



PART 10, SPLC AGAINST JONAH: HARMFUL EFFECTS OF A BAN

In Part 10 of our series on the trial by the Southern Poverty Law Center against JONAH, psychologist Laura Haynes, PhD, explains how bans on therapy for unwanted same-sex attractions or gender dysphoria have resulted in harmful unintended consequences.



California is one of a minority of states that have banned therapy that is open to SOGI change. Many other states have with the use of good arguments refused to pass such legislation.

Short-sightedness of lawmakers

Lawmakers in those minority states failed to foresee that individuals who are distressed by their unwanted same-sex attraction or unwanted gender identity are not going to go to a Gay- or Transgender-affirmative therapist. They will not see a therapist who is not open to their goal of therapy, and whom they will not trust.

They are now being sent to unlicensed counselors or getting no help at all. These minors are not being served.

Some have been victims of sexual abuse and are suicidal. Some aspire to live according to their chromosomal gender or to be faithful in a heterosexual relationship with family one day, as do most individuals.

Therapists should not have to abandon such individuals under threat of being thrown out of their professional organizations, losing their licenses, or being bankrupted.

Ban is harmful

Banning sexual orientation or gender identity change efforts for individuals who desire it, has been harmful and ineffective. In no way are they now announcing '*glad to be gay*', as the lawmakers had automatically assumed.

It should not be missed that laws banning openness to change place all therapists in a danger-

ous trap—regardless of their view on sexual orientation, gender identity, or therapy that is open to change.

If a client desires openness to change, it is unethical for any therapist to provide Gay- or Transgender-affirmative therapy, because the client does not want it. And coercing any goal of therapy on a client is unethical, because it violates the client's right to self-determine the goal of therapy. Coercing a gay or transgender outcome on the client risks being ineffective and harmful.

At the same time, the therapist cannot provide or refer the client for therapy that is open to change, because doing so is against the law. Ethically, the therapist cannot abandon the client.

If the therapist agrees to treat the client for other concerns though not for the goal of changing sexual attraction or gender identity, there is the real possibility that fluidity, fluctuation, or change in the client's sexual orientation or gender identity will occur, and then it is an open question as to whether the therapist may be in violation of the law. At least, the therapist is opened up to liability.

Some therapists are afraid of treating adolescents who want therapy that is open to sexual orientation or gender identity change. At the same time, they are afraid of discriminating by not taking some adolescents as clients when they have unwanted sexual orientation, unwanted gender identity, or a goal of SOGI change in therapy.

Clients are being sent away

An unintended consequence of the law has been that some therapists are discerning that their only protection is to stop treating all adolescents with same-sex attractions and gender issues, especially if they want therapy that is open to SOGI change.

Some minors with same-sex attractions and gender issues are already being turned away from professional mental health services. The California Board of Behavioral Science (BBS) has been asked more than once to clarify the law on this very liability question and has declined.

All banned providers and their minor clients with same-sex attractions and gender issues are endangered. Bans on sexual orientation or gender identity change efforts are not safe or effective.

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World Health Organization (WHO) Classification of Estrogen as a Class I Carcinogen: <http://www.who.int/>

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