



WISCONSIN FAMILY COUNCIL  
Marriage|Family|Life|Liberty

PO Box 14440 • Madison WI 53708  
608-256-3228 (Madison) • 888-378-7395 (toll-free) • 608-256-3370 (fax)  
info@wifamilycouncil.org • www.wifamilycouncil.org

## TALKING POINTS FOR MILWAUKEE'S PROPOSED BAN ON CONVERSION/RAPARATIVE THERAPY & COUNSELING

### Key Points:

- The proposal uses a very broad definition of “person” which ensures every individual and every organization in the City of Milwaukee, including churches, are targeted.
- The proposal basically says the only acceptable form of counseling and/or therapy for same-sex attraction and gender identity issues is that which affirms and encourages the person seeking help.
- Enforcement by the police department is unwarranted. Typically in matters of this sort, complaints are filed with a department, not with law enforcement. This seems more like a scare-tactic than anything.
- The fines and punishment are steep. What are they modeled on? What other laws in Milwaukee have similar penalties and fines?
- During testimony at the Committee hearing on this proposal, one of the main reasons for this ban seems to be to comply with the Human Rights Commission's requirements in order to get a better rating for the City of Milwaukee relative to being LGBTQ-friendly.
- This proposal strips parents of the right to make decisions for their children.

Agreement Statement: Parents are best at parenting.

### Supporting Statements:

- Children are intimately known and lovingly protected by their parents.
  - **Fact:** It is well-established in our law that parents have the fundamental right to direct the care, upbringing, and education of their children.<sup>1</sup>
  - **Fact:** Research has clearly shown that children need their parents and that parents are best situated to meet children's individual needs. For example, children raised by their married parents are far less likely to experience poverty, teen pregnancy, mental or physical health issues, or substance abuse—and far more likely to achieve higher education levels.<sup>2</sup>
- Parents willingly sacrifice their own interests—even to the point of giving their very lives—for their children.
- Government officials pass laws designed to do the most good for the most people, but parents are best situated to determine how to do the most good for their **one** child.
  - **Fact:** For example, the UK signed a law on children's rights that allows others besides parents to determine what's in the best interest of a child. This led to the tragic 2017 case of baby Charlie Gard. The plight of Charlie's parents sparked an international outcry as the world watched in horror while a children's hospital and judge were given more authority over little Charlie than

<sup>1</sup> *Meyer v. Nebraska*, 262 U.S. 390 (1923) (“It is the natural duty of the parents to give his children education suitable to their station in life.”); *Pierce v. Soc’y of Sisters*, 268 U.S. 510 (1925) (“The child is not the mere creature of the State; those who nurture him and direct his destiny the right coupled with the high duty to recognize and prepare him for additional obligations.”); *Prince v. Massachusetts*, 321 U.S. 158 (1944) (“It is cardinal with us that the custody, care and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder.”).

<sup>2</sup> Mary Parke, Are Married Parents Really Better for Children?, *Center for Law and Social Policy* (May 2003), available at <https://www.clasp.org/sites/default/files/public/resources-and-publications/states/0086.pdf>.

his parents in determining whether he would be given a chance to live.

- A mother's [parent's] instinct is no match for a bureaucrat's [or insert appropriate term for your situation] good intentions.
  - **Fact:** Nearly all of us can name a child who has defied a medical diagnosis or exceeded expectations in some way—usually because parents intervened to fight on behalf of their child.
- This issue [fill in for your specific situation] raises an important question—are these children in the care of the government, or their parents?
- When we let parents parent, children will thrive because their best interests become the priority.

## SOCE-SPECIFIC TALKING POINTS

**Agreement Statement:** When children are experiencing their deepest struggles, that is the time for families and their trusted medical professionals to stand in the gap. It is *not* the time for the government to take children's access to mental healthcare hostage to advance a political agenda.

### Supporting Statements – Harm to Children

When children are experiencing their greatest struggles, that is the time to *increase*—not decrease—their access to licensed mental healthcare.

**Fact:** “Gender Dysphoric children who do not receive counseling have a higher risk of behavioral and emotional problems and psychiatric diagnosis.”<sup>3</sup>

**Fact:** Children struggling with gender identity tend to also exhibit other psychological problems such as depression, anxiety, self-harm, and thoughts of suicide.<sup>4</sup>

Therapy bans treat children discriminately by denying only *certain* minors (those with unwanted same-sex attraction, for example) access to licensed mental health practitioners to accomplish their personal goals—while preserving mental healthcare access for others.

Basic talk therapy to help children work through serious issues is a much safer and verified form of treatment compared to untested puberty-suppressing drugs and cross-sex hormones.

It is wrong to force a child to embrace an identity that was forced upon them by their abuser.

**Fact:** Tragically, one of the most common causes of same-sex attraction or gender confusion in children is sexual abuse.

### Supporting Statements – Parental Rights

---

<sup>3</sup> Norman Spack, et. al, *Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center*, Pediatrics (2012), 422 DOI: 10.1542/oeds.2011-0907, (2012)

“<http://pediatrics.aappublications.org/content/early/2012/02/15/peds.2011-0907>

(“Transgender youths are also at higher risk of substance abuse, suicidal ideation, and suicidal attempts. Of our patient population, 44.3% had a prior history of psychiatric diagnoses, 37.1% were taking psychotropic medications, and 21.6% had a history of self-injurious behavior”).

<sup>4</sup> *Id.*

When we let parents parent, children thrive because their best interests—not those of the government or any political agenda—become the priority.

**Fact:** Parents have the constitutionally protected right to direct the care and upbringing of their children, including decisions about medical treatment.

**Fact:** Therapy bans strip parents of the tools they need to help children dealing with unwanted same-sex attraction or struggles with gender identity.

**Fact:** Therapy ban proposals create an incredible logical disconnect. A parent is allowed to obtain professional counseling for their child for unwanted depression, unwanted social anxiety, and even unwanted heterosexual attraction, but is denied treatment for their child for unwanted same-sex attraction.

Therapy bans deny parents the right to raise their children according to their religious/spiritual beliefs.

**Fact:** Therapy ban proposals treat families discriminately—denying *some* parents their right to seek out licensed therapists who support their family's goals and values, while upholding that right for others.

## Supporting Statements - Patient Goals

Patients and their families, along with their counselors, should direct their own therapeutic goals—not the government.

**Fact:** Therapy ban proposals deny minors and their parents the right to freely choose their own therapeutic goals.

**Fact:** The American Psychological Association's Principles of Ethics states that it is the ethical duty of licensed health care workers to "respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination."<sup>5</sup>

Therapy ban proposals impose the government's own political viewpoint about adolescence and sexuality on patients and mental healthcare professionals.

**Fact:** These proposals are based on the premise that all same-sex attraction should be wanted for anyone of any age and deny individual's the ability to pursue therapy that is open to change and a different viewpoint.

Therapy ban proposals give the government the power to treat patients discriminately.

**Fact:** Patients who struggle with *unwanted* same-sex attraction or *unresolved* gender dysphoria are denied access to therapy that affirms their identity and goals, while patients who identify as LGBT have free access to therapy that affirms their goals.

---

<sup>5</sup> AMERICAN PSYCHOLOGICAL ASSOCIATION, ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT, *General Principle E*, available at <http://www.apa.org/ethics/code/>.

## Supporting Statement – Medical Professionals

Therapy ban proposals treat medical professionals discriminately—permitting some to help patients achieve their goals, while excluding others with potentially career-ending regulation.

**Fact:** Therapy ban proposals permit therapists to see a patient to talk through *unwanted heterosexual* attraction, but prohibit therapists from seeing patients who want talk through *unwanted homosexual* attraction.

Therapy ban proposals permit the government to unconstitutionally impose their favored viewpoint on sex and sexuality on *all* healthcare professionals.

**Fact:** Therapy ban proposals are the government's stamp of approval on *all* same-sex attraction as healthy and acceptable for *any* individual of *any* age.

**Fact:** Therapy ban proposals are the government's stamp of approval on *any* measure taken to live out *any* self-declared gender identity.

**Fact:** When the government plays favorites in this way, it engages in unconstitutional viewpoint discrimination.

**Fact:** When the government plays favorites in this way, it engages in unconstitutional content restrictions on the freedom of speech.

## Supporting statement – Religious Freedom

Therapy ban proposals encroach on the autonomy of the church and infringe on the constitutionally guaranteed religious freedom of individuals and churches and religious organizations/ministries.

The language of this proposal wrongly burdens the free exercise of religion. Some of those who seek counseling to address sexual orientation or gender identity do so for religious reasons. That is, their religious belief informs them that they should not act upon same-sex attractions or that they should seek to live consistent with their God-given biological sex. And some counselors who offer such counseling therapy likewise do so for religious reasons. This proposal will burden the free exercise of religion of these patients and providers.

Churches or faith-based counseling centers will be charged with violating the law just because they don't agree that the best way to help a minor struggling with same-sex attraction or gender identity issues is to affirm and encourage their feelings and behaviors. Pastors and others have the right to preach, teach and counsel consistent with their religious beliefs. It is unacceptable that the City of Milwaukee would seek to infringe on that right in any way.

### SOCE DEFENSIVE

*The following are the main claims against SOCE therapy by opponents and recommended ways to address those claims.*

**Claim:** "Conversion therapy" is harmful to children

- Example: “So-called ‘conversion therapy’ is nothing more than child abuse and those who inflict it on others must be held accountable.”<sup>6</sup>
- Key language used often: conversion/reparative counselig/therapy is “dangerous”, “harmful”, and “abusive.”<sup>7</sup>
- **Counter Point:** There is zero scientific evidence connecting SOCE therapy to any kind of tangible harm. Children struggling with sexuality, or who desire for their sexuality to align with their faith, should be free to talk about these deep and confusing feelings.
  - The American Psychological Association has concluded, “[t]here are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom.”<sup>8</sup> How this conclusion has turned into the exact opposite, as you will find in many legislative findings of therapy ban proposalss, is one example of the deceptive practices being employed to pass these proposalss.<sup>9</sup>

**Claim:** There are no credible studies or scientific evidence that demonstrate that conversion therapy works.

**Response:** These kinds of statements discount the personal experience shared by many children (now adults) who have been able to achieve sexual integrity by talking through struggles with same-sex attraction or gender identity.

- **Fact:** Dr. Nicholas Cummings (former President of the APA) stated, “Of the patients I oversaw who sought to change their orientation, hundreds were successful....But contending that all same-sex attraction is immutable is a distortion of reality. Attempting to characterize all sexual reorientation therapy as ‘unethical’ violates patient choice and gives an outside party a veto over patients’ goals for their own treatment. A political agenda shouldn’t prevent gays and lesbians who desire to change from making their own decisions.”<sup>10</sup>
- **Fact:** Studies have shown that “[i]ndividuals with GID have no proven genetic, anatomic, or hormonal abnormalities, but present with psychological symptoms, including anxiety, depression, or suicidal ideation; a significant number engage in self-harm behaviors.”<sup>11</sup> All of

<sup>6</sup> Chad Griffin, Human Rights Campaign President, Human Rights Campaign, (April 25, 2017) <http://www.hrc.org/blog/legislation-to-protect-consumers-from-fraudulent-conversion-therapy>.

<sup>7</sup> See, *supra* note 1 and *infra* note 6.

<sup>8</sup> Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, (2009) Washington, D.C., APA <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>, at 83 (It is important to note this taskforce was very bias. The taskforce consisted of 7 members. 6 identified as LGBT and all were activists for gay rights. The report dismisses any religious, moral, or ethical reasons for why one might oppose their same-sex feelings or gender confusion. The task-force ignores peer-reviewed papers that do not support their position. The taskforce recommended only positions that encourage the exploration of the LGBT lifestyle or gender “non-conformity”. JOSEPH NICOLosi, WHO WERE THE APA “TASK FORCE” MEMBERS? WHAT THE COURTS DON’T KNOW, <http://www.narth.com/2013/09/additional-perspectives-on-legal-issues-surrounding-soce-ban-legislation/#!important-updates/c19sp>, NARTH report (2009)).

<sup>9</sup>The types of practices proponents are seeking to ban haven’t been used in decades by *any licensed* mental healthcare professional. “[T]he parade of horrors derived from aversion techniques, such as electroshock treatments, pornographic viewing, nausea-inducing drugs, etc. are unethical methods of treatment that have not been used by any ethical and licensed mental health professionals in decades, and . . . mental health professionals who engaging in such practices should have their licenses revoked.” See, App. For Temp. Restraining Order, King v. Christie, Case 3:13-cv-05038-FLW-LHG (2013).

<sup>10</sup> Nicholas Cummings, SEXUAL REORIENTATION THERAPY NOT UNETHICAL, *USA Today*, July 30, 2013, <https://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>.

<sup>11</sup> Norma P. Spack, *et al.*, CHILDREN AND ADOLESCENTS WITH GENDER IDENTITY DISORDER REFERRED TO A PEDIATRIC MEDICAL CENTER, March 2012. originally published online February 20,2012; DOI: 10.1542/peds.2011-0907; available online at <http://pediatrics.aappublications.org/content/early/2012/02/15/peds.2011-0907>

these psychological struggles are exactly why minors struggling with gender identity need access to professional care.

- **Fact:** Studies DO strongly demonstrate that 80-95% of adolescents outgrow gender dysphoria.<sup>12</sup> Access to therapy to help these children resolve gender dysphoria should not be stigmatized or, worse yet, banned—these children need access to basic talk therapy.

---

<sup>12</sup> See, e.g. Michelle A. Cretella, *Gender Dysphoria in Children and Suppression of Debate*, <http://www.jpands.org/vol21n02/cretella.pdf>.