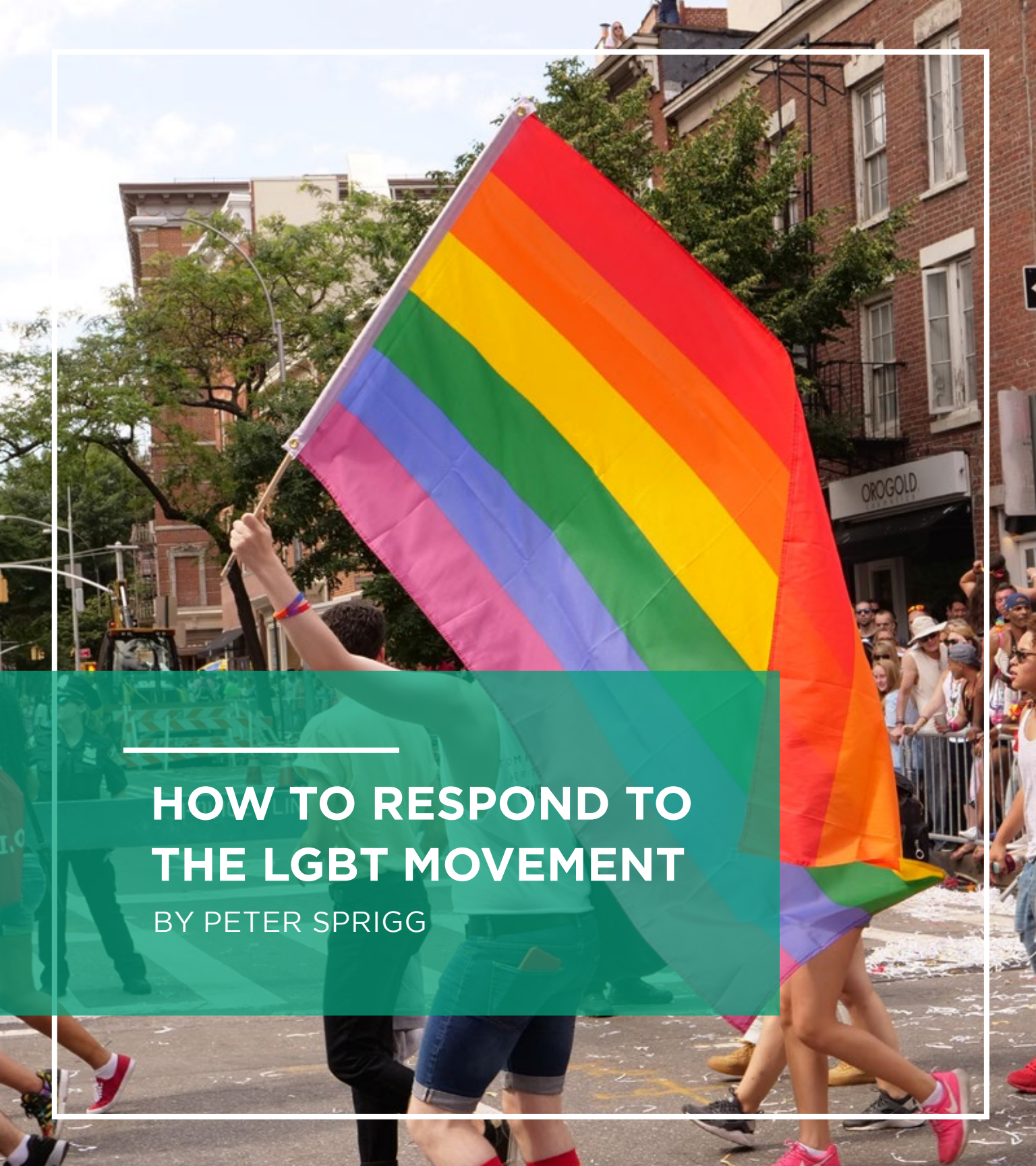


HOW TO RESPOND TO THE LGBT MOVEMENT

BY PETER SPRIGG

HOW TO RESPOND TO THE LGBT MOVEMENT

By Peter Sprigg

In recent decades, there has been an assault on the sexes. That is, there has been an attack on the previously undisputed reality that human beings are created either male or female; that there are significant differences between the sexes; and that those differences result in at least *some* differences in the roles played by men and women in society.

The first wave of this attack came from the modern feminist movement, challenging traditional social roles of men and women. The second wave came from the homosexual movement, challenging the principle that men and women are created to be sexually complementary to one another. The third wave of this assault on the sexes has come from the transgender movement, which has attacked a basic reality—that all people have a biological sex, identifiable at birth and immutable through life, which makes them either male or female.

There are certainly overlaps between the homosexual and transgender movements—both assert a radical personal autonomy even in defiance of the natural characteristics and complementarity of the two sexes. As a result, the two movements have also been allied politically more often than not. For that reason, Family Research Council here offers a response to both.

However, there are also sufficient conceptual differences between the issues of "sexual orientation" and "gender identity" for them to be addressed separately. Here, FRC will recount some of the major claims asserted by these two movements, and explain based on the science and evidence why those claims are inaccurate.

In recent years, activists pushing for a "LGBT rights" political agenda—such as the redefinition of civil marriage to include same-sex couples and the expansion of non-discrimination laws to include sexual orientation and gender identity as protected categories—have become increasingly virulent in their attacks upon social conservatives who resist that agenda. Examples of these attacks include a Colorado public official comparing the exercise of religious conscience by a baker of wedding cakes to slavery and the Holocaust,[1] and the Southern Poverty Law Center's continual expansion of the list of mainstream pro-family groups that it labels as "Anti-LGBT Hate Groups"[2] —even after the list was used to target Family Research Council for an act of terrorism in 2012.[3]

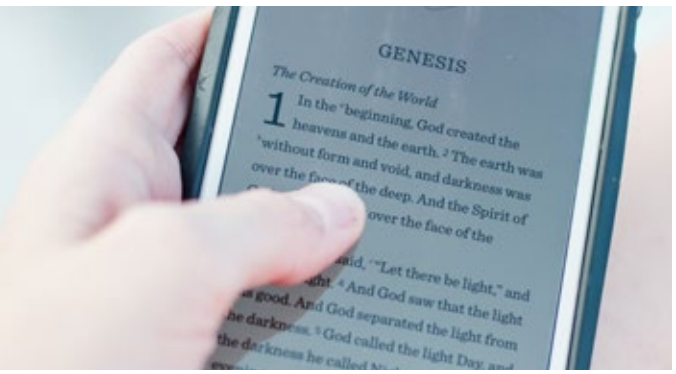
Such attacks reveal a fundamental misunderstanding (if not deliberate misrepresentation) of the beliefs, arguments, and motives of social conservatives.

A WORD ON SEXUAL IDENTITY AND LANGUAGE

First, it is important to clarify FRC's position and that of many social conservatives on the nature of human sexuality. We believe that every person, no matter who they are sexually attracted to, is created in the image and likeness of God. Therefore, all people are equal in dignity and value and must be treated with respect.

We believe that sexual attractions or other subjective psychological feelings do not define a person. Rather, every person is defined by their immutable, in-born biological sex, which is present and identifiable in the DNA of every cell in the human body. While it is certainly true that some people identify very strongly as "gay," "lesbian," "bisexual," "transgender," or another identity and act according to this identity, this behavior does not define them, just as a so-called "straight" person is not defined by their "straightness." Rather, the divinely intended purpose of human sexuality is inherently present in the complementarity of the male and female sex, as created by God and described in the first chapter of the Book of Genesis.

Therefore, when discussing homosexuality, we avoid using the terms "gay," "lesbian," or "bisexual" as solo nouns because this tends to imply that some people's intrinsic, inborn, immutable



identity as gay, lesbian, etc. is *who they are*. As we will explore, this idea is empirically false.

We instead say "people who engage in homosexual conduct" or "people who identify as homosexual." (A comment on language choices regarding gender identity issues can be found under the section "Responding to the Transgender Movement" on page 13.)

It should also be noted that in the context of the political debates over LGBT issues, social conservatives do not consider people who identify as lesbian, gay, bisexual, or transgender to be their adversaries. We recognize that most people who identify as LGBT are content to keep their sex lives private rather than demand official government affirmation of their sexual identity or conduct. This is why we will sometimes use the terms "homosexual/transgender/LGBT activists" to describe those people whose political and social agenda—the *forced* public *affirmation* and *celebration* of LGBT identity and conduct—we oppose in the public square.

RESPONDING TO THE HOMOSEXUAL MOVEMENT

The widespread misunderstanding of the conservative position on homosexuality arises from the existence of two completely different paradigms, or fundamental ways of understanding the nature of human sexuality.

LGBT (lesbian, gay, bisexual, transgender) activist groups, and a growing portion of major social institutions such as academia and the news media, have come to adopt a view of sexual orientation that we might call the "gay identity" paradigm. The foundations of this paradigm are these beliefs:

1. Sexual orientation is an innate personal characteristic, like race.
2. People are born either gay, lesbian, bisexual, or straight.
3. Homosexual people can never become heterosexual.
4. Being homosexual is essentially no different from being straight, except for the gender to which one is sexually attracted.
5. There is no harm in being homosexual.

Based on these beliefs (or, in many cases, unspoken presuppositions), homosexual activist groups declare, and some others have come to accept, that for someone to believe that heterosexuality is preferable to homosexuality is equivalent to believing that one race is superior to another, and therefore represents a form of bigotry and even "hate" toward individuals who identify as homosexual.

However, this conclusion about critics of homosexuality cannot be valid unless the presuppositions of the gay identity paradigm are *empirically true*; and it is not logical unless social conservatives are operating from *the same paradigm*.

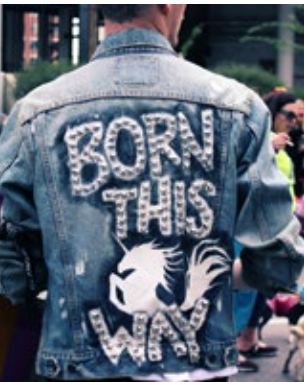
In reality, the empirical case for the gay identity paradigm is extremely weak and is, in any case, subject to legitimate debate. Furthermore, what is beyond dispute is that social conservatives do *not* view homosexuality and transgenderism from the perspective of the gay identity paradigm. Therefore, it is not only unfair and misguided, but it is simply illogical to impugn the motives of social conservatives based on that paradigm.

CLAIM #1

"Sexual orientation is an innate personal characteristic, like race."

To deconstruct the gay identity paradigm, and understand the alternative view which drives social conservatives, it is necessary to examine the actual nature of sexual orientation. Too often, it is assumed that sexual orientation is a unitary phenomenon whose meaning is clear. This is not the case.

"SEXUAL ORIENTATION" IS AN UMBRELLA TERM FOR THREE QUITE DIFFERENT THINGS: SEXUAL ATTRACTION, SEXUAL CONDUCT, AND SEXUAL IDENTITY.



As all serious researchers in human sexuality understand, "sexual orientation" is an umbrella term for three quite different things. The first of these is one's sexual *attractions*—is a person sexually attracted to people of the opposite sex, the same sex, or both? The second element of sexual orientation is sexual *conduct*—what sex acts does an individual choose to engage in, and with whom? The third element of sexual orientation is sexual *self-identification*—does an individual think of himself or herself, and/or publicly identify himself or herself to others, as "gay," "lesbian," "straight," "bisexual," or something else? [4]

The gay identity paradigm assumes that these aspects of sexual orientation will always be consistent with one another—that is, for example, that a person with same-sex attractions will also engage exclusively in homosexual conduct and publicly self-identify as gay or lesbian.

However, scientific research into human sexuality has clearly shown that *this is not always the case*. Some people experience same-sex attractions, but do not choose to engage in homosexual conduct (or choose to engage in heterosexual conduct instead). Some people experience same-sex attractions and engage in homosexual conduct, but do not self-identify as gay or lesbian. It has been observed that in unique situations (such as prisons), people who neither experience same-sex attractions nor self-identify as homosexual may nevertheless choose to engage in homosexual conduct.[5] Therefore, any meaningful discussion of the topic of homosexuality requires that the three elements of sexual orientation be addressed individually.

CLAIM #2

"Social conservatives 'hate' gay people for 'who they are.'"

The gay identity paradigm is simplistic, since it is based on the assumption (which the research clearly shows to be false) that sexual orientation is a unitary characteristic. Under this view, people are either gay or not gay, so to criticize homosexuality is to denigrate some people for "who they are."

"SOCIAL CONSERVATIVES DO *NOT* BELIEVE OR ARGUE THAT 'GAY PEOPLE ARE INFERIOR,' AS HOMOSEXUAL ACTIVISTS CHARGE. WHAT WE BELIEVE AND ARGUE IS THAT *HOMOSEXUAL CONDUCT* IS HARMFUL."

Social conservatives approach the topic of homosexuality using a completely different paradigm—one that is more sophisticated, and more consistent with the research on human sexuality and sexual orientation, than the gay identity paradigm. This paradigm is based on the reality that same-sex attractions, homosexual conduct, and self-identification as gay are three separate (although related) matters which must be addressed separately.

For social conservatives, particularly when it comes to public policy debates related to homosexuality, homosexual *conduct* is by far the most important of the three elements of sexual orientation. Hence, we might refer to the social conservative approach to the issue of homosexuality as a "homosexual conduct" paradigm, in contrast to the "gay identity" paradigm.

Understanding these two divergent paradigms is crucial to accurately understanding the position of social conservatives on the issue of homosexu-

ality. Social conservatives do *not* believe or argue that "gay people are inferior," as homosexual activists charge. What we believe and argue is that *homosexual conduct is harmful*—first and foremost to the people who engage in it, but also by extension to society at large.

Homosexual activists, and others who have accepted the gay identity paradigm, argue that the public policy debates revolve around whether "gay people are treated equally" to those who do not identify as homosexual. Social conservatives perceive the issues at stake completely differently. They believe, without question, that people who identify as homosexual, as individuals, should and do enjoy all the same rights under the Constitution and its Bill of Rights as any other American. However, social conservatives perceive the key issue in public policy debates as being whether *homosexual conduct* and *homosexual relationships* should be discouraged; treated as entirely private (that is, neither discouraged nor affirmed); or actively *protected, affirmed, and celebrated*. The latter is what homosexual activists demand.[6]

CLAIM #3

"People are born either straight, gay, lesbian, or bisexual."

While social conservatives view homosexual *conduct* as the most important aspect of sexual orientation for public policy debates, the question of the origin and nature of same-sex sexual *attractions* is an important scientific issue that lays the foundation for an understanding of homosexuality.

The gay identity paradigm is based on a belief or assumption that same-sex attractions develop because of a biological (and likely a genetic) characteristic that is present from birth and cannot be changed during the life course.

While this belief is widespread, the empirical case for it is actually quite weak. In the early 1990s, there was great hope in some circles that a "gay gene" would be found that would prove homosexuality to be fixed and determined genetically. This enterprise has proved to be a notable failure.[7]

This is not to say that there is no genetic *influence* on the development of same-sex attractions—but there is a significant difference between a trait being genetically *influenced* and genetically *determined*. In fact, the latest research involving identical twins (who have an identical genetic makeup) has shown such low concordance rates (the percentage of cases in which both twins identify as homosexual when at least one of them does) that the idea of homosexuality as a fixed, genetically *determined* trait must be considered to have been disproved.[8] As a recent review of the literature concluded,

> We can say with confidence that genes are not the sole, essential cause of sexual orientation; there is evidence that genes play a modest role . . . but little evidence to support a simplistic "born that way" narrative . . . .[9]

Some researchers have suggested non-genetic biological theories for the origin of same-sex attractions, such as hormonal influences or intra-uterine experiences.[10] However, none of these can be said to have been definitively, scientifically proven. *They remain the subject of legitimate scholarly debate.*

So if people are not born gay, where could same-sex attractions come from? Most researchers prior to the 1970's believed, as many still do today, that such attractions are primarily a developmental result of childhood experiences. This is *not* to say that there is any one pattern of childhood experience that always results in homosexuality, nor that there is any one such pattern that is common to the personal histories of all those who do develop same-sex attractions. Nevertheless, there are some patterns that appear frequently in the life histories of those with same-sex attractions. These include poor bonding with the same-sex parent or peers,[11] or having been a victim of child sexual abuse.[12]

These varied findings help illuminate how misguided is the question which is sometimes posed about the origins of homosexuality: "Are people born gay, or do they choose to be gay?" Contrary to stereotype, *social conservatives do* ***not*** *assert that people choose to be gay (if being gay* is defined merely as "experiencing same-sex attractions"). If same-sex attractions result from developmental forces in childhood, then they are *neither* inborn *nor* chosen.

The American Psychological Association has taken strongly pro-homosexual policy stances—yet even they acknowledge that multiple factors probably influence the development of same-sex attractions. They declared in 2008:

> There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.[13]

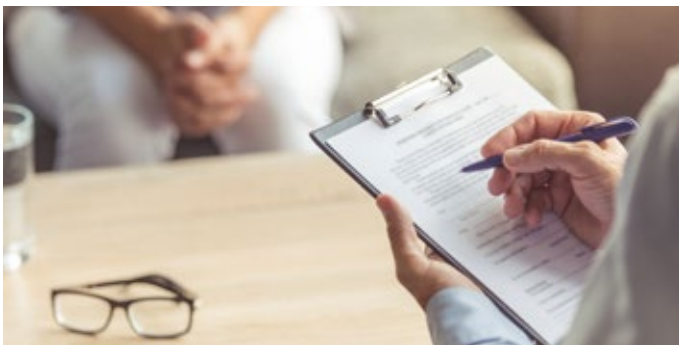
However, while people do not choose to experience same-sex attractions, they do choose whether or not to engage in homosexual conduct (and also choose whether or not to publicly self-identify as gay, lesbian, or bisexual). The position of many social conservatives is that all people—including people who experience same-sex attractions—should choose to *abstain from engaging in homosexual conduct*, because of the harms associated with that conduct.

CLAIM #4

"Gay people can never become straight. Therapy to change someone's sexual orientation never works and is always harmful."

Related to the question of the origins of same-sex attractions is the question of whether such attractions can change over time, or be changed as a result of therapeutic intervention. The gay identity paradigm assumes that people are born homosexual, and that a "homosexual person" cannot become straight any more than a black person can become white.

This assumption, however, flies in the face of a large body of both empirical and anecdotal evidence. There are many psychiatrists, psychologists, counselors, and therapists who have



reported success in treating clients for unwanted same-sex attractions. Much of this research and clinical experience has been reported in the peer-reviewed scholarly literature for decades.[14] In addition, there are many people who have given personal testimony to changes in any or all of the measures of their sexual orientation.[15]

"SEXUAL ORIENTATION CHANGE EFFORTS (SOCE) ARE BASED ONLY ON THE UNDENIABLE REALITY THAT *SOME PEOPLE EXPERIENCE SAME-SEX ATTRACTIONS AS SOMETHING UNWANTED.*"

Sexual orientation change efforts (SOCE) or "reorientation therapy" are often attacked on a number of grounds. Some argue that they are based on the flawed belief that homosexuality is a mental illness, a belief they claim was discredited by the American Psychiatric Association's 1973 decision to remove homosexuality from its official list of mental disorders.[16] Strictly speaking, however, such therapies are based only on the undeniable reality that *some people experience same-sex attractions as something unwanted.*

Social conservatives assert that such people should have a right to seek therapy to help them change, in accordance with the basic ethical principle in counseling of the client's autonomy in determining the goal of therapy.[17]

Others claim that such therapies are ineffective. Yet, as noted above, over nearly a century there have been many reports, based on personal testimonies, clinical experience, and peer-reviewed research, showing that some people can and do change from "gay" to "straight" on one, two, or even all three of the measures of sexual orientation.[18] *Social conservatives do not claim that such change is easy or automatic*, or that there is any particular method that is successful 100 percent of the time. Changing one's sexual orientation (whether it be attraction, conduct, or identity) is undoubtedly difficult, and not all who attempt it succeed. The same limitations are true in addressing other psychological issues. The question of how difficult or likely sexual orientation change may be is a *subject for legitimate debate*—but it is not plausible to make the argument (which is central to the gay identity paradigm) that change is impossible.

Finally, some claim that such therapies are actually harmful. However, this is a claim that must be supported by empirical evidence. The evidence in favor of the claim is almost entirely anecdotal, whereas there is research evidence that flatly contradicts such a charge.[19] The hypothetical possibility of harm for some individuals is a *subject for legitimate debate*—but it has certainly not been proven beyond a reasonable doubt, to an extent which would justify interfering with the professional freedom of therapists and the autonomy of clients to seek the outcomes they desire.

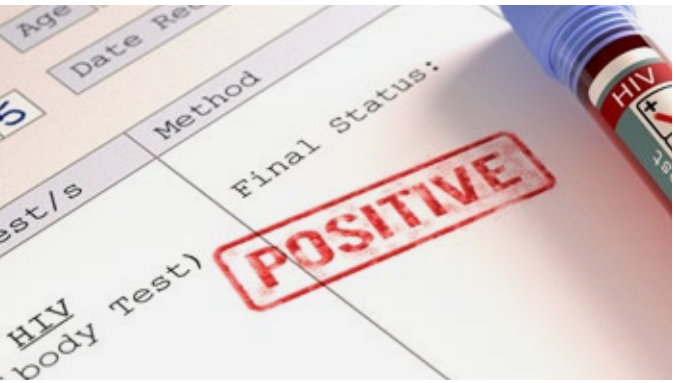
CLAIM #5

"Gay sex is no more harmful than any other type of sex."

The position of social conservatives regarding homosexuality is based on the conviction that homosexual conduct is objectively harmful. The most obvious evidence of this is the negative physical health consequences which can result directly from homosexual acts, and the most dramatic of those negative consequences is the highly elevated risk of HIV infection and AIDS among men who have sex with men (MSM). Of all the Americans who have died of AIDS since the epidemic began over three decades ago, more than 300,000 of them have been men

whose only known risk factor was that they had sex with other men.[20] The Centers for Disease Control report that men who have sex with men account for "[m]ore than two-thirds of all new HIV infections each year (70 percent, or an estimated 26,200 infections in 2014)," a rate that is "more than 44 times that of other men."[21] And the reason is no mystery—the CDC confirms, "Anal sex is the highest-risk sexual behavior,"[22] and the tendency of men who have sex with men to have multiple sex partners[23] is more effective at spreading it.

However, HIV/AIDS is not the only sexually transmitted disease for which men who engage in homosexual conduct are at risk.



The CDC warns:

> Sexually Transmitted Diseases (STDs) have been rising among gay and bisexual men, with increases in syphilis being seen across the country. In 2014, gay, bisexual, and other men who have sex with men accounted for 83% of primary and secondary syphilis cases where sex of sex partner was known in the United States. Gay, bisexual, and other men who have sex with men often get other STDs, including chlamydia and gonorrhea infections. HPV (Human papillomavirus), the most common STD in the United States, is also a concern for gay, bisexual, and other men who have sex with men. Some types of HPV can cause genital and anal warts and some can lead to the development of anal and oral cancers. Gay, bisexual, and other men who have sex with men are 17 times more likely to get anal cancer than heterosexual men.[24]

Although not as dramatic, problems with sexually transmitted disease are also found among women who have sex with women. The Office on Women's Health at the U.S. Department of Health and Human Services reports, "Some STIs are more common among lesbians and bisexual women and may be passed easily from woman to woman (such as bacterial vaginosis)." The same website describes other health risks faced by women who identify as homosexual that are not as directly a result of their sexual conduct; for example:

- "Several factors put lesbian and bisexual women at higher risk for developing some cancers. . . . [For example,] [l]esbians are less likely than heterosexual women to have had a full-term pregnancy. . . ."
- "Polycystic ovary syndrome (PCOS) . . . is the most common hormonal problem of the reproductive system in women of childbearing age. . . . Lesbians may have a higher rate of PCOS than heterosexual women."[25]

While those who suffer these illnesses are obviously the primary victims, such health problems impose a cost upon society as well. Billions of dollars have been spent in treating such illnesses, as well as in searching for cures and operating prevention programs, and in many cases the money must come from taxpayers and all who pay insurance premiums. Such expenditures

are necessary to meet the immediate need—but they could also have been avoided had people abstained from the behavior which leads to such illnesses. This is a large part of what social conservatives mean when we argue that homosexual behavior is harmful to society.

CLAIM #6

"Societal discrimination and stigma are the only reason why gays and lesbians have higher rates of mental health problems."

In addition to suffering higher rates of physical illness, evidence shows that people who identify as homosexual experience higher levels of mental illness as well. This fact is also *not in dispute*. For example, the Southern Poverty Law Center, in its article "10 Anti-Gay Myths Debunked," says one such myth is, "Gay people are more prone to be mentally ill and to abuse drugs and alcohol." Yet in their own explanation of "the facts," they admit that "it is true that LGBT people tend to suffer higher rates of anxiety, depression, and depression-related illnesses and behaviors like alcohol and drug abuse than the general population."[26]

Even the Gay and Lesbian Medical Association has noted these problems. For example, among men who identify as homosexual:

"Problems with body image are more common among gay men, and gay men are much more likely to experience an eating disorder such as bulimia or anorexia nervosa."

- "Gay men use substances at a higher rate than the general population, and not just in larger cities. These include a number of substances ranging from amyl nitrate ('poppers'), to marijuana, Ecstasy, and amphetamines."
- "Depression and anxiety appear to affect gay men at a higher rate than in the general population. . . . Adolescents and young adults may be at particularly high risk of suicide . . ."
- "Gay men use tobacco at much higher rates than straight men, reaching nearly 50 percent in several studies."[27]

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has reported about women who identify as homosexual:

- "Among adults, a study that examined the risk of psychiatric disorders among individuals with same-sex partners found that, during the previous 12 months, women with same-sex partners experienced more mental health disorders—such as major depression, phobia, and post-traumatic stress disorder—than did women with opposite-sex partners."

- Another study "found that lesbian and bisexual women who were 'out' experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women. Meanwhile, lesbian and bisexual women who were not 'out' were more likely to have attempted suicide than heterosexual women."
- "Studies have found that lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women."
- "A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women."[28]

The real debate is not over whether these problems exist, but over their cause. Whereas many of the physical health problems experienced by people who identify as homosexual are a direct result of their sexual conduct, it is much more difficult to identify direct causation in the case of mental illnesses. Social conservatives understand that correlation is not causation, and it is not clear whether homosexual conduct might lead to mental illness, mental illness might lead to same-sex attractions and/or homosexual conduct, or whether some independent factor or factors are also at work. Even if one accepts the declaration by the American Psychiatric Association in 1973 that homosexuality is not *in itself* a mental illness, there is no question that there is a *correlation* between homosexuality and higher rates of mental illness. The nature of and reasons for that correlation are likely highly complex, and are in any case *legitimate subjects for research and debat*e.

Those who believe in the gay identity paradigm, however, offer a single, simplistic answer for the high rates of mental illness among those who identify as homosexual—they claim that societal discrimination, or "stigma," is the cause. While this claim has theoretical appeal, it cannot merely be accepted as an article of faith—*it must be empirically verified.*

For example, if mental health problems among those who identify as homosexual were caused by discrimination, one would expect that they would be much more severe in places with higher levels of so-called "discrimination," and much less severe in places where people who identify as homosexual are widely accepted. *Yet this is not what the research shows.*

Referring to the "Dutch paradox," one study noted, "Despite the Netherlands' reputation as a world leader with respect to gay rights, homosexual Dutch men have much higher rates of mood disorders, anxiety disorders and suicide attempts than heterosexual Dutch men."[29] Researchers in the Netherlands who looked for changes over time stated, "Although we expected that disparities in rates of psychiatric disorders between homosexual and heterosexual persons would have decreased, as acceptance of homosexuality in Dutch society had increased, this was not supported."[30] A study conducted in Oregon found that even in areas with a more "supportive social environment," teenagers who self-identified as gay were *five times more likely* to attempt suicide than heterosexual teens.[31]

CLAIM #7

"The only reasons anyone opposes homosexual conduct are religious."

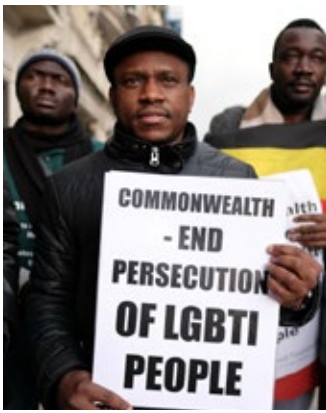
The central argument made by social conservatives in public policy debates over homosexuality, that homosexual conduct is harmful to those who engage in it and to society at large, does not rest on any particular religious teaching.

"AMERICAN HISTORY SHOWS THE ABSURDITY OF SUCH A CLAIM, FOR GREAT SOCIAL AND POLITICAL MOVEMENTS SUCH AS THE ABOLITION OF SLAVERY AND THE CIVIL RIGHTS MOVEMENT RESTED IN LARGE PART ON EXPLICITLY RELIGIOUS VALUES."

Of course, it is also true that many people of deep religious conviction—including those who hold to the traditional teachings of the three major monotheistic religions, Judaism, Christianity, and Islam—believe that engaging in homosexual conduct is contrary to the will of God (i.e., is a sin). Some supporters of the pro-homosexual political agenda make assumptions that the *only* reason for anyone to oppose that agenda is religious belief; that to bring religious belief to bear on public policy issues violates the "separation of church and state;" and that therefore opposition to their agenda is not only wrong on the merits, but is somehow illegitimate, and should be stifled, discounted, or ignored.

Such assumptions represent a misunderstanding of homosexuality, religion, and our political system alike. It has already been demonstrated that religion is not the only basis for opposing the forced affirmation of homosexual relationships. However, it is equally misguided to argue that the separation of church and state forbids bringing religious values to bear on public policy issues. Indeed, American history shows the absurdity of such a claim, for great social and political movements such as the abolition of slavery and the civil rights movement rested in large part on explicitly religious values.

However, some supporters of the homosexual political agenda are now going even beyond the argument they once used, that "you are free to believe what you want, just not to impose it on the law." Instead, they are beginning to attack religious teachings about homosexuality themselves, arguing that such teachings "harm gays and lesbians."[32]

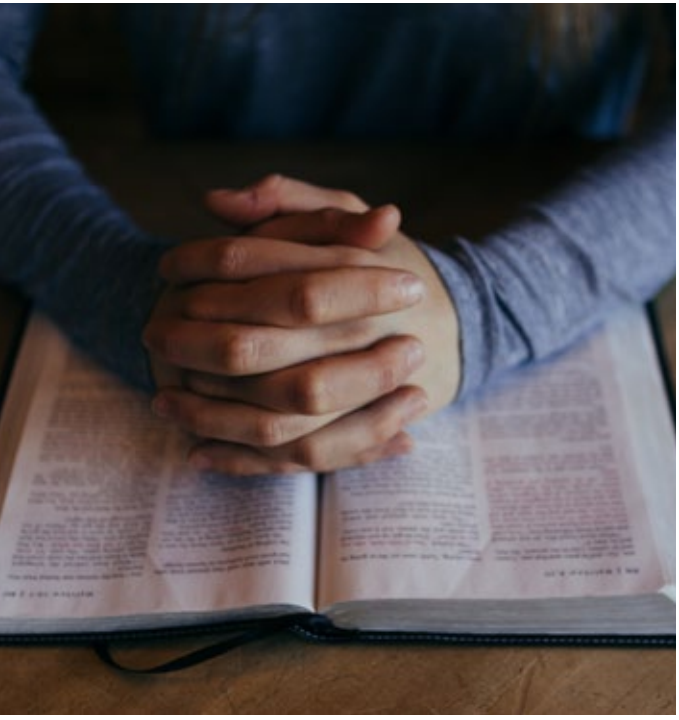


However, the attacks upon conservative religious teachings reflect the same confusion between the two paradigms of homosexuality that have already been described. Some people assume that religious teachings against homosexuality amount to a bigoted view that "gay people are inferior." Such a conclusion only makes sense, however, when viewed through the lens of the gay identity paradigm. *Religions that teach against homosexuality do not view it through that paradigm.* Just as described above in the secular context, people from conservative religions do not view homosexuality as an identity, but as a behavior.

The Bible and Christianity (which shape the religious beliefs of a majority of Americans) do not teach that "gay people are inferior." They teach that homosexual conduct is contrary to the will of God, and thus morally wrong

or sinful.[33] For Christians, to call someone a "sinner" is not to demean or denigrate that person in comparison to others, because *all human beings are sinners.* Christianity teaches that *all* of us need to repent of our sins, and that forgiveness of our sins comes only by the grace of God, and not because of any merit on our own part.

Earlier, it was noted that social conservatives do not identify anyone as "gay." We identify them as human beings, and grieve over a culture that describes the inherent identity of a person on the basis of their sexuality alone. But in the biblical context, this has even more meaning, for to be human is to be *created in the image of God.*[34] This is not a *lesser* thing, but a far *higher and better* thing, than to be ostensibly "born gay."

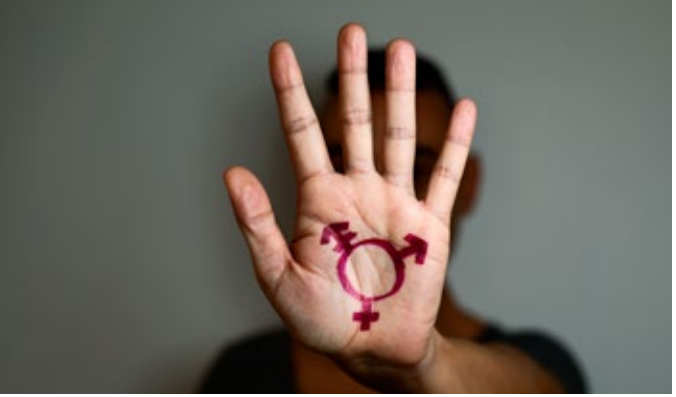


RESPONDING TO THE TRANSGENDER MOVEMENT

Like the homosexual movement, the transgender movement rests upon a distinct set of claims or assertions which actually have little factual or scientific foundation to support them.

Before we examine these claims, it is important to note both some similarities and some differences between the analysis of "sexual orientation" issues and the analysis of "gender identity" issues. As with sexual orientation, when examining "gender identity" or "gender expression," a distinction can be made between subjective feelings, overt physical acts or behavior, and private or public self-identification. A man (for example) may experience subjective feelings of discontent with his biological sex at birth; may engage in overt behaviors involving dress and grooming practices that usually characterize women; and/or, may subjectively believe or assert that he actually is a woman, and insist that others identify him as such.

As with same-sex sexual attractions, the origin of such subjective *feelings* (known as "gender dysphoria") is a matter of scientific interest, and those who experience them should be offered compassionate care to overcome those feelings. Cross-dressing *behaviors* (which also fall under the category of "gender expression") may sometimes be engaged in only on a temporary basis (by "transvestites") or for entertainment purposes (by "drag queens").



With homosexuality, social conservatives see the *behavior* (engaging in sexual acts with someone of the same sex) as the most problematic aspect, morally and in terms of public policy. But when it comes to the transgender issue, it is the *identification* (with a gender other than one's biological sex at birth) that raises the strongest objections. FRC believes that a biological male who asserts that he is female (or vice versa) is asserting an objective *falsehood*—which no law should force others to affirm.

Therefore, when referring only to the subjective feelings, FRC will generally refer to "people who experience gender dysphoria;" when referring only to overt behaviors, we will refer to "cross-dressing," or, more broadly, to "gender non-conforming behavior." When we use the phrase "people who identify as transgender," it will be in reference to those who assert a gender identity that is not consistent with their biological sex at birth, and who insist that others affirm that identity.

CLAIM #1

"Some people are born in the wrong body."

According to the new gender ideology, the word "sex" is restricted to the biological, while "gender" describes the social and cultural manifestation of sex: how a person feels and experiences his or her sexual identity and how it is shaped by culture.

If individuals are unhappy identifying with their biological sex at birth, they are, according to the American Psychiatric Association, suffering from "gender dysphoria."[35]

Some believe they were born with the body of one sex and the psyche of the other and want their bodies changed to match their internal "wiring." They want to convince others to see them as the other sex.

FRC affirms what has been accepted as both normative and indisputable: that the truth about sexual differences is objectively knowable and that redefining it will be harmful.

"NO ONE CAN CHANGE HIS OR HER SEX. THE DNA IN EVERY CELL IN THE BODY IS MARKED CLEARLY MALE OR FEMALE."

CLAIM #2

"Surgery can change a person's sex."

No one can change his or her sex. The DNA in every cell in the body is marked clearly male or female. Hormones circulating in an unborn child's brain and body shape his or her development. Psychiatrists and surgeons who have served clients who have undergone sex change surgery know that this surgery does not actually "change" sex. George Burou, a Moroccan physician, admitted: "I don't change men into women. I transform male genitals into genitals that have a female aspect. All the rest is in the patient's mind."[36]

CLAIM #3

"Only subjective distress makes 'gender dysphoria' a disorder."

Transgender activists, following the example of the homosexual activists in the 1970's, have objected to having their condition labeled a "disorder." They successfully lobbied the American Psychiatric Association to have the diagnosis of "Gender Identity Disorder" (GID) changed to "Gender Dysphoria."

Consequentially, the revised language in the APA's 2013 *Diagnostic and Statistical Manual* (DSM-5) says, "Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender."[37] But, to avoid the stigma transgender activists say they wish to discourage, why not simply remove the diagnosis from the DSM altogether, as was done with homosexuality? The APA says, "To get insurance coverage for the medical treatments, individuals need a diagnosis."[38]

Family Research Council believes that it is politics, not science, which has driven the conclusion that such a condition is not inherently disordered and is only problematic if it causes subjective distress.

Sander Breiner, a psychiatrist with clinical experience working with those who have had sex change surgery at Michigan's Wayne State University, declares, "[W]hen an adult who is normal in appearance and functioning believes there is something ugly or defective in their appearance that needs to be changed, it is clear that there is a psychological problem of some significance."[39] Paul McHugh, professor of psychiatry at Johns Hopkins, has declared bluntly, "It is a disorder of the mind. Not a disorder of the body."[40] Another psychiatrist, Rick Fitzgibbons, describes gender dysphoria as "a fixed false belief . . . [which is a manifestation] of a serious thinking disorder, specifically a delusion."[41]

What, then, causes a person to experience such dysphoria? While causality is difficult to determine, people who experience gender dysphoria are more likely to have been victims of child sexual abuse and to have a history of trauma, loss, and family disruption.[42]

CLAIM #4

"Gender non-conforming children will grow up to be transgender, and no treatment can prevent this."

Susan Bradley, M.D., of the University of Toronto, has worked extensively with children with gender identity disorder (GID). She regards GID as one of a number of attachment disorders. Bradley and Kenneth J. Zucker, two of the world's leading experts in GID in children, have declared that "clinicians should be optimistic, not nihilistic, about the possibility of helping the children to become more secure in their gender identity."[43]

Even without treatment, the cross-gender behavior generally resolves itself in either self-identification as homosexual or heterosexual. Roughly 75 percent will later self-identify as gay or lesbian. Only a tiny percent will undergo sex change surgery.[44] However, today trans-positive therapists encourage parents to accept GID as normal and allow the child to live as the other sex. As the child matures, the therapists prescribe puberty blocking drugs, preparing the child for a total sex change.[45]

Social acceptance is seen as a cure-all, but there is no evidence these children will avoid the negative outcomes associated with transgender identification, including higher rates of suicide attempts, completed suicides, overall mortality, and need for psychiatric inpatient care. Zucker and Bradley view failure to treat children in an effort to prevent a transsexual outcome (a person who has undergone sex change surgery) as "irresponsible."[46] Referring to medical interventions to block puberty in gender-variant children, Dr. McHugh of Johns Hopkins says bluntly, "This is child abuse."[47]

CLAIM #5

"Gender reassignment surgery is proven, safe, and effective."

Full transition involves hormone treatments, breast surgery (removal or implants), other cosmetic surgery, genital reconstruction, and a change of personal identification. However, not every person seeking to live as the other sex will decide to have full reconstructive surgery.

An association of doctors who perform gender reassignment surgery, the World Professional Association for Transgender Health (WPATH), has developed *Standards of Care for Gender Identity Disorders*.[48] Persons who seek cross-gender hormone therapy or gender reassignment surgery are supposed to be examined for undiagnosed disorders of sexual development or co-morbid psychological disorders. While the former (DSD) are rare, the latter are common—yet necessary and appropriate psychotherapy may not always be offered, and may be resisted by clients determined to obtain surgery.[49] In addition, only a handful of doctors in the U.S. actually perform gender reassignment surgery,[50] leading some people to seek it in other countries, such as Thailand, where conditions are more lenient. [51]

Gender reassignment surgery often does not achieve what patients hope for. Those who identify as transgender want to "pass" as the other sex. According to a large study of "transgender and gender non-conforming people," only 21 percent are able to "pass" all the time.[52]

The surgical procedures are not always successful and can be extremely painful. A lifetime of hormone treatments can also have profound physical and psychological consequences. Jon Meyer, M.D., Associate Professor of Psychiatry and Behavior Science at Johns Hopkins University, concluded, "My personal feeling is that surgery is not a proper treatment for a psychiatric disorder and it is clear to me that these patients have severe psychological problems that do not go away following surgery."[53]

However, not all those who demand that society recognize them as the other sex have—or even intend to have—surgical alterations to their bodies. The position of transgender activists is that people should be recognized as belonging to whatever gender they choose, *regardless* of the physical condition of their bodies.

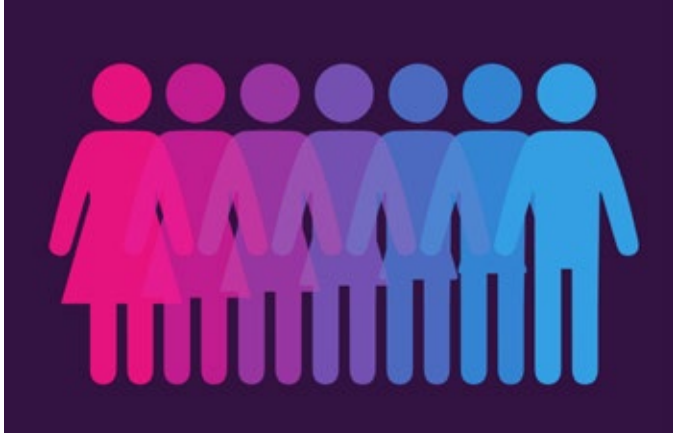
CLAIM #6

"Transgender people are not mentally ill or prone to high-risk behavior."

People with gender dysphoria or transgender identities are more likely than the general public to engage in high-risk behaviors, which may result from or contribute to psychological disorders (or both). Some of the high-risk behavior is directly related to their desire to change sex. For example, some people who identify as transgender self-mutilate or undergo procedures in

non-medical settings.[54] Others engage in high-risk sexual behavior such as prostitution, which places them at risk.[55]

High rates of suicide exist even among those who have already received gender reassignment surgery, which suggests that suicidal tendencies result from an underlying pathology.[56] Ironically, however, some applicants threaten suicide or self-mutilation as an argument *for* the approval of surgery.



CLAIM #7

"Gender is not 'binary,' and the existence of intersex people proves this."

To most Americans, it may seem radical to assert that a man can become a woman or a woman can become a man. However, the transgender movement has moved into even more radical territory—attacking what they call "the gender binary," that is, the idea that everyone should identify as either male or female. Those who adopt this approach sometimes refer to themselves as "genderqueer."[57]

One of the reasons for the rise of "genderqueer" is that transgender identities are extremely unstable. One source listed over 70 different gender identities.[58]

A misleading distraction is frequently raised in the context of this issue. A tiny percentage of people suffer from disorders of sexual development (DSD), sometimes referred to as an intersex condition (or as hermaphroditism). True hermaphrodites—those in whom sexual anatomy is ambiguous or clearly conflicts with their chromosomal make-up—are rare, estimated by one expert as "occurring in fewer than 2 out of every 10,000 live births."[59] The vast majority of those who identify as transgender are *not* "intersexed."

CLAIM #8:

"Mental health treatment cannot reduce gender dysphoria."

A psychologically healthy person accepts the reality of his or her sexual identity. Grief, discomfort, and anger over one's genetic makeup signal problems that can and should be addressed through counseling. The academic literature includes some clinical accounts of successful efforts to overcome gender identity problems.

Decades ago, there were already findings pointing "to the possibility of psychosocial intervention as an alternative to surgery in the treatment of transsexualism."[60] One of the most unfortunate results of the transgender movement is that this possibility has not been more thoroughly explored and developed.

SUMMARY: TRANSGENDER ISSUES

A person's sex (male or female) is an immutable biological reality. In the vast majority of people (including those who later identify as transgender), it is unambiguously identifiable at birth. There is no rational or compassionate reason to affirm a distorted psychological self-concept that one's gender identity is different from one's biological sex.

Neither lawmakers nor counselors, pastors, teachers, or medical professionals should participate in or reinforce the transgender movement's lies about sexuality—nor should they be required by the government to support such distortion.

CONCLUSION

In recent years, public discussions about homosexual and transgender issues have taken an ominous turn—ominous, that is, for the future of democracy, academic freedom, freedom of speech, and freedom of religion. Perhaps frustrated with the pace of social change in a democratic society, those demanding public affirmation of homosexual conduct and relationships and of non-biological gender identities have begun to abandon the methods of honest and respectful debate, and demand that no debate on the issues of sexual orientation or gender identity be permitted.

Ironically, those who accuse social conservatives of "repeated, groundless name-calling"[61] are themselves using that very tactic. When an individual or group—whether a politician, a non-profit organization, a local church, or an entire religion—has never said that they "hate" anyone; has consistently said that they *love* their neighbor; and has consistently pursued policies which they sincerely believe will preserve the life and health and improve the well-being of those involved; it can be nothing but name-calling to stigmatize them and seek to cut them out of the public conversation with the label of "hate."

If anything should be clear from the information shared here, it is that there are *legitimate grounds for debate* on the origin, nature, and consequences of both homosexuality and gender dysphoria. Let all people of goodwill—regardless of their politics, religion, sexual orientation, or gender identity—agree that the debate should continue, with a respect for honest research and for the freedom of thought, speech, and religion.

ENDNOTES

1 Jack Phillips of Masterpiece Cakeshop in Lakewood, Colorado was charged with discrimination after he declined to create a custom wedding cake for a same-sex ceremony because it would violate his religious conscience. In a 2014 hearing before the Colorado Civil Rights Commission, Commissioner Diann Rice said, "Freedom of religion and religion has been used to justify all kinds of discrimination throughout history, whether it be slavery, whether it be the Holocaust . . . [T]o me it is one of the most despicable pieces of rhetoric that people can use . . ." See: Transcript, Colorado Civil Rights Commission Meeting, *In re: Craig v. Masterpiece Cakeshop*, July 25, 2014, p. 12, http://www.adfmedia.org/files/MasterpieceHearingTranscript.pdf.

2 The original version of the SPLC's list of "anti-gay groups," published in November 2010, listed 18, only 13 of which were actually designated "hate groups." Evelyn Schlatter, "18 Anti-Gay Groups and Their Propaganda," Intelligence Report (Southern Poverty Law Center), Winter 2010, Issue 140, accessed December 19, 2017, https://www.splcenter.org/fighting-hate/intelligence-report/2010/18-anti-gay-groups-and-their-propaganda. As of 2016, the list had expanded to 45 "anti-LGBT hate groups." See: "Anti-LGBT," Southern Poverty Law Center, accessed December 19, 2017, https://www.splcenter.org/fighting-hate/extremist-files/ideology/anti-lgbt.

3 Paul Bedard, "Southern Poverty Law Center website triggered FRC shooting," *Washington Examiner*, February 6, 2013, accessed December 19, 2017, http://www.washingtonexaminer.com/southern-poverty-law-center-website-triggered-frc-shooting/article/2520748.

4 The American Psychological Association cites all of these in its definition of "sexual orientation," and adds a fourth element, "membership in a community":

> "Sexual orientation refers to an enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions."

"Sexual Orientation & Homosexuality," American Psychological Association, accessed December 19, 2017, http://www.apa.org/topics/lgbt/orientation.aspx.

5 For example, two researchers using data from the National Survey of Family Growth between 2002 and 2013 found that among those who identify as heterosexual, 2 percent of men and 10 percent of women had had a same-sex sexual partner. Such incongruity between identification and behavior is even more common among those who identify as homosexual, however, where 39 percent of the men and a majority (59 percent) of the women had had a partner of the other sex. See: Eliza Brown and Paula England, "Sexual orientation versus behavior—different for men and women?" *Contexts*, February 29, 2016, accessed December 19, 2017,

https://contexts.org/blog/sexual-orientation-versus-behavior-different-for-men-and-women/; Casey E. Copen, et al., "Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18–44 in the United States: Data From the 2011–2013 National Survey of Family Growth," *National Health Statistics Reports* 88 (2016): 10-11, accessed December 19, 2017, https://www.cdc.gov/nchs/data/nhsr/nhsr088.pdf.

6 For example, having already succeeded in forcing all fifty states to affirm and celebrate same-sex relationships as civil marriages via a Supreme Court decision—*Obergefell v. Hodges*—activists are now seeking to force private businesses such as those in the wedding industry to participate in the celebration of such ceremonies as well. The Supreme Court has heard the case of the Colorado baker who was found guilty of discrimination for declining to create an original wedding cake for a same-sex ceremony: *Masterpiece Cakeshop v. Colorado Civil Rights Commission*, Docket No. 16-111. A ruling in the case will likely occur in June 2018.

7 Even the American Psychological Association—which is highly supportive of many aspects of the homosexual agenda—was forced to admit, "Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors." See: "Sexual Orientation & Homosexuality," American Psychological Association.

8 A 2008 study in Sweden revealed concordance rates of 12.1 percent for women and only 9.9 percent for men. See: Niklas Langstrom, Qazi Rahman, Eva Carlstrom, Paul Lichtenstein, "Genetic and Environmental Effects on Same-sex Sexual Behavior: A Population

Study of Twins in Sweden," *Archives of Sexual Behavior* 39 (2010): 75-80, accessed December 19, 2017, https://www.ncbi.nlm.nih.gov/pubmed/18536986.

A 2002 study in the U.S. showed concordance rates of only 5.3 percent for female twins and 6.7 percent for males, and the authors declared that this finding "does not suggest genetic influence independent of social context. . . . [O]ur results support the hypothesis that less gendered socialization in early childhood and preadolescence shapes subsequent same-sex romantic preferences." See: Peter S. Bearman and Hannah Brückner, "Opposite-Sex Twins and Adolescent Same-Sex Attraction," American Journal of Sociology 107 (2002): 1179-1205, accessed December 19, 2017, https://pdfs.semanticscholar.org/112f/8e9c215945b50e953394346c652e301d6828.pdf.

9 Lawrence S. Mayer and Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Science," *The New Atlantis* 50 (2016): 34, accessed December 19, 2017, http://www.thenewatlantis.com/docLib/20160819_TNA50SexualityandGender.pdf.

10 E.g., Melissa Hines, "Prenatal endocrine influences on sexual orientation and on sexually differentiated childhood behavior," *Frontiers in Neuroendocrinology* 32(2) (2011): 170–182, accessed December 19, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3296090/?log$=activity.

11 See, for example, Joseph Nicolosi & Linda Ames Nicolosi, *A Parent's Guide to Preventing Homosexuality* (Downers Grove, Ill.: InterVarsity Press, 2002).

12 One recent study stated, "We found that individuals who identify themselves as gay, bisexual, or heterosexual with some same-sex partners have sharply increased risks of experiencing CSA [child sexual abuse] than heterosexuals who report neither same-sex partners nor attraction. This is in agreement with previous studies which have shown high prevalence rates of CSA among gay and bisexual individuals . . ." These authors, however, shied away from any inference of causality, instead blaming the victims by theorizing that "some of these individuals may have declared their sexual preference or exhibited subtle behavioral cues that identified them as more vulnerable and thus targets for sexual abuse by predators." Thersa Sweet, and Seth L. Welles, "Associations of Sexual Identity or Same-Sex Behaviors With History of Childhood Sexual Abuse and HIV/STI Risk in the United States," *JAIDS Journal of Acquired Immune Deficiency Syndrome* 59 (2012): 403-405, accessed December 19, 2017, http://journals.lww.com/jaids/Fulltext/2012/04010/Associations_of_Sexual_Identity_or_Same_Sex.13.aspx

13 "Sexual Orientation & Homosexuality," American Psychological Association.

14 A comprehensive summary of this research can be found in: James E. Phelan, Neil Whitehead, Philip M. Sutton, "What Research Shows: NARTH's response to the APA Claims on Homosexuality," *Journal of Human Sexuality* 1 (2009): 9-39.

15 For example, Focus on the Family has provided lists and links: "Do People Change from Homosexuality? Hundreds of Stories of Hope and Transformation (Part I)," Focus on the Family, accessed December 19, 2017,

http://www.focusonthefamily.com/socialissues/sexuality/freedom-from-homosexuality/do-people-change-from-homosexuality-hundreds-of-stories-of-hope-and-transformation-part-1; (Part II)

http://www.focusonthefamily.com/socialissues/sexuality/freedom-from-homosexuality/do-people-change-from-homosexuality-hundreds-of-stories-of-hope-and-transformation-part-2; (Part III)

http://www.focusonthefamily.com/socialissues/sexuality/freedom-from-homosexuality/do-people-change-from-homosexuality-hundreds-of-stories-of-hope-and-transformation-part-3.

16 For a detailed and objective history of this decision—including its highly politicized nature—see Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton, N.J.: Princeton University Press, 1981).

17 For example, in 2010 the California Association of Marriage and Family Therapists (CAMFT) received a proposal that it declare that "it is unethical for clinicians to recommend or support treatments that seek to alter a person's sexual orientation or mode of gender expression." The CAMFT rejected the proposal, however, and instead adopted a statement cautioning, "Therapists should obtain appropriate informed consent that respects patient autonomy . . . . Therapists should also examine their own values, ideas, and beliefs and should not exert undue influence on patients." While the latter

warning could apply to conservative therapists dealing with self-identified homosexual clients, it could also apply to liberal ones dealing with clients whose same-sex attractions are unwanted. See:

"CAMFT Board Adopts Recommendations of Ethics Committee...Does not Adopt Proposed Statement on SOCE," California Association of Marriage and Family Therapists, January 12, 2011, accessed December 19, 2017, http://www.camft.org/COS/About_CAMFT/Association_Docs/Governance/Board_adopts_recommendations_of_Ethic_Committee.aspx?WebsiteKey=8e6183d3-f25b-47e1-bcef-8e2b023c58ba.

18 Phelan, et al., 2009.

19 In one survey of over 800 clients of change therapies, only 7.1 percent said they were worse in as many as three of the seventy categories of potential negative consequences. Joseph Nicolosi, A. Dean Byrd, Richard W. Potts, "Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients," *Psychological Reports* 86 (2000): 1071-88, accessed December 19, 2017, https://www.ncbi.nlm.nih.gov/pubmed/10932560; Phelan, et al., 42.

Authors of the most rigorous study ever conducted on persons seeking reorientation looked for evidence of harm using standardized measures of "psychological distress," "spiritual well-being," and "faith maturity." They concluded, "We found no empirical evidence in this study to support the claim that the attempt to change sexual orientation is harmful." Stanton L. Jones and Mark A Yarhouse, E*x-gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Downers Grove, Ill.: IVP Academic, 2007), 359. Although critics of SOCE often cite a 2009 American Psychological Association report that discouraged SOCE, its detailed findings admitted that "we cannot conclude how likely it is that harm will occur from SOCE" because "recent studies do not provide valid causal evidence" of such harm. See: "Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation," American Psychological Association, August 2009, 42, accessed December 19, 2017, https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf.

20 "HIV Surveillance Report," Centers for Disease Control and Prevention, November 2016, accessed December 19, 2017, Table 13a, p. 67, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf.

21 "CDC Fact Sheet: HIV among Gay and Bisexual Men," Centers for Disease Control and Prevention, February 2017, accessed December 19, 2017, https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf.

22 "Gay and Bisexual Men's Health: HIV/AIDS," Centers for Disease Control and Prevention, February 29, 2016, accessed December 19, 2017, https://www.cdc.gov/msmhealth/HIV.htm.

23 For example, data from the National Health and Nutrition Examination Surveys collected from 2001-2006, as reported by researchers for the CDC in 2010, showed that men who had had sex with men had a median number of lifetime sex partners that was three times as high as other men (19.1 vs. 6.3 partners). In addition, a majority (59.1 percent) of men who had had sex with a man in the last year had had two or more sex partners in the last year, while among men who had not had sex with a man in the past year, fewer than a third as many (18.4 percent) had had two or more sex partners in the last year. See: Fujie Xu; Maya R. Sternberg; Lauri E. Markowitz; "Men Who Have Sex With Men in the United States: Demographic and Behavioral Characteristics and Prevalence of HIV and HSV-2 Infection: Results from National Health and Nutrition Examination Survey 2001–2006," *Sexually Transmitted Diseases* 37 (2010): 401-402, accessed December 19, 2017, http://journals.lww.com/stdjournal/fulltext/2010/06000/Men_Who_Have_Sex_With_Men_in_the_United_States_.13.aspx.

24 "Gay and Bisexual Men's Health: Sexually Transmitted Diseases," Centers for Disease Control and Prevention, March 9, 2016, accessed December 19, 2017, https://www.cdc.gov/msmhealth/STD.htm.

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29 Sanjay Aggarwal & Rene Gerrets, "Exploring a Dutch paradox: an ethnographic investigation of gay men's mental health," *Culture, Health & Sexuality* 16 (2014), accessed December 19, 2017, http://www.tandfonline.com/doi/abs/10.1080/13691058.2013.841290.

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31 Mark L. Hatzenbuehler, "The Social Environment and Suicide Attempts in Lesbian, Gay, and Bisexual Youth," *Pediatrics* 127 (2011): 896-903, accessed December 19, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081186/.

32 In a federal district court decision against California's marriage amendment, Proposition 8, one of the "findings of fact" by Judge Vaughn Walker was, "Religious beliefs that gay and lesbian relationships are sinful or inferior to heterosexual relationships harm gays and lesbians." *Perry et al. v. Schwarzenegger et al.*, 704 F. Supp. 2d 921 (2010). Similarly, an August 2017 manifesto by a group calling itself "Christians United in Support of LGBT+ Inclusion in the Church" said, "WE AFFIRM that non-inclusive teaching causes significant psychological and spiritual harm to LGBT+ individuals" and "has caused hundreds of thousands of individuals to face bullying, abuse, and exclusion . . ." They demanded that those who promote traditional moral teachings "must publicly repent and seek reconciliation with the LGBT+ community for the harm that has been done to them . . ." See: "The Statement," Christians United, August 30, 2017, accessed December 19, 2017, http://www.christiansunitedstatement.org/.

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https://cbmw.org/nashville-statement/.

34 Gn 1:27, "And God created man in His own image, in the image of God He created him; male and female he created them."

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44 Zucker and Bradley, 283-301.

45 Peggy Cohen-Ketteris et al., "The treatment of adolescent transsexuals: Changing insights," *International Journal of Sexual Medicine* 5 (2008): 1892-1897, https://www.ncbi.nlm.nih.gov/pubmed/18564158; Alan Mozes, "Puberty Suppression Benefits Gender-Questioning Teens: Study," *HealthDay*, September 10, 2014, accessed December 19, 2017, https://consumer.healthday.com/men-s-health-information-24/men-s-problems-health-news-469/puberty-suppression-benefits-gender-questioning-teens-study-691538.html.

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