovery, they move on to embrace mainstream sexual norms and identity. Yet, questioning your own sexuality or gender has become increasingly politicized. Whether through anti-discrimination legislation or bans on patient-directed talk therapy/counseling (often labeled “conversion therapy”), there has never been greater pressure to conform.

We believe no one should be compelled to adopt LGBTQ identity if it doesn’t align with their conscience.

**Please advocate for freedom to question one’s sexuality or gender authentically without government intrusion.**

Matthew V., Saint Paul, MN:

*“I started to question my sexuality in my teens. In my 20s and 30s, I began to come to terms with childhood emotional abuse and repeated molestation. As I’ve received pastoral prayer ministry and licensed therapy to heal from these traumas, my fragmented sense of identity has changed. No one unquestioningly affirmed me as gay, and no one coerced me into “becoming” straight. I now feel confident in who I am and am only interested in opposite-sex relationships. Please protect the rights of all people to move toward or away from LGBTQ as they see fit.”*

Ken Williams, co-founder of CHANGED:

*“I was plagued with suicidal tendencies because I didn’t want to live the life that my same-sex attraction was leading me toward. The talk therapy I received from a professional counselor saved my life. My sexual desires have changed, I have now been married to my wife for 13 years. We have four children together. I am connected to thousands who have left LGBT behind. Many of us were suicidal, having experienced broken relationships, abandonment issues, and sometimes physical or sexual abuse. Laws that ban counseling choice promote only one ideology...and force only one lifestyle as a way forward. But, many of us, once gay, didn’t find fulfillment in our homosexual relationships! Laws like these so-called conversion therapy bans threaten our safety, autonomy, and pursuit of happiness. We do exist! Many people choose, for one reason or another, to leave an LGBT life behind. It is scary to imagine a world where government ideology controls a person’s options...what therapy they can or cannot receive, what sexual identity they must pursue, or what religious beliefs they are allowed to follow.”*

**Article 18 of the Universal Declaration of Human Rights reads:**

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

# CHANGED

## MOVEMENT

In accordance with The Declaration, we ask that you protect the freedom to choose how one expresses their sexuality and gender, as well as the freedom to pursue change in one's orientation, which is in alignment with the evidence of modern science.

Regards,



Elizabeth Woning  
Co-founder, Executive Director for Advocacy and Government Affairs  
CHANGED Movement

Attachments:

- The Harms of Banning Change
- Self-discovery ebook
- About CHANGED Movement

ABOUT:

CHANGED Movement is a human rights organization for people who have questioned (or are questioning) their sexuality and gender and have journeyed *away from* LGBTQ rather than toward it in our sexual identity.

Our organization was born out of a response to California legislation that would have banned resources and services for those exploring their sexuality. Our unusual name was originally a provocation, made through a book of personal life stories we called "CHANGED." A grassroots movement emerged through the initiative that now extends across the world.



# *Self-discovery*

How childhood shaped  
our sexual identity

**CHANGED**

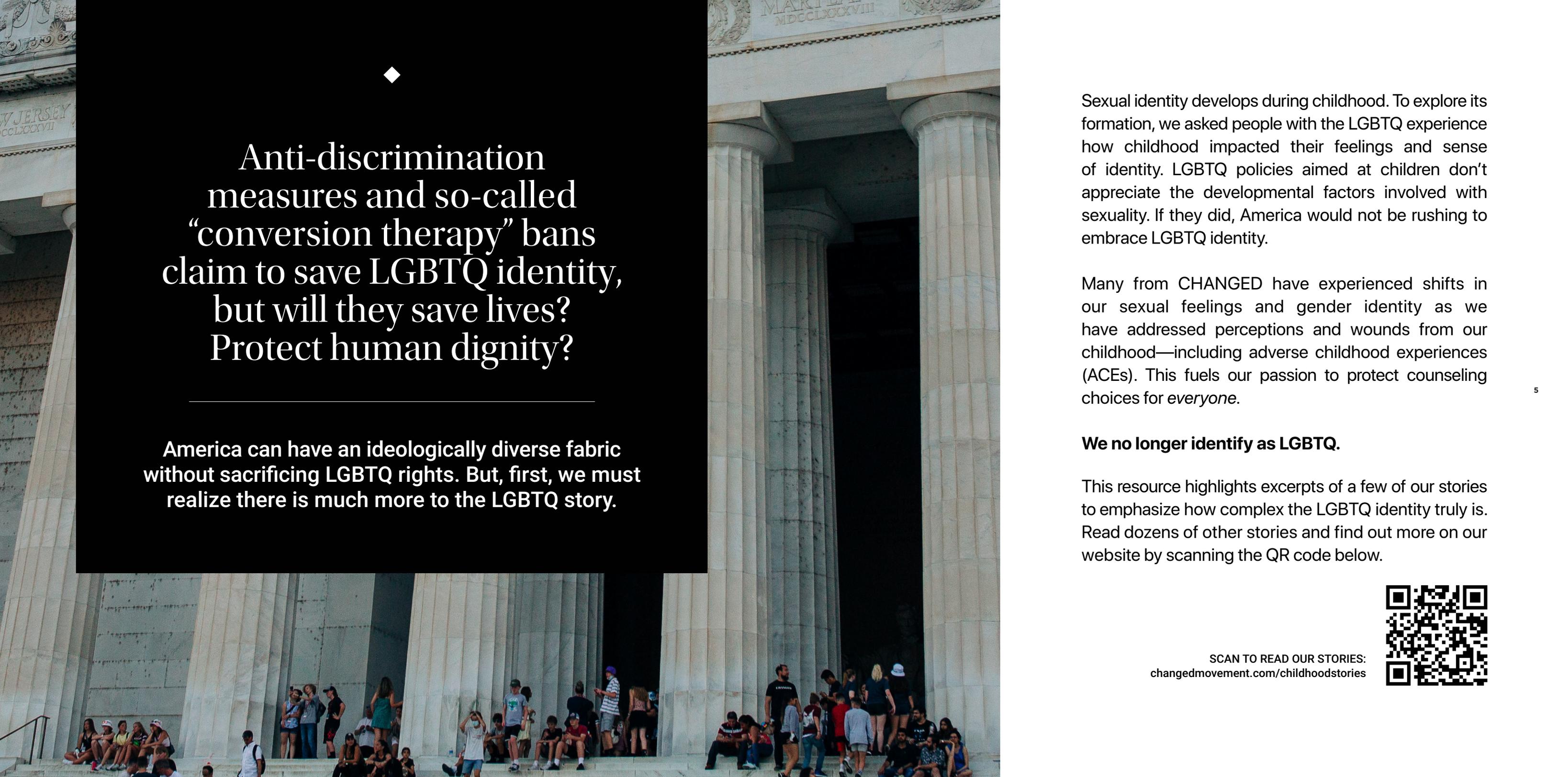
#ONCEGAY STORIES

# *Self-discovery*

How childhood shaped  
our sexual identity

**CHANGED**

#ONCEGAY STORIES



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# Anti-discrimination measures and so-called “conversion therapy” bans claim to save LGBTQ identity, but will they save lives? Protect human dignity?

America can have an ideologically diverse fabric without sacrificing LGBTQ rights. But, first, we must realize there is much more to the LGBTQ story.

Sexual identity develops during childhood. To explore its formation, we asked people with the LGBTQ experience how childhood impacted their feelings and sense of identity. LGBTQ policies aimed at children don't appreciate the developmental factors involved with sexuality. If they did, America would not be rushing to embrace LGBTQ identity.

Many from CHANGED have experienced shifts in our sexual feelings and gender identity as we have addressed perceptions and wounds from our childhood—including adverse childhood experiences (ACEs). This fuels our passion to protect counseling choices for *everyone*.

## **We no longer identify as LGBTQ.**

This resource highlights excerpts of a few of our stories to emphasize how complex the LGBTQ identity truly is. Read dozens of other stories and find out more on our website by scanning the QR code below.

SCAN TO READ OUR STORIES:  
[changedmovement.com/childhoodstories](https://changedmovement.com/childhoodstories)



# “I began a process of self-discovery that exposed the pressures of my childhood and enabled me to find transformation.”

Garry Ingraham

6 “I was raised in a small country town in upstate New York, the youngest of five children. My parents were in their 40s when I was born, and I knew I’d been unplanned early on. **I could sense the lack of delight and excitement for my coming into the world, especially from my father.** Aware of his disappointment, I was unable to develop a secure attachment to him. This insecurity, in turn, caused me to reject him to protect my own heart. He symbolized what men were: disconnected and unsafe.

From that place of rejection, I struggled intensely with anxiety as a boy, which drove me to prioritize my relationship with my mom. As a result, I created an unhealthy emotional attachment

to her. **Finding nothing in men I wanted to emulate, I over-identified with my mom and the other women in my life.** Though I believed boys weren’t safe, I was nonetheless drawn to my male peers. As a result, my need for acceptance grew stronger, and yet, simultaneously, I pushed other boys away in fear of rejection.

These feelings were exacerbated when at age 5 or 6, I was invited to play at a neighbor’s house after school. The older boys wanted to show me their dad’s hardcore pornography stash. Flipping page after page, they roared with laughter while I stood confused. I had neither the cognitive ability nor maturity to process such an experience. Worse, they engaged sexually with one another in front

of me. Because my relationship with both parents was already strained, I had nowhere to turn to process this complicated and confusing experience, which I found deeply distressing.

Public school was no safer for me than being at home. Increasingly fearful and shy, I became a target for bullying from my peers. School became unbearable. Gym class, the locker room, and recess triggered great anxiety. Unable to contend with the other boys or to live up to who they were, I turned to pornography and masturbation to self-soothe. Eventually, **my distorted perception of masculinity and my emotional and relational wounds drove me to same-sex sexuality.** I felt starved for connection with other men.

**My pursuit of love produced a revolving door of unhealthy and emotionally-dependent short-term relationships with men.** I spent years being so desperately needy that I sucked the emotional life out of whomever I was with, making every relationship unsustainable. I lived in a place of desperation with a need for affirmation. Like the relationship with my father, I attached to others insecurely out of fear of rejection. Full of self-hatred, I felt utterly unstable in who I was as a man and where I fit in the world. In fact, I felt like a shell of a man. Though I didn’t identify with being a woman, I didn’t feel like I fit as a man, so I felt ashamed.

Fear became a self-protecting mechanism I used to keep people at a distance. *If they only knew*, I’d think.

After years of struggling, I eventually turned to my faith for peace. I began a process of self-discovery that exposed the pressures of my childhood and enabled me to find transformation. My faith became a cornerstone in my life, and **I began building stable relationships with others** by attending church and intentionally seeking positive emotional connections. Today, I can see the importance of belonging and the Christian community has become essential to my well-being. It has

taught me how to have good, healthy friendships with men. **I experienced transformation as trusted men shared their lives with me** and listened to me fumble through my feelings and insecurities. Through these men, my masculinity has been affirmed and activated as it should have been by my father. Today, **I cherish being a husband to my wife of 15 years**, a father to my two sons, and a confidant to those needing the affirmation of a man and a father.”



– Garry Ingraham

Imagine how different Garry’s life might have been if he’d been given the opportunity to confront his childhood insecurities and better understand his masculinity alongside a professional therapist or counselor. If he were a young person today, he might be pressured to embrace a gay identity and never resolve his self-hatred and rejection. Like so many in the LGBTQ community, he might be outspoken about these common experiences yet never fully understand their true source to find emotional healing.

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Millions of young children are being led to question their sexuality, creating an exponential increase in the number who identify as LGBTQ.\*

**But few are speaking about the factors that shape sexual identity.** The perception that one is LGBTQ emerges from a complex intermingling of demeanor and psychological needs, not only sexual feelings.

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“Compared with their heterosexual peers, gay/lesbian respondents had more than *twice the odds* of reporting physical, emotional, and sexual abuse. Bisexual persons had nearly three times the odds of reporting **sexual abuse** than heterosexual respondents.”\*

LGBTQ identifying people report significantly higher rates of adverse childhood experiences (ACEs), including: physical, sexual, and emotional abuse, exposure to domestic violence, parental discord, familial mental illness, incarceration, and substance abuse.

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\* *Gallup*. “The percentage of U.S. adults who self-identify as lesbian, gay, bisexual, transgender or something other than heterosexual has increased to a new high of 7.1%, which is double the percentage from 2012, when Gallup first measured it.” Feb. 22, 2022

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\* Andersen JP, Blosnich J (2013) Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults: Results from a Multi-State Probability-Based Sample. *PLoS ONE* 8(1): e54691. doi:10.1371/journal.pone.0054691 p3

# “Repeated molestation in childhood had a significant impact on my sexual development.”

David Reece

“Around age 3, I was molested by a member of my extended family, who continued to initiate sexual encounters with me for the next 14 years. The abuse significantly impacted my sexual development and led to encounters with other boys during childhood. In addition, my sister and her friends treated me like another one of the girls and would dress me in their makeup and clothes. I wondered if maybe I was one of them. Both of these early experiences made me feel weak and powerless.

Though I never came out as gay, gay boys still pursued me during high school. Struggling to fit in and confused about my identity, I didn't know what it meant to

be a boy. One predatory boy, in particular, kept hounding me to come out and accept myself for who I really was. But who was I, really? As others came out, I developed a deep sense that I wasn't gay. The decision didn't seem right.

When I became a Christian at the end of high school, I'd hoped the struggles with my sexuality would disappear. Moving forward, I met the woman who eventually became my wife. There, in the safety of our marriage, my past resurfaced. I started struggling with pornography again. Grappling with my unreconciled identity, I sought out different resources for help. When a mentor explained to me that

what I experienced at age 3 was molestation, I began to see how the traumas of my childhood, coupled with my dysfunctional family life, had impacted my formation as a man. I realized my need for love and male connection and affirmation had been met in unhealthy ways through erotic touch and pleasure-seeking with other boys. As a result, I learned to let go of objectifying other people to meet my needs.”



– David Reece

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As I embraced my manhood, my physical stature started to shift. The acceptance of my masculinity was creating a response in my body.



Many young men are told they were born gay and don't recognize childhood sexual abuse. **David walked away from an “identity” that otherwise would have tethered him to a cycle of unresolved trauma—reenacting the very things he had been abused by in each male encounter.**

Oversimplification of the LGBTQ experience through the phrase “born that way” demeans anyone who has deeply grappled with their sexuality.

“None of the psychologists, pastors, and teachers who tried to help me knew how to address the impact of my broken family on my sexual identity.”

Wayne Blakely

"My mother had always hoped for a girl, so when I was born, her disappointment was tangible. She probably would have jumped at the opportunity if allowed to leave the hospital without me. My father wasn't present to protect me in my early years because he was on assignment in the military.

Unfortunately, in his absence, my mother began to physically abuse me when I was just a small child. Unable to feel safe in her presence, I developed disruptive

and disturbing behaviors and was eventually removed from her care. Passed around to aunts and uncles, I experienced varying degrees of instability and rejection.

At three years old, I remember running around the house screaming, "I don't want to be a boy!" Grabbing scarves and heels and playing with dolls, I began to over-identify with the feminine. For 12 years, I was ridiculed for the myriad of behaviors I exhibited at school. Nor did I know how to communicate my needs. I

had a single appointment with a licensed counselor, for example, and all he did was encourage me to participate in masculine sports."



– Wayne Blakely

SCAN TO READ MORE:



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Many today would presume that Wayne was born gay since such confusing behaviors emerged when he was very young. Yet, **might his childish effeminate behavior have been an attempt to gain his mother's approval and affection?** Imagine if Wayne's family could have received counsel that addressed the impacts of his mother's emotional breakdown. They could have questioned his behavior for better understanding. What might have been different?



In the 1970s and '80s, LGBTQ activism focused on the American Psychological Association (APA). While gains were made in shifting attitudes toward LGBTQ identity, one dramatic failure was its impact on approaches to care. The APA's firm commitment to empowering LGBTQ identity\* has meant a biased approach toward those uncertain about their sexuality or gender identity. And, as Wayne's story shows, it has created a vacuum of care and knowledge, particularly in addressing trauma—one likely source of Rapid Onset Gender Dysphoria.\*\*

Above all, the APA has abandoned all who are not at peace with the LGBTQ worldview or sexual behavior. People like us.

Highlighting social stigma rather than mental health as a primary cause of **suicide** harms the LGBTQ community by *misdirecting* suicide prevention and care.

Activists want America to believe suicide rates among LGBTQ are due to bigotry and discrimination. Still, millions are not being allowed to question and investigate the roots of their sexual feelings, and are instead being pushed into LGBTQ categories.

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\* APA Taskforce of Sexual Orientation and Gender Diversity. <https://www.apadivisions.org/division-44>

\*\* ROGD: Littman L (2018) Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. PLoS ONE 13(8): e0202330. <https://doi.org/10.1371/journal.pone.0202330>

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The 2020 Blosnich study published by the LGBT-affirming Williams Institute **falsely claims** that sexual orientation change efforts (SOCE) cause harm. Re-analysis of the data indicates that SOCE decreases suicidality.

This study, promoted by the Trevor Project to support therapy bans, reveals how viewpoint discrimination is influencing scientific research. Blosnich fails to control for the percentage of individuals who were suicidal **prior** to obtaining SOCE, leading to a false conclusion.

The Generations data set, a federally funded study of LGB health outcomes, is currently the largest representative set of data on LGB-identifying people. Prof. Paul Sullins' (2021) reanalysis of the Blosnich study concludes, "By violating the principle of temporal precedence in scientific inference, i.e., that a cause cannot occur after an effect, Blosnich et al. reversed the correct conclusion in these data. Experiencing SOCE therapy does not encourage higher suicidality, as they claim; rather, experiencing higher suicidality appears to encourage recourse to SOCE, which in turn strongly reduces suicidality, particularly initial suicide attempts. Restrictions on SOCE deprive sexual minorities of an important resource for reducing suicidality, putting them at substantially increased suicide risk."\*

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\* Sullins, Donald, SEXUAL ORIENTATION CHANGE EFFORTS (SOCE) REDUCE SUICIDE: CORRECTING A FALSE RESEARCH NARRATIVE (March 16, 2021). Available at SSRN: <https://ssrn.com/abstract=3729353> or <http://dx.doi.org/10.2139/ssrn.3729353>

Sullins DP (2022) Absence of Behavioral Harm Following Non-efficacious Sexual Orientation Change Efforts: A Retrospective Study of United States Sexual Minority Adults, 2016–2018. Front. Psychol. <https://www.frontiersin.org/articles/10.3389/fpsyg.2022.823647/full>

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# Unquestioned affirmation of LGBTQ identity among children *causes harm.*

Coerced affirmation of LGBTQ can drive suppression of childhood traumas, distortion of self-perception, risky sexual behaviors, and, at worst, suicide.\* Unfortunately, few with this life experience can have vulnerable conversations that allow self-discovery, understanding, and resolution of the feelings.

\* *MHA Stats on Mental Illness in LGBT:*  
[https://www.mhanational.org/sites/default/files/2019-09/LGBTQ%2B\\_Mental\\_Health.pdf](https://www.mhanational.org/sites/default/files/2019-09/LGBTQ%2B_Mental_Health.pdf)



“The life-dominating struggle of gender dysphoria and same-sex sexual feelings has faded, and today these are no longer a struggle.”

Linda Seiler

“When I was born, my mother was conflicted about having a daughter instead of a son. As a young child, my mom’s unspoken desire influenced my life, and my mother and I never fully connected emotionally. I remember feeling frustrated by her expectations while at the same time longing for her affection and attention. **My mother loved me deeply, but I interpreted our disconnect as rejection, which heightened my attention toward my father.** He offered safety and stability, and I desired to be like him growing up. Yet, he was not consistently emotionally available and could not fill this void. I desperately longed for a deeper connection with my mom and, when I could not create it, rejected her as a defense to protect my heart. As I grew older, I attempted to replace my need for her nurture through sexual fantasies and connections with women—a twisted and confused

CONTINUED ON PAGE 18 >

As a young girl, Linda Seiler believed she had been born in the wrong body. Entering adulthood, she was invited to question these feelings through the care of other women, mentors, and pastors. She discovered a complex foundation of childhood misperceptions and sexual abuse that she addressed within her Christian community. **Today she no longer experiences gender dysphoria or same-sex attraction.** Affirming her childhood belief in transgender identity would have suppressed the trauma and distress she experienced and caused further harm.

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[They] affirmed my femininity and womanhood, which diffused my sexual desires for other women.

CONTINUED FROM PAGE 17 >

tether to female intimacy. Most devastating, my rejection of her grew into a rejection of myself.

I grew up feeling emotionally abandoned, leaving me vulnerable and in need. So when a female junior high teacher showed inappropriate interest, I became fixated on her. What should have been a student-teacher relationship became something wholly different. She shared with me things that were not appropriate and planted seeds of confusion in my heart and mind.

**Childhood sexual abuse greatly impacted my view of my sexuality and how I perceived the sexuality of others.** Some friends introduced me to pornography in grade school, which awakened in me desire and intrigue. However, I wanted to be the man, not the woman, in what I saw portrayed in pornography. In 4th grade, I heard about “sex change” operations (now called “gender

confirmation surgeries”). *That’s the answer to my dilemma*, I thought. I believed changing my gender would give me freedom and decided when I had the means to become a boy, I would change my name to David and live happily ever after.

Hitting puberty in junior high was devastating. I despised my changing body. Not only did I want to be male, but I began to develop jealousy of my male peers. Their voices were changing, and their male characteristics were becoming more defined. In addition, around this time, I was becoming increasingly attracted to women. This affirmed my belief that I truly was a male trapped in a female body, but it was a helpless feeling I couldn’t control and didn’t want.

I tried to rationalize my life by myself and kept these feelings hidden from my parents and others. Fear of telling my family

and the drama of coming out were the biggest hindrances to telling the truth about what I was feeling. I didn’t know how to communicate, and sharing with people, especially my family, felt impossible. This looming secrecy felt like rejection. I knew I would be lonely and isolated living the life I wanted without my family and friends around me. So I decided not to have the operation and tried my best to fit in. **Resigned to living a miserable life of incongruency with my gender, I thought depression and suicidal feelings were my lot.**

SCAN TO READ MORE:



– Linda Seiler



# Robust scientific studies continue to affirm that same-sex sexuality is *not genetic*.\*

\* *Science Magazine*. <https://www.science.org/doi/10.1126/science.aaf7693>

“The largest study to date, comprising almost half a million individuals in the United Kingdom and United States, identifying genetic variants associated with same-sex sexual behavior. They provide evidence that genetic variation accounts for a small fraction of same-sex sexual behavior and uncover a relationship to the regulation of the sex hormones testosterone and estrogen as well as sex-specific differences. They also reveal the complexity of human sexuality.”

Though there continues to be debate regarding the causes, science confirms that same-sex sexuality and gender dysphoria are not innate. The feelings emerge out of the interaction of our physiology with life experiences that include social, cultural, family dynamics, and even the story we tell ourselves—because all of us desire self-understanding.

# “Looking back on my childhood sexual trauma, I needed encouragement to refrain from embracing an LGBTQ identity.”

Bree Stevens

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“At 15, I was attacked and sexually assaulted by a young man. That experience left me with bruises, confusion, suicidal thoughts, cutting scars, self-hatred, the belief that men were not safe, and deep inner turmoil.

I needed to feel safe again, and I found security in my best friend, whom I met in college. In our emotional intimacy, our friendship became sexual.

As I began to recognize my deeper needs, I realized that sex with a woman wasn't even what I wanted. My friend and I wanted to end our sexual relationship and reframe our friendship, so

we sought pastoral care and help from our church community.

When I stopped the cycle of going to her for intimate emotional and physical connection, a lot of trauma from my childhood began to surface. I sought healing through Christian counselors, which enabled me to resolve the hurts of my past while confronting what I had believed about womanhood and men. Today, I am no longer sexually attracted to women.

Looking back on my healing journey out of childhood sexual trauma, I needed permission and encouragement to refrain from

sexual contact with a woman and from embracing an LGBTQ identity. I am so thankful that I had access to the counseling I wanted and will always advocate to protect counseling choice. The long-term impact that I have experienced in my life is joy, health, and wholeness!”



– Bree Stevens

“

As I began to recognize my deeper needs, I realized that sex with a woman wasn't even what I wanted. Today, I am no longer sexually attracted to women.



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Many women have sought refuge and solace from male sexual abuse in the arms of another woman. Suppression of this reality within the LGBTQ community means that **thousands of women never pursue complete wholeness and resolution from the traumas of rape and molestation.** Counseling choice ensures that women who experience same-sex sexual feelings or gender conflict are not pushed to embrace lesbianism.



CHANGED is a human rights organization and international network advocating for rights and protections of individuals who have left LGBTQ behind. Our stories demonstrate the complexities of the LGBTQ experience to accentuate human dignity and our common humanity.

America can have an ideologically diverse fabric without sacrificing LGBTQ rights. But first, we have to realize there is so much more to the story.

**Find out more at**  
*[changedmovement.com/childhoodstories](https://changedmovement.com/childhoodstories)*

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Book design by Bree Stevens

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# CHANGED

MOVEMENT

## The Unspoken Harms of Banning Change.

*Psychological pain underlies the LGBTQ experience.  
Why acceptance, equality and affirmation won't be enough.*

### WHY WRITE THIS

- There is no widely accepted legal definition of so-called “conversion therapy.” In fact, legislative bans do not rely on population wide, evidence-based studies. An honest definition for use in law could be: “conversion therapy is any counseling practice that overrides personal consent and employs aversive techniques to affect sexual behaviors.”
- The furor over “conversion therapy” stifles free speech by condemning talk-based approaches that focus on personal life goals. Ethical, talk-based, change-allowing counsel addresses confusion, trauma, clinical gender dysphoria, childhood abuse and shame. Suppression of the story behind LGBTQ experience has created a myth that denies underlying pain and trauma. The world-wide “anti-conversion therapy” tirade has effectively become state-sanctioned viewpoint discrimination.
- In every debate over so-called “conversion therapy” religion and faith-based sexual ethics are challenged, suppressing the sexual ethic itself and threatening to harm LGBTQ identifying people who seek support to follow their personal convictions.

**Beginning in 1970, political activists protested against the APA and began disrupting their meetings based upon the belief that the APA was largely to blame for anti-homosexual social stigma.**

### A look at the “conversion” of the American Psychological Association

The drama around so-called “conversion therapy” is not new. In fact, Americans have seen all this before... in the 1970s as LGBTQ activists first began attacking therapeutic approaches to homosexuality.

Political pressure by early activists resulted in the removal of homosexuality from among the American Psychiatric Association’s listing of diagnoses. In the same way today, Christianity is in the crosshairs. Will prohibitions against homosexual practice be removed from the Bible? Or worse, will Christianity, with its historic teaching on male-female marriage be banned? That seems to be the direction progressive activists are headed. Conversations focusing on the efficacy of so-called “conversion therapy” reveal a legacy of moral questioning that modern psychology and Christian faith have grappled separately with for decades. Central to the debate is a conundrum that continues to linger: should homosexual behavior have a protected status when the feelings may shift, can be reduced or even eliminated; and which also incorporate psychological co-morbidities and physical disease?

To better understand, it’s helpful to observe America’s recent history with this problem. After Stonewall in 1969 and the beginning of the early LGBTQ civil rights movement, activists demanded that homosexuality be removed from the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual (DSM), its formal listing of psychological diagnoses. Up to that time, homosexuality had been classified as a pathology, or a mental illness, in the DSM. Beginning in 1970, political activists protested against the APA and began disrupting their meetings based upon the belief that the APA was largely to blame for anti-homosexual social stigma.

Charles W. Socarides, M.D. was a psychiatrist during this time who addressed homosexuality in his private practice and as a university instructor. He records, “Those of us who did not go along with the political redefinition were soon silenced at our own professional meetings. Our lectures were canceled inside academe and our research papers turned down in the learned journals... Mainstream publishers turned down books that objected to the gay revolution.”<sup>1</sup>

By 1973, the public pressure on the American Psychiatric Association’s leaders ultimately resulted in their desired outcome: declassifying homosexuality as a socio-pathological disease. In 1975, the American Psychological Association followed the American Psychiatric Association in declaring homosexuality was not pathological. In the DSM-II homosexuality was replaced with the phrase, Sexual Orientation Disturbance (SOD), which applied to individuals who were conflicted over their

**CHANGED** is a  
grassroots network  
of people who once  
identified as LGBTQ.

[changedmovement.com](http://changedmovement.com)

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*According to the CDC in 2018, "Gay and bisexual men accounted for 69% of all new HIV diagnoses among all males aged 13 and older in the United States."<sup>16</sup>*

*In 2014, gay, bisexual, and other men who have sex with men accounted for 83% of primary and secondary syphilis cases.<sup>17</sup>*

*According to the Human Rights Campaign, 21% of gay and lesbian youth and 22% of bisexual youth have attempted suicide, compared to 7% of straight youth.<sup>18</sup>*

*"Individuals with documented histories of childhood sexual abuse were significantly more likely ... to report ever having had same-sex sexual partners."<sup>19</sup>*

**Highlighting social stigma rather than mental health as primary causation for suicide rates harms the LGBTQ community by misdirecting prevention and care.**

**"Conversion Therapy Bans" harm children who experience gender dysphoria.**

homosexual feelings. It was hoped that this move would improve the rights of LGBTQ-identifying people. But it did not immediately change the professional, scientific opinion. A survey of 10,000 APA members in 1977<sup>2</sup> records that 69% of responding psychiatrists continued to believe homosexuality was disordered ("a pathological adaptation") despite this change. Then, in 1980, "Ego Dystonic Homosexuality," replaced SOD with the publication of the DSM-III. However, that was finally removed in 1987.

Professional psychology and psychiatry were undergoing changes. The professions themselves, as well as the history of psychological diagnostics, were being scrutinized by society.<sup>3</sup> A re-evaluation of what constitutes psychopathology was underway, and it was concluded that homosexual behavior was not disordered. That is, it did not negatively impact a person's ability to function interpersonally or as a contributor to society. A close look at the restructuring of the science of psychology of homosexuality as a result of the upheaval of the 1970s could provide clues to where culture (and especially Christianity) is headed.

The political pressure that removed homosexuality from the DSM continued to cause a very great shift in how psychologists addressed homosexuality. No longer considered abnormal or harmful according to their evaluative standards, psychologists would have less reason to address it. And, because mental health insurance coverage demanded diagnoses according to the DSM, any treatment for homosexuality was defunded. As a result of ongoing activism within these professions, the psychology of homosexuality has had an affirming bias ever since.

The American Psychiatric Association and the American Psychological Association redirected psychological training in how homosexual behavior was addressed. Though psychological and biological study of homosexuality continued, attempts to resolve or redirect sexual orientation were excluded. Very simply, a vacuum was created, in which in-depth and exhaustive study of orientation change was dis-empowered, marginalized, and even discredited because of ongoing gay activism. Little professional training or research has been focused on the topic. Research continues to be conducted, and treatment methods continue developing, but fewer professionals providing therapy for sexual orientation change are receiving advanced training.

In the nearly 50 years since declassifying homosexuality as a disorder, advances in psychological care have greatly expanded. Psychological health and the sciences around it have become a central factor in modern self-care. What we know about trauma care and bodywork, neurofeedback, psycho pharmacology, neuroplasticity, and changing our neural pathways is so much more advanced than in the 1970s. The reality is that, unfortunately, LGB-identifying people have suffered from the exclusion of homosexuality from the DSM. They have not benefited from advances in areas where research and care could be most impactful: sexual formation. And rates of suicide, co-occurring mental health issues, and maladaptive behaviors continue to remain high, pointing directly to the poor mental, behavioral, and relational health of those who experience same-sex attraction and gender confusion. Highlighting social stigma rather than mental health as primary causation for suicide rates harms the LGBTQ community by misdirecting prevention and care.

This same avoidance by the APAs is also evident in approaches to gender identity (T), which failed to stem even higher rates of emotional instability among the transgender-identifying population. There are even more severe consequences as individuals are directed to physically modify their bodies for the sake of mental well-being. Today, transgender identifying adults are 19x more likely to commit suicide *after* gender-reassignment.<sup>4</sup> Culture's embrace of these life-altering paths, partnered with the intentional indoctrination of young children to question their gender, is a Pandora's box.

According to The Trevor Project, forty-one states today ban counseling choice or have pending "anti-conversion therapy" legislation focusing on minors. Based upon misleading claims of harm and errant scientific data, these bans inhibit free speech and freedom of conscience for thousands who are seeking alternatives to LGBTQ experience. So-called "conversion therapy bans" preempt a licensed therapist from offering change-allowing counsel (reflecting statistical norms toward desistance) that can bring resolution to trauma among gender dysphoric children. **Conservatively, 85% of children who are appropriately affirmed in their biological sex (an approach called "watchful waiting") will desist by adulthood.**

What we presume is impossible, according to the APAs is based upon nearly a half century-year-old supposition. Because of ideological changes and shifts, the APAs have seemed under motivated to investigate causes of homosexuality and of the mental health problems of this population. So, even though the APAs are some of the biggest advocates for the LGBTQ community, in our opinion the APAs share blame for the ongoing (even increasing) suicidality, mental, physical and relational

**19x**  
higher suicide  
rate **after** gender-  
reassignment<sup>4</sup>

**Trusting the APA?** As the American Psychological Association becomes more politicized it has taken radical approaches to sexuality. For example, **the APA Handbook of Sexuality and Psychology (2014) says it may be time to say BDSM is normal—meaning bondage and discipline, dominance and submission, and sado-masochism.**

“It may be time to consider alternate ways of understanding BDSM outside of models of psycho-pathology. Certainly, the descriptions by BDSM practitioners in the community literature suggest that their activities are experienced as life affirming, growth enhancing, and intensely erotic (Califia, 2002; Taormino, 2012; Thompson, 2004). The few clinical illustrations of BDSM couples in sex therapy have suggested that being true to one’s own desires in a relationship can eventuate in profound self-knowledge and a sense of coming home and can be transformative (Kleinplatz, 2006)” (p. 251).

-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*. Pp. 245-267. Washington D.C.: American Psychological Association. <https://www.apa.org/pubs/books/4311512>.

AMERICAN PSYCHOLOGICAL ASSOCIATION

44 Society for the Psychology of Sexual Orientation and Gender Diversity

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## Task Forces

### Consensual Non-Monogamy Task Force

The Task Force on Consensual Non-Monogamy promotes awareness and inclusivity about consensual non-monogamy and diverse expressions of intimate relationships. These include but are not limited to: people who practice polyamory, open relationships, swinging, relationship anarchy and other types of ethical, non-monogamous relationships.

Finding love and/or sexual intimacy is a central part of most people's life experience. However, the ability to engage in desired intimacy without social and medical stigmatization is not a liberty for all. This task force seeks to address the needs of people who practice consensual non-monogamy, including their intersecting marginalized identities.

issues suffered by LGBTQ-identifying people. Psychiatry and psychology appear to have completely abandoned LGBTQ-identifying people in their pursuit of social normativity—except to affirm homosexuality as “natural” and “good.”

### Born this way? Certainly not.

**“..not only did the study fail to find some controlling gene for gay identity, it also established that gay persons are not genetically distinct from all other human beings in any meaningful sense.”**

**To date there is no scientific consensus on the cause of homosexual behavior.** As gene studies continue to fail to explain sexual orientation, there should be a growing discussion of the environmental and cultural factors that lead to homosexual behavior. Notably in the most recent gene study (of 493,000 people over 30 years) *Science Magazine* writes,

“..although they did find particular genetic loci associated with same-sex behavior, when they combine the effects of these loci together into one comprehensive score, the effects are so small (under 1% [of sexual behavior for our total population]) that this genetic score cannot in any way be used to predict same-sex sexual behavior of an individual... Ganna et al. did not find evidence of any specific cells and tissues related to the loci they identified... this study serves as a guide to the potential magnitude of genetic effects we may eventually measure and a sign that complex behaviors continue to have small, likely polygenic, influences. Future work should investigate how genetic predispositions are altered by environmental factors, with this study highlighting the need for a multidisciplinary sociogenomic approach.”<sup>5</sup>

The environmental factors that influence one’s sense of identity and corresponding sexual expression are a central focus in the efforts that LGBTQ activists call “conversion therapy.” All of us who have successfully left behind LGBTQ identity and behaviors, even experiencing shifts in sexual desires, have focused largely on childhood emotional development and cultural factors such as peer pressure, bullying and isolation. We have gone so far as to recognize that we are simply normal men and women. This is substantiated by Ganna’s study. It exposes the truth that homosexual men and women have the same genome as everyone else.

“The study found that a person’s developmental environment—the influence of diet, family, friends, neighbourhood, religion, and a host of other life conditions—was twice as influential as genetics on the probability of adopting same-sex behaviour or orientation. The genetic influence did not come from one or two strong sources but from dozens of genetic variants that each added a small increased propensity for same-sex behaviour.

A genetic arrangement based on a large number of markers across the genome means that virtually all human beings have this arrangement, or large portions of it. In other words, not only did the study fail to find some controlling gene for gay identity, it also established that gay persons are not genetically distinct from all other human beings in any meaningful sense.

**Gay persons, we might say, have a perfectly normal human genome.”<sup>6</sup>**

**Most people who experience same-sex sexual attraction also already experience opposite-sex attraction.**

Mainstreaming the LGBTQ narrative into culture today has caught our common imagination and is effectively increasing the number of people who identify as a sexual minority. In February 2021, Gallup<sup>7</sup> released a poll describing the population of LGBTQ identifying people. Their conclusions reveal the impact of culture's increasing affirmation of LGBTQ culture and experience. More and more people are describing themselves as LGBTQ. Gallup's poll indicates that **over the last 7 years (2012-2020) the number of men and women identifying as LGBTQ increased 60%**. The generational shift in self-ascribed LGBTQ identity is dramatic: 15.9% of Generation Z (b1997-2002) identify as LGBTQ; 9.1% of Millennials (b1981-1996); 3.8% of Generation X (b1965-1980); and 2.0% of Baby Boomers (b1946-1964).

Changes in sexual behavior, identity, and even attractions *do happen* for many. This reflects the overall tendency of our culture toward sexual fluidity. The majority of people who experience LGB have experienced opposite sex attraction as well. In the APA Handbook on Sexuality, on behalf of the APA, Dr. Lisa Diamond states, "Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical 'type' of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true. Individuals with nonexclusive patterns of attraction are indisputably the 'norm,' and those with exclusive same-sex attractions are the exception." This pattern has been found internationally (v. 1, p. 633). Most people who experience same-sex sexual attraction also already experience opposite-sex attraction. The largest part of LGB is bisexual and the APA has published that among these, three-quarters (75%) will typically move toward heterosexual over time.

The APA Handbook reviews a highly regarded study by gay researcher Savin-Williams and colleagues (Savin-Williams, Joyner, & Rieger, 2012; Rosario & Schrimshaw, 2014, APA Handbook, v. 1, p. 562) that followed the sexual identity of young adult participants when most were ages 18 through 24 and again at ages 24 through 34, about 6 years later. Participants indicated whether their sexual identity was heterosexual, mostly heterosexual, bisexual, mostly homosexual, or homosexual. The bisexual group was larger than exclusively gay and lesbian groups combined. But the largest identity group, second only to heterosexual, was "mostly heterosexual" for each sex and across both age groups, and that group was "larger than all the other non-heterosexual identities combined" (Savin-Williams et al., 2012, abstract). "The bisexual category was the most unstable" with three quarters changing that status in 6 years. "[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality" (p 106). Similar change is found in other population-based longitudinal studies, and rates of change do not appear to decline as participants get older (Diamond & Rosky, 2016, p. 7, Table 1). Kleinplatz and Diamond urge in the handbook that "it is critically important for clinicians not to assume that any experience of same sex desire or behavior is a sign of latent homosexuality and instead to allow individuals to determine for themselves the role of same-sex sexuality in their lives and identity" (p. 257)<sup>8</sup>

LGBTQ activists would prefer to believe same-sex sexual feelings are fixed and innate and settle the matter through biology, yet science has never supported that idea. And, since the APAs continue to steadfastly downplay the degree to which sexual behavior and gender identity (like gender stereotypes) are shaped by cultural and environmental factors, there is an impasse.

**The phrase "conversion therapy" has gained meaning well beyond any reference to counseling or therapy and reflects a growing ideological shift.**

### **Origins and impact of the phrase "Conversion Therapy"**

We believe the term "conversion therapy" marries 1970s anti-APA rhetoric and oppressive international anti-conversion laws. Across the world, most notably in India, anti-conversion laws support nationalism by suppressing minority religions. For example, Christianity and Islam are the two primary targets of Hinduism, India's majority (national) religion. The term "conversion therapy" combines LGBTQ activist animosity against therapeutic practices and religious faith; both are targets because they can powerfully and reasonably argue that homosexual "identity" should not be awarded protected status. Anti-conversion therapy legislation and like-minded rhetoric seek to justify a cultural dynamic. Activists are fighting for the right to exist as a minority people group and to strengthen the LGBTQ subculture. As they do, they seek to shut down all opposing voices through slander and censorship.

"Time and time again, persons who reverse the healing path and embrace the LGBTQ lifestyle rewrite their therapeutic histories as coercive to the point of caricature. We... have witnessed this in churches and courts and government councils around the country. We've felt the impact of it in bad rulings that outlaw a person's right to choose their therapeutic path. We conclude: the moral reversal into LGBTQ identification necessitates skewed self-justification. Orthodox caregivers become the enemy."<sup>9</sup>

In most cases where practices are denigrated as so-called "conversion therapy" only a change-allowing and exploratory approach based upon talk-therapy is being applied. The intent is largely an effort to

## Key studies used to ban counseling choice reflect significant bias.

bring relational wholeness and wellbeing to people who experience *undesired* same sex attraction. Those who seek this counseling wish to be incorporated into broader society without the LGBTQ label. Change allowing approaches address the “environmental factors” that the latest gene studies point to. One of the primary emotional dramas of the LGBTQ experience is perceived rejection. Many feel “other than” and “unable to belong.” A very great strength of the LGBTQ subculture is the feeling of belonging and familial safety that it cultivates. Laws such as HR-5, The Equality Act, create a tenuous salve for this sense of rejection.

Increasingly the phrase “conversion therapy” has gained meaning well beyond any reference to counseling or therapy and reflects a growing ideological shift. Over 150 different definitions exist in legislation across the world. The phrase is widely being used where there is ideological conflict on sexuality to defame and harm persons or organizations with a different viewpoint. Quite simply, it is becoming state-sanctioned viewpoint discrimination.

## Under scrutiny, claims of evidence-based and peer-reviewed data on the impact of sexual orientation change efforts (SOCE) have been exposed as inaccurate.

Some of the strongest indictments against claims of harm come from two studies published in spring 2021. In June 2020 the American Journal of Public Health published a study led by John R. Blosnich<sup>10</sup>. The Generations study has been used widely to condemn sexual orientation change efforts (SOCE). Note that the scientists behind this study show a conflict of interest:

John R. Blosnich is with the Center for Health Equity Research and Promotion, VA Pittsburgh Healthcare System, Pittsburgh, PA. Emmett R. Henderson and Robert W. S. Coulter are with the Center for LGBT Health Research and the Department of Behavioral and Community Health Sciences, University of Pittsburgh Graduate School of Public Health, Pittsburgh. Ilan H. Meyer is with the Williams Institute, School of Law, University of California, Los Angeles.

They concluded, “Over the lifetime, sexual minorities who experienced SOCE reported a higher prevalence of suicidal ideation and attempts than did sexual minorities who did not experience SOCE.” But when the data was made public a group of scientists reassessed them. In his essay<sup>11</sup> on the Christian Medical and Dental Association website, Dr. Andre Van Mol recounts:

A response letter led by Christopher Rosik (including Paul Sullins, Walter Schumm and me) was also published in the American Journal of Public Health.<sup>12</sup> Three main study flaws were noted. First, the authors lumped adverse childhood events as a total sum, including SOCE as one. Second, they should have considered whether those seeking SOCE did so due to already being more distressed. With no pre-SOCE control for existing suicidality, it was speculative for Blosnich to suggest SOCE caused harm. And third, the Generations study sampled only LGBT-identified individuals—therefore excluding sexual minorities who benefited from SOCE, thus no longer identifying as LGBT—and used “a single-item measure of SOCE” which was “fraught with validity concerns.” Blosnich and team provided a rebuttal letter I would call dismissive.

Paul Sullins put together a thorough reanalysis of the Generations and Blosnich data, including what was available to Blosnich but left out, “the time order of SOCE and suicidality,” thus controlling for pre-SOCE suicidality.<sup>13</sup> Sullins concluded, “By violating the principle of temporal precedence in scientific inference, i.e., that a cause cannot occur after an effect, Blosnich et al. reversed the correct conclusion in these data.” In fact, “SOCE was not positively associated with any form of suicidality.” SOCE strongly reduced suicidal ideation, planning and attempts, with even stronger effects for adults experiencing SOCE compared with minors doing the same.

Sullins found that over half of those said to have had SOCE had pre-treatment suicidality, SOCE helped rather than harmed, and the degree of improvement was remarkable. Post-SOCE suicidal ideation odds went down by two-thirds for adults and one-third for minors. Post-SOCE reduction in suicide attempts was by four-fifths for adults with no reduction for minors. “When followed by SOCE treatment, suicide ideation was less than a fifth as likely to lead to a suicide attempt; suicide planning less than a seventh as likely; and an initial suicide attempt was over a third less likely to lead to second attempt. Minors undergoing SOCE were only about half as likely to attempt suicide after initial thoughts or plans of suicide, and no less likely after an initial suicide attempt, compared to their peers who did not undergo SOCE. On the other hand, adults who experienced SOCE intervention following suicidal thoughts or plans were 17-25 times less likely to attempt suicide.”

In reality, there have been no rigorous population based scientific studies of the impact of SOCE. The studies being used to substantiate legislation across the U.S. are not adequate. Notably, very few studies analyzing change allowing therapies incorporate women, whose sexuality is known to be more fluid. In

## Using the same data, but controlling for pre-SOCE suicidality, a completely different outcome was discovered: SOCE was found to strongly reduce suicidality.

## The push for “conversion therapy” legislation empowers state-sanctioned viewpoint discrimination.

2009 the American Psychological Association SOCE Task Force concluded there simply is no adequate analysis of its benefits or harms.<sup>14</sup> This is still true. In 2019 a Florida court recently summarized the expert consensus on research in this area in two statements: “No known study has provided a comprehensive assessment of basic demographic information, psychosocial wellbeing, and religiosity, which would be required to understand the effectiveness, benefits and/or harm caused by SOCE.” “No known study to date has drawn from a representative sample of sufficient size to draw conclusions about the experience of those who have attempted SOCE”<sup>15</sup> (Ruling in *Vazzo v. Tampa*, October 4, 2019, striking down a ban on talk conversion therapy).

### Do you believe LGBTQ-identifying people should have the right to follow their faith wholeheartedly and pursue their own life goals?

*“Conversion therapy” is a broad and ill-defined term that is often used to suggest forms of physical violence, force, manipulation, shame, or humiliation. We reject these practices as ineffective and harmful. Conversely, change-allowing approaches among self-motivated individuals affirm personal choice and empower individual life goals that are commonly aligned with religious sexual ethics.*

Most often, so-called “conversion therapy” isn’t a therapeutic method, it is a subjective experience that can be avoided. Two people pursuing emotional healing and physical wholeness in the same setting may have different perceptions. One finds meaning in what is learned, and through application undergoes some fresh measure of fulfillment. But imagine the other has a less productive outcome and finds no resolution. Disappointment and despair close in. Accusations of harm and pain arise from this side of the experience. Note how few legal cases there have been versus the thousands of accusations.

Increasingly in the U.S., former LGBTQ-identifying people are being pushed into the margins. Anathematized by activists through public scrutiny and shaming, Christian organizations focused on care for former LGBTQ easily become isolated and attacked. The history of ex-gay ministries reveals the dramatic negative impact of these attacks as a few outspoken former leaders have sought refuge and self-justification by rejoining LGBTQ ranks.

Ultimately, bias, censorship and slander are misleading thousands of people. Many today are trapped within an unwanted experience that has falsely been represented as innate. A battle focusing on social stigma is not the answer and is effectively increasing suicidality among LGBTQ.

#### **This crisis in America’s scientific and psychological communities is a travesty.**

The LGBTQ storyline oversimplifies the truth. For example, somewhere in the development of stereotypically effeminate mannerisms is a decision that one’s understanding of femininity feels more comfortable, safe or attractive than his perception of masculinity. Many have analyzed that personal experience to understand there are patterns of belief and self-rejection around effeminate behaviors, and eventually have fully embraced masculinity—leaving the mannerisms behind. Like David Reece:

“I had been molested as a child at 3-years-old and experienced same-sex attraction from a really early age. I was disconnected from the male gender... I didn’t feel like other boys. I dressed in girls clothes, wore my sister’s dresses and I played with barbies exclusively.<sup>20</sup> (In my 20s,) I started counseling sessions that helped me get out of pain and confusion and understand that just because I was molested at three didn’t mean I was gay... Before I walked out of same-sex attraction, I only knew fake happiness. Today my life is crazy good and full of joy.”<sup>21</sup>

David has been married to his wife since 2010 and they have two children together. Not all LGBTQ identifying people have been molested; however, too often they are led to dismiss symptoms of trauma. Addressing the associated emotional pain in David Reece’s life changed his affections. He walked away from an identity that otherwise would have tethered him to a cycle of unresolved trauma—reenacting in each male encounter the very things he had been abused by.

**Today, the pastoral care and counseling David received is being criminalized across the world and potentially in the U.S. Men like him are pressured to embrace gay identity and told that resistance points to inner homophobia. This approach creates a false narrative that perpetuates lifelong unresolved pain. People should have the freedom to pursue counseling and personal life changes that bring them true happiness even when it means moving away from LGBTQ identity and behavior.**



**He walked away from an “identity” that otherwise would have tethered him to a cycle of unresolved trauma—reenacting in each male encounter the very things he had been abused by.**

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