

IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA DIVISION

ROBERT L. VAZZO, LMFT, individually  
and on behalf of his patients, DAVID H.  
PICKUP, LMFT, individually and on  
behalf of his patients,

CASE NO. 8:17-cv-02896-CEH-AAS

Plaintiffs,

v.

CITY OF TAMPA, FLORIDA,

Defendant.

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DEFENDANT, CITY OF TAMPA'S, NOTICE OF FILING AND REQUEST THAT  
COURT TAKE JUDICIAL NOTICE OF CERTIFIED COPY OF CITY CLERK FILE  
NOS. E2017-48, E2017-8 CH 14, AND E2017-8 CH 19 PERTAINING TO THE  
ADOPTION OF ORDINANCE NO. 2017-47, AND MEMORANDUM OF LAW IN  
SUPPORT THEREOF

Defendant, City of Tampa ("City"), hereby gives notice of filing, and requests that the Court take judicial notice, of the attached certified copy of City Clerk File Nos. E2017-48, E2017-8 CH 14, and E2017-8 CH 19 pertaining to the adoption of Ordinance No. 2017-47. In support thereof the City alleges as follows:

Background

1. On April 6, 2017, Tampa City Council passed Ordinance No. 2017-47 relating to conversion therapy on patients who are minors ("the Ordinance"), and on April 10, 2017, Mayor Buckhorn approved the Ordinance.

2. A certified copy of the City Clerk file in connection with this matter, denominated as "City Clerk File Nos. E2017-48, E2017-8 CH 14, and E2017-8 CH 19

pertaining to the adoption of Ordinance No. 2017-47 relating to conversion therapy on patients who are minors . . . .” (“certified copy of the City Clerk File”), is attached hereto.

3. The City requests that the Court take judicial notice of the certified copy of the City Clerk File.

#### Argument

Pursuant to Federal Rule of Evidence 201(b), the Court “may judicially notice a fact that is not subject to reasonable dispute because it: (1) is generally known within the trial court’s territorial jurisdiction; or (2) can be accurately and readily determined from sources whose accuracy cannot be reasonably questioned.” In *Universal Express Inc. v. United States Securities and Exchange Commission*, 177 Fed. Appx. 52, 53 (11<sup>th</sup> Cir. 2006), the Eleventh Circuit, in addressing judicial notice, stated:

A district court may take judicial notice of certain facts without converting a motion to dismiss into a motion for summary judgment. *See Bryant v. Avado Brands, Inc.*, 187 F.3d 1271, 1278 (11<sup>th</sup> Cir. 1999). Public records are among the permissible facts that a district court may consider. *See Stahl v. U.S. Dep’t of Agric.*, 327 F.3d 697, 700 (8<sup>th</sup> Cir. 2003) (‘The district court may take judicial notice of public records and may thus consider them on a motion to dismiss.’)

In the matter at hand, the certified copy of the City Clerk File is clearly a public record and is central to Plaintiffs’ claims. Plaintiffs’ lawsuit expressly challenges the Ordinance, and Plaintiffs have attached to their Complaint as an exhibit, and incorporated by reference, an uncertified copy of the Ordinance. (Doc. 1, ¶ 22.) The authenticity of the certified copy of the City Clerk File, moreover, should not be subject to dispute as it has been certified by the City Clerk as being a true and correct copy.

Accordingly, the City respectfully requests that this Honorable Court take judicial notice of the attached certified copy of the City Clerk File.

Consultation with Plaintiffs' Counsel

In accordance with Local Rule 3.01(g), the City's counsel has conferred with Plaintiffs' counsel concerning the relief set forth herein and counsel for Plaintiffs object to the relief requested herein.

/s/ Jerry M. Gewirtz

Jerry M. Gewirtz, Esquire  
Florida Bar No. 0843865  
Primary: [Jerry.Gewirtz@tampagov.net](mailto:Jerry.Gewirtz@tampagov.net)  
Secondary: [Kimber.Spitsberg@tampagov.net](mailto:Kimber.Spitsberg@tampagov.net)  
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5th Floor, City Hall, 315 E. Kennedy Boulevard  
Tampa, Florida 33602  
Telephone: (813) 274-8996  
Facsimile: (813) 274-8777  
Attorneys for Defendant, City of Tampa

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on January 12, 2018 the foregoing was electronically filed with the Clerk of Court and a copy is being furnished by email to the following: Roger K. Gannam, Esquire at [rgannam@lc.org](mailto:rgannam@lc.org); Horatio G. Mihet, Esquire at [hmihet@lc.org](mailto:hmihet@lc.org); Mathew D. Staver, Esquire at [mat@lc.org](mailto:mat@lc.org) and [court@lc.org](mailto:court@lc.org); and Daniel J. Schmid, Esquire at [dschmid@lc.org](mailto:dschmid@lc.org) (Liberty Counsel, P.O. Box 540774, Orlando, FL 32854).

By: /s/ Jerry M. Gewirtz

Jerry M. Gewirtz, Esquire





Office of the City Clerk  
3<sup>rd</sup> Floor, City Hall  
315 E. Kennedy Boulevard  
Tampa, Florida 33602  
Phone: 813-274-8397  
Fax: 813-274-8306

**MOTION ACTION REQUEST**

**COUNCIL SESSION: April 6, 2017 at 9:00a.m.**

**PLEASE SUBMIT ALL WRITTEN RESPONSES DIRECTLY TO THE OFFICE OF THE CITY CLERK BY 5:00 P.M. ON THE MONDAY PRIOR TO THE SCHEDULED THURSDAY MEETING - [NOTE: All written responses must include the original and eight (8) copies for distribution by the Office of the City Clerk to Council and to the Council Attorney.]**

**TO: To File**

**File Nos. E2017-48, E2017-8 CH 14, and E2017-8 CH 19 - (UNAN)**

**(Ordinance being presented for second reading and adoption)** - An ordinance of the City of Tampa, Florida, relating to conversion therapy on patients who are minors, making revisions to City of Tampa Code of Ordinances, Chapter 14 (Offenses); creating Article X, Sections 14-310 – 14-313; amending Chapter 19 (Property Maintenance and Structural Standards); amending Section 19.4.(a)(2), Department of Code Enforcement; duties and scope of authority of the director; repealing all ordinances or parts of ordinances in conflict therewith; providing for severability; providing an effective date. - **(Original motion to approve said ordinance on first reading had been initiated by Maniscalco-Capin on March 16, 2017.)**

**Motion: (Maniscalco-Suarez) That Council allows said ordinance be substituted per the memorandum from Chief Assistant City Attorney Ernest Mueller, Legal Department. Motion carried.**

**Memorandum from Chief Assistant City Attorney Ernest Mueller, Legal Department, requesting that said ordinance be substituted changing Section 19.4(a)(2) to the corrected Section 19-4(a)(2); since the change is not substantial said ordinance can be heard for second reading.**

**Motion: (Reddick-Cohen) That said memorandum be received and filed. Motion carried with Miranda being absent at vote. - (Title of said substitute ordinance is listed below.)**

**SUBSTITUTE ORDINANCE NO. 2017-47 – (UNAN – Reddick absent at vote)**

**(Substitute ordinance adopted for second reading)** - An ordinance of the City of Tampa, Florida, relating to conversion therapy on patients who are minors, making revisions to City of Tampa Code of Ordinances, Chapter 14 (Offenses); creating Article X, Sections 14-310 – 14-313; amending Chapter 19 (Property Maintenance and Structural Standards); amending Section 19-4(a)(2), Department of Code Enforcement; duties and scope of authority of the director; repealing all ordinances or parts of ordinances in conflict therewith; providing for severability; providing an effective date.

Verified as true  
and correct copy

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# CITY OF TAMPA

Bob Buckhorn, Mayor

Office of the City Attorney

Salvatore Territo  
City Attorney

File *E2017-48*  
*E2017-8 CH14*  
APR 06 2017 *E2017-8*  
*CH 19*

## MEMORANDUM

**TO:** The Honorable Chair and Members of City Council

**FROM:** Ernest Mueller, Chief Assistant City Attorney

*2017-47*  
*Ernest Mueller*

**DATE:** March 21, 2017

**SUBJECT:** Substitute Ordinance for Section 19-4(a)(2), Relating to Conversion Therapy on Patients who are Minors, Second reading to be held on April 6, 2017, City Council's Regular Agenda.

Attached please find a substitute ordinance for Section 19-4(a)(2), Relating to Conversion Therapy on Patients who are Minors. The updated ordinance changes Section 19.4.(a)(2) to the corrected Section 19-4(a)(2). The change for this is not substantial; therefore, this can be heard for 2<sup>nd</sup> reading on April 6, 2017, as scheduled.

If you have any questions please do not hesitate to contact me.

Thank you.

cc: Dennis Rogero, Chief of Staff  
Salvatore Territo, City Attorney  
Shirley Foxx-Knowles, City Clerk  
Martin Shelby, City Council Attorney  
Jerrod Simpson, Assistant City Attorney

/eeb

Certified as true  
and correct copy

# CITY OF TAMPA



Bob Buckhorn, Mayor

Office of the City Clerk

Shirley Foxx-Knowles  
City Clerk

March 22, 2017

Mr. Andrew Warren, State Attorney  
County Court House Annex  
800 E. Kennedy Boulevard  
Tampa, FL 33602

Re: City of Tampa Code Ordinance(s) to be added to the next supplement  
Ordinance Nos. 2017-46  
2017-47

Dear Mr. Warren:

For your information and record keeping, I am transmitting a certified copy of the above captioned ordinance(s) adopted by the City Council of the City of Tampa, to be incorporated into the next supplement of the Tampa City Code, 1990 Edition.

If you have any questions, please contact my office at (813) 274-8397.

Sincerely,

A handwritten signature in cursive script that reads "Shirley Foxx-Knowles".

(Mrs.) Shirley Foxx-Knowles, CMC  
City Clerk

SFK/dm

Enclosure(s): Certified Copy of Ordinance Nos. 2017-46  
2017-47

Certified as true  
and correct copy

**Debbie Mercer**

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**From:** Debbie Mercer  
**Sent:** Wednesday, April 12, 2017 8:37 AM  
**To:** info@municode.com  
**Cc:** Sandy Marshall  
**Subject:** City of Tampa Code - Ordinance Nos 2017-46 and 2017-47  
**Attachments:** Ordinance No. 2017-46.pdf; Ordinance No. 2017-47.pdf; Food Distribution Ordinance\_Sec 16-21\_16-43\_03132017.doc; City of Tampa Ordinance.docx.doc

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>
	info@municode.com	
	Sandy Marshall	Delivered: 4/12/2017 8:37 AM

Good Morning Steffanie,

For your information and record keeping, I am transmitting a PDF copy of the above captioned ordinance(s) adopted by the City Council of the City of Tampa on April 6, 2017, to be incorporated into the next supplement of the Tampa City Code, 1990 Edition.

For your convenience, I am also transmitting the wording of this ordinance to you in Word format which is the clean version of the ordinance as provided to our office by the Legal Department including the attachments; your approval.

*Debbie Mercer  
City Clerk Support Technician  
City Clerk's Office*

*City Hall  
315 E. Kennedy Boulevard  
Tampa, Florida 33602  
(813) 274-7065  
(813) 274-8306 Fax  
[Debbie.Mercer@tampagov.net](mailto:Debbie.Mercer@tampagov.net)*



Identified as true and correct copy

4th  
Reg

File E2017-8CH14  
E2017-8CH19  
APR 06 2017

2017-

**Karencia Ciagala**

**From:** Karencia Ciagala  
**Sent:** Tuesday, March 28, 2017 5:06 PM  
**To:** CityCouncilStaff  
**Cc:** Sandy Marshall  
**Subject:** Council Motions March 16, 2017 at 9:00a.m. Regular Session File Nos. E2017-48, E2017-8 CH 14, and E2017-8 CH 19



Office of the City Clerk  
3<sup>rd</sup> Floor, City Hall  
315 E. Kennedy Boulevard  
Tampa, Florida 33602  
Phone: 813-274-8397  
Fax: 813-274-8306

**MOTION ACTION REQUEST**

**COUNCIL SESSION: March 16, 2017 at 9:00a.m.**

**PLEASE SUBMIT ALL WRITTEN RESPONSES DIRECTLY TO THE OFFICE OF THE CITY CLERK BY 5:00 P.M. ON THE MONDAY PRIOR TO THE SCHEDULED THURSDAY MEETING -**

**[NOTE: All written responses must include the original and eight (8) copies for distribution by the Office of the City Clerk to Council and to the Council Attorney.]**

**TO: City Council Staff**

**File Nos. E2017-48, E2017-8 CH 14, and E2017-8 CH 19**

Legal Department **to appear and present** an ordinance for first reading regarding conversion therapy to minors with the fine tier system being \$1,000 for the first violation and \$5,000 for the second violation and subsequent violations. - (Original motion initiated by Maniscalco-Cohen on March 2, 2017.)

**(Ord. approved on 1<sup>st</sup> Reading – UNAN)**

**(Ordinance being presented for first reading consideration)** - An ordinance of the City of Tampa, Florida, relating to conversion therapy on patients who are minors, making revisions to City of Tampa Code of Ordinances, Chapter 14 (Offenses); creating Article X, Sections 14-310 – 14-313; amending Chapter 19 (Property Maintenance and Structural Standards); amending Section 19.4.(a)(2), Department of Code Enforcement; duties and scope of authority of the director; repealing all ordinances or parts of ordinances in conflict therewith; providing for severability; providing an effective date.

**Motion: (Maniscalco-Capin) That said ordinance be approved on first reading by title only and published. The title of said ordinance was read in full. Motion carried. – (Second reading and adoption will be held on April 6, 2017 at 9:30 a.m.).**

**Motion: (Miranda-Cohen) That the prepared statement submitted by Russ Patterson from Rev. Patricia Owen regarding said matter, be received and filed. Motion carried.**

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and correct copy

AP  
3/29

**Motion: (Miranda-Cohen) That the prepared statement submitted by Kate Connolly from Jessica Anne Deeb regarding said matter, be received and filed. Motion carried.**

*ORD  
1st  
Rdg*

*E 2017-8 CH 14 +  
E 2017-8 CH 19*  
File  
MAR 16 2017

(50)



**City of Tampa  
Agenda Item Request**  
Department: City Attorneys Office

*ORD  
1st  
Rdg*

**Council Regular**

**Submittal Date:** 3/6/2017  
**Requested Meeting Date:** 3/16/2017  
**Type of Request:** Ordinance  
**Contact:** Erin Bradley / 274-5767

**Subject** Ordinance being presented for First Reading regarding the banning of Conversion Therapy on minors.

**Resolution / Ordinance Title** An Ordinance of the City of Tampa, Florida, relating to conversion therapy on patients who are minors, making revisions to City of Tampa Code of Ordinances, Chapter 14 (Offenses); creating Article X, Sections 14-310 – 14-313; amending Chapter 19 (Property Maintenance and Structural Standards); amending Section 19.4.(a)(2), Department of Code Enforcement; duties and scope of authority of the director; repealing all ordinances or parts of ordinances in conflict therewith; providing for severability; providing an effective date.

**RECOMMENDATION:**  
For approval by City Council.

**BACKGROUND:**  
The City desires to prohibit, within the geographic boundaries of the City, the practice of sexual orientation or gender identity change efforts, including reparative and/or conversion therapy, which have been demonstrated to be harmful to the physical and psychological well-being of lesbian, gay, bisexual, transgender and questioning persons.

**FISCAL IMPACT:** No  
**FISCAL IMPACT STATEMENT:**  
N/A

**PROJECTED COSTS:** N/A

Item Sign Off:

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- Erin Bradley - 3/6/2017 12:06:35 PM (Originator Review)
- Mandy Pricher - 3/6/2017 12:16:27 PM (Department Head)
- Mandy Pricher - 3/6/2017 12:19:36 PM (Atty Coordinator)
- Mandy Pricher - 3/6/2017 1:01:52 PM (as Ernest Mueller by Proxy - Assistant Attorney)

Erin Bradley - 3/6/2017 1:04:14 PM (Returned To Originator)  
Mandy Pricher - 3/6/2017 1:31:34 PM(as Ernest Mueller by Proxy - Assistant Attorney)  
Salvatore Territo - 3/6/2017 1:34:26 PM (City Attorney)  
David Vance - 3/6/2017 1:47:07 PM (Finance Coordinator)  
Jennifer Seth - 3/7/2017 8:13:54 AM (Finance Fiscal and Lead Analyst)  
Jennifer Seth - 3/7/2017 8:15:01 AM (Finance Coordinator)  
Nicholas Pastue - 3/7/2017 8:44:03 AM (Finance Fiscal and Lead Analyst)  
Ty Hawthorne - 3/7/2017 9:07:38 AM (Budget Operating Mgr)  
Michael Perry - 3/7/2017 11:34:42 AM (Budget Officer)  
Sonya Little - 3/7/2017 7:18:31 PM (CFO)  
Dennis Rogero - 3/8/2017 4:44:40 PM (Chief of Staff)  
Bridgett McCormick - 3/9/2017 10:38:14 AM (For Mayor Bob Buckhorn)

Classified as true  
to correct

ORDINANCE NO. 2017- \_\_\_\_\_

AN ORDINANCE OF THE CITY OF TAMPA, FLORIDA, RELATING TO CONVERSION THERAPY ON PATIENTS WHO ARE MINORS, MAKING REVISIONS TO CITY OF TAMPA CODE OF ORDINANCES, CHAPTER 14 (OFFENSES); CREATING ARTICLE X, SECTIONS 14-310 – 14-313; AMENDING CHAPTER 19 (PROPERTY MAINTENANCE AND STRUCTURAL STANDARDS); AMENDING SECTION 19.4.(a)(2), DEPARTMENT OF CODE ENFORCEMENT; DUTIES AND SCOPE OF AUTHORITY OF THE DIRECTOR; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT THEREWITH; PROVIDING FOR SEVERABILITY; PROVIDING AN EFFECTIVE DATE.

**WHEREAS**, as recognized by major professional associations of mental health practitioners and researchers in the United States and elsewhere for nearly 40 years, being lesbian, gay, bisexual, transgender or gender nonconforming, or questioning (LGBT or LGBTQ) is not a mental disease, disorder or illness, deficiency or shortcoming; and

**WHEREAS**, the American Academy of Pediatrics in 1993 published an article in its Journal, stating: "Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation;"<sup>1</sup> and

**WHEREAS**, the American Psychiatric Association in December 1998 published its opposition to any psychiatric treatment, including reparative or conversion therapy, which therapy regime is based upon the assumption that homosexuality is a mental disorder *per se* or that a patient should change his or her homosexual orientation;<sup>2</sup> and

**WHEREAS**, the American Psychological Association's Task Force on Appropriate Therapeutic Responses to Sexual Orientation ("APA Task Force") conducted a systematic review of peer-reviewed journal literature on Sexual Orientation Change Efforts ("SOCE"), and issued its report in 2009, citing research that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual

<sup>1</sup> <http://pediatrics.aappublications.org/content/pediatrics/92/4/631.full.pdf>

<sup>2</sup> [https://www.camft.org/ias/images/PDFs/SOCE/APA\\_Position\\_Statement.pdf](https://www.camft.org/ias/images/PDFs/SOCE/APA_Position_Statement.pdf)

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and correct copy

1 dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to  
2 self, a loss of faith, and a sense of having wasted time and resources;<sup>3</sup> and

3  
4 **WHEREAS**, following the report issued by the APA Task Force, the  
5 American Psychological Association in 2009 issued a resolution on Appropriate  
6 Affirmative Responses to Sexual Orientation Distress and Change Efforts, advising  
7 parents, guardians, young people, and their families to avoid sexual orientation  
8 change efforts that portray homosexuality as a mental illness or developmental  
9 disorder and to seek psychotherapy, social support, and educational services that  
10 provide accurate information on sexual orientation and sexuality, increase family and  
11 school support, and reduce rejection of sexual minority youth;<sup>4</sup> and

12  
13 **WHEREAS**, the American Psychoanalytic Association in June 2012 issued a  
14 position statement on conversion therapy efforts, articulating that "As with any  
15 societal prejudice, bias against individuals based on actual or perceived sexual  
16 orientation, gender identity or gender expression negatively affects mental health,  
17 contributing to an enduring sense of stigma and pervasive self-criticism through the  
18 internalization of such prejudice" and that psychoanalytic technique "does not  
19 encompass purposeful attempts to 'convert,' 'repair,' change or shift an individual's  
20 sexual orientation, gender identity or gender expression," such efforts being  
21 inapposite to "fundamental principles of psychoanalytic treatment and often result in  
22 substantial psychological pain by reinforcing damaging internalized attitudes;"<sup>5</sup> and

23  
24 **WHEREAS**, the American Academy of Child & Adolescent Psychiatry in  
25 2012 published an article in its Journal stating that clinicians should be aware that  
26 there is "no evidence that sexual orientation can be altered through therapy and that  
27 attempts to do so may be harmful;" that there is "no medically valid basis for  
28 attempting to prevent homosexuality, which is not an illness;" and that such efforts  
29 may encourage family rejection and undermine self-esteem, connectedness and  
30 caring, important protective factors against suicidal ideation and attempts; and that,  
31 for similar reasons cumulatively stated above, carrying the risk of significant harm,  
32 SOCE is contraindicated<sup>6</sup>; and

33  
34 **WHEREAS**, the Pan American Health Organization, a regional office of the  
35 World Health Organization, issued a statement in 2012 stating: "These supposed  
36 conversion therapies constitute a violation of the ethical principles of health care and  
37 violate human rights that are protected by international and regional agreements."  
38 The organization also noted that conversion therapies "lack medical justification and  
39 represent a serious threat to the health and well-being of affected people;"<sup>7</sup> and

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45 <sup>3</sup> <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

46 <sup>4</sup> <http://www.apa.org/about/policy/sexual-orientation.pdf>

47 <sup>5</sup> <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>

48 <sup>6</sup> [http://www.jaacap.com/article/S0890-8567\(12\)00500-X/pdf](http://www.jaacap.com/article/S0890-8567(12)00500-X/pdf)

49 <sup>7</sup> [http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=6803%3A2012-therapies-changesexual-orientation-lack-medical-justification-threaten-health&catid=740%3Apress-releases&Itemid=1926&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-changesexual-orientation-lack-medical-justification-threaten-health&catid=740%3Apress-releases&Itemid=1926&lang=en)

Classified as true  
all correct copy

1           **WHEREAS**, in 2014 the American School Counselor Association issued a  
2 position statement that states: “It is not the role of the professional school counselor  
3 to attempt to change a student’s sexual orientation or gender identity. Professional  
4 school counselors do not support efforts by licensed mental health professionals to  
5 change a student’s sexual orientation or gender as these practices have been proven  
6 ineffective and harmful;”<sup>8</sup> and  
7

8           **WHEREAS**, a 2015 report of the Substance Abuse and Mental Health  
9 Services Administration, a division of the U.S. Department of Health and Human  
10 Services, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth"  
11 further reiterates based on scientific literature that conversion therapy efforts to  
12 change an individual's sexual orientation, gender identity, or gender expression is a  
13 practice not supported by credible evidence and has been disavowed by behavioral  
14 health experts and associations, perpetuates outdated views of gender roles and  
15 identities, negative stereotypes, stating, importantly, that such therapy may put young  
16 people at risk of serious harm, and recognizing that, same-gender sexual orientation  
17 (including identity, behavior, and attraction) is part of the normal spectrum of human  
18 diversity and does not constitute a mental disorder;<sup>9</sup> and  
19

20           **WHEREAS**, the American College of Physicians wrote a position paper in  
21 2015 opposing the use of “conversion,” “reorientation,” or “reparative” therapy for  
22 the treatment of LGBT persons, stating that “[a]vailable research does not support the  
23 use of reparative therapy as an effective method in the treatment of LGBT persons.  
24 Evidence shows that the practice may actually cause emotional or physical harm to  
25 LGBT individuals, particularly adolescents or young persons;”<sup>10</sup> and  
26  
27

28           **WHEREAS**, In 2016, the American Medical Association issued policy  
29 statement H-160.991, which expressly opposed the use of “reparative” or  
30 “conversion” therapy for sexual orientation or gender identity;<sup>11</sup> and  
31

32           **WHEREAS**, The World Psychiatric Association issued a policy statement in  
33 March, 2016 on Gender Identity and Same-Sex Orientation, which stated, “There is  
34 no sound scientific evidence that innate sexual orientation can be changed.  
35 Furthermore, so-called treatments of homosexuality can create a setting in which  
36 prejudice and discrimination flourish, and they can be potentially harmful. The  
37 provision of any intervention purporting to ‘treat’ something that is not a disorder is  
38 wholly unethical;”<sup>12</sup> and  
39

40           **WHEREAS**, The National Association of Social Workers (“NASW”) issued  
41 a policy statement stating that “No data demonstrates that reparative or conversion  
42 therapies are effective, and in fact they may be harmful.” The NASW went further  
43 and stated that “conversion and reparative therapies are an infringement to the  
44 guiding principles inherent to social worker ethics and values;”<sup>13</sup> and  
45

46 <sup>8</sup> [https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS\\_LGBTQ.pdf](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf)

47 <sup>9</sup> <http://store.samhsa.gov/shin/content/SMA15-4928/SMA15-4928.pdf>

48 <sup>10</sup> <http://annals.org/article.aspx?articleid=2292051>

49 <sup>11</sup> <https://www.ama-assn.org/delivering-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues>

50 <sup>12</sup> [http://www.wpanet.org/WPA\\_in\\_News.php](http://www.wpanet.org/WPA_in_News.php)

<sup>13</sup> <http://www.naswdc.org/diversity/lgb/reparative.asp>

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**WHEREAS**, The Agency for Healthcare Research and Quality issued a clinician’s guideline for practitioners who work with children and adolescents based on research provided by the American Academy of Child and Adolescent Psychiatry. It stated that “There is no empirical evidence that adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness, and caring, which are important protective factors against suicidal ideation and attempts;”<sup>14</sup> and

**WHEREAS**, At least two federal circuit courts of appeal have upheld bans on conversion therapy.<sup>15</sup> Both courts found that bans on conversion therapy did not violate free speech rights; nor did such bans run afoul of the Free Exercise Clause; nor were such bans vague or impermissibly overbroad. Further the courts found that counseling is professional speech, subject to a lower level of judicial scrutiny because the government has a substantial interest in protecting citizens from ineffective or harmful professional practices; and

**WHEREAS**, the City does not intend to prevent mental health providers from speaking to the public about SOCE; expressing their views to patients; recommending SOCE to patients; administering SOCE to any person who is 18 years of age or older; or referring minors to unlicensed counselors, such as religious leaders. This ordinance does not prevent unlicensed providers, such as religious leaders, from administering SOCE to children or adults; nor does it prevent minors from seeking SOCE from mental health providers in other political subdivisions or states outside of the City of Tampa, Florida; and

**WHEREAS**, City of Tampa has a compelling interest in protecting the physical and psychological well-being of minors, including but not limited to lesbian, gay, bisexual, transgender and questioning youth, and in protecting its minors against exposure to serious harms caused by sexual orientation and gender identity change efforts; and

**WHEREAS**, the City Council hereby finds the overwhelming research demonstrating that sexual orientation and gender identity change efforts can pose critical health risks to lesbian, gay, bisexual, transgender or questioning persons, and that being lesbian, gay, bisexual, transgender or questioning is not a mental disease, mental disorder, mental illness, deficiency, or shortcoming; and

**WHEREAS**, the City Council finds minors receiving treatment from licensed therapists in the City of Tampa, Florida who may be subject to conversion or reparative therapy are not effectively protected by other means, including, but not limited to, other state statutes, local ordinances, or federal legislation; and

<sup>14</sup> <https://www.guideline.gov/summaries/summary/38417>

<sup>15</sup> King v. Governor of the State of New Jersey, 767 F.3d 216 (3<sup>rd</sup> Cir. 2014) and Pickup v. Brown, 740 F.3d 1208 (9<sup>th</sup> Cir. 2013)

certified as true  
and correct copy



- 1 (b) Minor means any person less than 18 years of age.
- 2 (c) Provider means any person who is licensed by the State of Florida to provide
- 3 professional counseling, or who performs counseling as part of his or her professional
- 4 training under chapters 456, 458, 459, 490 or 491 of the Florida Statutes, as such
- 5 chapters may be amended, including but not limited to, medical practitioners,
- 6 osteopathic practitioners, psychologists, psychotherapists, social workers, marriage
- 7 and family therapists, and licensed counselors. A Provider does not include members
- 8 of the clergy who are acting in their roles as clergy or pastoral counselors and
- 9 providing religious counseling to congregants, as long as they do not hold themselves
- 10 out as operating pursuant to any of the aforementioned Florida Statutes licenses.”

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12  
13 **Section 5.** That “**Sec. 14-312. – Conversion Therapy Prohibited.**” is hereby  
14 created by adding the underlined language as follows:

15  
16 **“Sec. 14-312. – Conversion Therapy Prohibited.**

17  
18 It shall be unlawful for any Provider to practice conversion therapy efforts on  
19 any individual who is a minor regardless of whether the Provider receives monetary  
20 compensation in exchange for such services.”

21  
22 **Section 6.** That “**Sec. 14-313. – Enforcement and Civil Penalties.**” is hereby  
23 created by adding the underlined language as follows:

24  
25 **“Sec. 14-313. – Enforcement and Civil Penalties.**

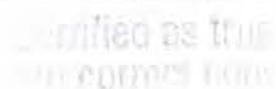
- 26 (a) This article may be enforced pursuant to Chapter 9, Article II of this Code.
- 27 (b) The violation of Sec. 14-312 of this Division is deemed an irreparable
- 28 or irreversible violation.
- 29 (c) Each separate incident of a violation of Sec. 14-312 shall constitute a
- 30 separate violation for enforcement purposes.
- 31 (d) The fine for a first violation of Sec. 14-312 is \$1000.00. The fine for a
- 32 second and subsequent violation(s) of Sec. 14-312 is \$5000.00
- 33 (e) These penalties shall not preclude any other remedies available at law or
- 34 in equity, including, injunctive relief in the circuit court.”

35  
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38 **Section 7.** That “**Sec. 19-4(a)(2). – Department of Code Enforcement; duties**  
39 **and scope of authority of the director**” is hereby amended by adding the underline  
40 language as follows:

41  
42 **“Sec. 19-4(a)(2). – Department of Code Enforcement; duties and scope of**  
43 **authority of the director**

44  
45 (a)The director shall have all powers, duties and responsibilities to administer and  
46 enforce the following City Code chapters or sections: The director shall be  
47 deemed to be an officer for the purpose of enforcing the provisions of this chapter  
48 under authority provided in section 1-14 of this Code.  
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(1)Section 5-105;



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- (2)Chapter 14, articles III, IV, and X;
- (3)Chapter 19;
- (4)Chapter 21, articles I, II, III and V;
- (5)Chapter 22, articles I and III;
- (6)Chapter 25, article I;
- (7)Chapter 27.”

**Section 8.** All ordinances or parts of ordinances in conflict herewith are hereby repealed.

**Section 9.** Should any section or provision of this Ordinance or any portion, paragraph, sentence, or word be declared invalid by a court of competent jurisdiction, such decision shall not affect the validity of the remainder of this Ordinance.

**Section 10.** Authority is hereby granted to codify the text amendment set forth in Section 1 of this Ordinance.

**Section 11.** That this Ordinance shall take effect immediately upon its adoption.

PASSED AND ORDAINED BY THE CITY COUNCIL OF THE CITY OF TAMPA, FLORIDA, ON \_\_\_\_\_.

\_\_\_\_\_  
CHAIRMAN/CHAIRMAN PRO-TEM,  
CITY COUNCIL

ATTEST:

\_\_\_\_\_  
SHIRLEY FOXX-KNOWLES, CITY CLERK

APPROVED BY ME ON \_\_\_\_\_

\_\_\_\_\_  
BOB BUCKHORN, MAYOR

Approved As to Legal Sufficiency:

E/S  
\_\_\_\_\_  
Ernest Mueller, Senior Assistant City Attorney

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original file

**JESSICA ANNE DEEB, LCSW, LLC**

3/12/17

To Tampa City Council:



I am a licensed clinical social worker who runs her own private practice and has been working in the field of mental health counseling for over twelve years. I have worked with clients of all ages and the LGBTQ community. It is my professional opinion that conversion therapy (also known as reparative therapy) is diametrical to the objective of therapy itself and is harmful, especially to minors. As such, it is necessary that you ban this unscientific practice.

It is not my intent to limit the free will of churches. I am trying to demonstrate that the very specific and very skillful nature of the therapy is unique and needs appropriate oversight. Therapy has four pillars and thus is like no other: it empowers the client, facilitates explorations, identifies a personal value system, and demonstrates a benefit. If all four of these components are not present, a client is not engaged in real therapy. Therefore, conversion therapy is not real therapy.

Please uphold the protection of minors, the standards of the mental health profession, and the separation of church and state- especially where it has been documented that harm is evident.

**Therapy empowers clients.**

Conversion therapy has a singular goal of changing someone's sexual or gender orientation- signaling the person of interest as 'wrong' and 'sick' while usurping the word 'therapy' for their solution.

Therapists such as myself do not use the word 'patients' because we do not see our clients as sick. It is a sign of their health and strength that they choose to reflect on their life and seek clarity about their choices. It undermines the inherent goal of therapy, namely for a client to hone and trust their knowledge of self, to imply that because they are working through specific issues that they should take on an overshadowing identity as 'sick' or 'unwell' or 'wrong.'

Nor are we in a position to fix them. That would indicate that the therapist is the change agent instead of the literal process of therapy itself for which the client engages themselves in- the process of exploration and identifying a personal value system.

**JESSICA ANNE DEEB, LCSW, LLC**

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We do not set the goals for our clients, nor is it appropriate for a family member to determine a client's goals. Our client is the only one who tells us what the definition of a good life is to them and not the other way around. It is not uncommon for that definition to change or have never been formulated, therefore underscoring the importance of exploration.

**Therapy facilitate exploration.**

Conversion therapy is relentless in its "Truth" and therefore, the opposite of a safe or compassionate space to explore alternate views.

We help clients understand the paradoxes within the human psyche and the interplay of their internal and external world. Our job is to show clients how to think through difficult emotions and create effective decision making for themselves. We do this by modeling a space to question and feel everything while patiently walking them through the inquiry process.

\* It is not our job to make moral judgments- that is unprofessional.

In 2015, White House's Senior adviser Valerie Jarrett spoke out against conversion therapy following the suicide of 17 year old transgendered Leelah Alcorn whose parents forced her into conversion therapy. "It's not our job to tell parents how to raise their children. But it is our responsibility to provide parents with the scientific evidence necessary in order for them to make the best possible decisions when raising their children."

It is not our job to instill a faith based moral code- that is religion. It is not our job to share our opinion- that is friendship. It is not our job to teach a cultural norm- that is society. Thus, therapy is so unique in what it offers because it holds such an evocative and supportive space with incredible attention and attunement to one's psychological life that this space must be protected.

**Therapy identifies the client's value system.**

It is only after genuine exploration that a person can sift, identify and reconcile a moral value system that resonates as true and good for them. If this crucial first step is skipped or rushed, the second step is not only inaccurate but disloyal and ultimately damaging to oneself.

**JESSICA ANNE DEEB, LCSW, LLC**

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**Therapy provides a benefit.**

Therapy is meant to provide a benefit to the client in and out of session, as measured by the client- not by the therapist and not by the client's parents. Conversion therapy does not uphold the aforementioned three pillars and is harmful as a result. Sadly, Alcorn's suffering is not unique.

The main assessment and diagnostic tool recognized across the board by physicians, mental health counselors, and insurance companies covering mental health services is the Diagnostic Statistical Manual by the American Psychiatric Association. According to the APA's Position Statement on Psychiatric Treatment and Sexual Orientation that was reaffirmed in 2000, it reads ".... In 1997 APA produced a fact sheet on homosexual and bisexual issues, which states that "there is no published scientific evidence supporting the efficacy of "reparative therapy" as a treatment to change one's sexual orientation."

The potential risks of "reparative therapy" are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone "reparative therapy" relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian are not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed...

Therefore, APA opposes any psychiatric treatment, such as "reparative" or "conversion" therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation."

There are statements upon statements by leading practitioners and organizations in the field of psychiatry, social work, mental health counselors, marriage and family counselors, and pediatric experts that conversion therapy is simply an perilous outgrowth of religious intolerance.

American Academy of Child Adolescent Psychiatry

"Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender

**JESSICA ANNE DEEB, LCSW, LLC**

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nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated."

*Practice Parameter on Gay, Lesbian, or Bisexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents.*

American Academy of Pediatrics

"Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality and might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

*Homosexuality and Adolescence, Pediatrics.*

American Association for Marriage and Family Therapy

"[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available."

*AAMFT Position on Couples and Families.*

American College of Physicians

"The College opposes the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBTQ persons."

*Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*

American Counseling Association

"The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution

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specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement 'opposing the promotion of reparative therapy as a cure for individuals who are homosexual.' . . .

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA's position and the Ethics Committee's statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics."

*Ethical Issues Related to Conversion or Reparative Therapy.*

American Medical Association

"Our AMA... opposes, the use of 'reparative' or 'conversion' therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation."

*H-160.991, Health Care Needs of the Homosexual Population.*

American Psychoanalytic Association

"As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to 'convert,' "repair," change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes."

*Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression.*

American Psychological Association

"THEREFORE, BE IT RESOLVED, That the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual

**JESSICA ANNE DEEB, LCSW, LLC**

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orientation identity;

BE IT FURTHER RESOLVED, That the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation..."

*Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts.*

American School Counselor Association

"Lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth often begin to experience self-identification during their pre-adolescent or adolescent years, as do heterosexual youth. These developmental processes are essential cognitive, emotional and social activities, and although they may have an impact on student development and achievement, they are not a sign of illness, mental disorder or emotional problems nor do they necessarily signify sexual activity. The professional school counselor works with all students through the stages of identity development and understands this development may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being."

*The Professional School Counselor and LGBTQ Youth.*

American School Health Association

"[T]he American School Health Association . . . expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research . . . [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by . . . insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience."

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and correct copy

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*Quality Comprehensive Sexuality Education.*

**National Association of Social Workers**

"People seek mental health services for many reasons. Accordingly, it is fair to assert that lesbians and gay men seek therapy for the same reasons that heterosexual people do. However, the increase in media campaigns, often coupled with coercive messages from family and community members, has created an environment in which lesbians and gay men often are pressured to seek reparative or conversion therapies, which cannot and will not change sexual orientation. Aligned with the American Psychological Association's (1997) position, NCLGB [NASW's National Committee on Lesbian and Gay Issues] believes that such treatment potentially can lead to severe emotional damage. Specifically, transformational ministries are fueled by stigmatization of lesbians and gay men, which in turn produces the social climate that pressures some people to seek change in sexual orientation. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful."

*Position Statement, "Reparative" and "Conversion" Therapies.*

Sincerely,

Jessica Anne Deeb

License: SW8591

E-2017-48  
E-2017-8 CH 19  
File  
RIF  
MAR 16 2017

Good morning –

I submit this written statement, brought to you by Russ Patterson, and request it be entered in the minutes of this meeting.

A short introduction. I wear several hats. Today I come to you as an ordained minister in the Unitarian Universalist tradition. My Masters of Divinity was granted in 2014 from Meadville Lombard Theological School. I come to you as a veteran, having retired from the Air Force after 22 1/5 years of service to your country. I come to you as a lesbian, who knows beyond a shadow of a doubt that “God don’t make no junk.”

I want to first thank the council for having the courage to speak out against conversion therapy. Speaking out against fear and hatred, against the perpetuation of “othering” is an important and much needed stand.

I want to share an unrelated fact from the history of mental health treatment here in the United States. At one time, an appropriate treatment for autism was the use of stun guns on children to correct their erratic body movements.

If that fact makes any of the council members cringe, then the barbaric methods behind conversion therapy should make you cringe as well. Beatings, humiliation, sexual torment. All cringe-worthy, all inhumane.

Fact: All of the nation’s leading professional medical and mental health associations have rejected conversion therapy as unnecessary, ineffective, and dangerous.

Looking back over the history of this country you may well have, at another time, voted to stand for the right for women to vote. You may well have voted to stand against slavery – the buying and selling of people in a time when they were viewed as less than human. You may well have voted to stand against any number of myths – dangerous myths, largely perpetuated by the unfortunate manipulation of the Hebrew Scriptures and New Testament.

I am amazed and saddened at how frightened we are of one another. I am dismayed that a city council, in 2017 must listen to the hollow, misinformed defense of conversion therapy, which boils down to paranoia. I am puzzled by the amount of time that those identifying as heterosexuals spend thinking about homosexuality.

In taking a stand against conversion therapy you are fulfilling your promise and responsibility to protect ALL the people of Hillsborough county. You did not take an oath to protect some. You did not take an oath to perpetuate hatred. You have taken an oath, you have promised to protect everyone.

Thank you for your time and your service.

The Reverend Patricia Owen, USAF Retired

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File  
E2017-48  
E2017-8CH14  
E2017-8CH19  
MAR 16 2017

**Karencia Ciagala**

**From:** Karencia Ciagala  
**Sent:** Friday, March 03, 2017 4:43 PM  
**To:** Ernest Mueller; CityCouncilStaff; Heather Herlein; Salvatore Territo  
**Cc:** Sandy Marshall  
**Subject:** File Nos. E2017-48. E2017-8 CH 14 and E2017-8 CH 19 Council Motions March 2, 2017 at 9:00a.m. Regular Session



Office of the City Clerk  
3<sup>rd</sup> Floor, City Hall  
315 E. Kennedy Boulevard  
Tampa, Florida 33602  
Phone: 813-274-8397  
Fax: 813-274-8306

**MOTION ACTION REQUEST**

**COUNCIL SESSION: March 2, 2017 at 9:00a.m.**

**PLEASE SUBMIT ALL WRITTEN RESPONSES DIRECTLY TO THE OFFICE OF THE CITY CLERK BY 5:00 P.M. ON THE MONDAY PRIOR TO THE SCHEDULED THURSDAY MEETING - [NOTE: All written responses must include the original and eight (8) copies for distribution by the Office of the City Clerk to Council and to the Council Attorney.]**

**TO: Legal Motion Group  
Senior Assistant City Attorney Ernest Mueller  
  
City Council Staff**

**File Nos. E2017-48. E2017-8 CH 14 and E2017-8 CH 19**

Legal Department **to appear and to present** a draft ordinance regarding conversion therapy to minors. - (Original motion initiated by Maniscalco-Capin on February 16, 2017.)

**Motion: (Maniscalco-Cohen) That the Legal Department be requested to appear before Council on March 16, 2017 under Staff Reports and Unfinished Business to present an ordinance for first reading with the fine tier system being \$1,000 for the first violation and \$5,000 for the second violation and subsequent violations. Motion carried.**

**Motion: (Miranda-Maniscalco) That the draft ordinance submitted by Senior Assistant City Attorney Ernest Mueller, Legal Department, amending Chapter 14 (Offenses) prohibiting the practice of conversion therapy on patients who are minors and also amending Chapter 19 (Property Maintenance and Structural Standards, be received and filed. Motion carried with Suarez being absent at vote.**

**Motion: (Miranda-Maniscalco) That the handout submitted by Susan Long regarding said agenda item, be received and filed. Motion carried with Suarez being absent at vote.**

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and correct copy

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E-2017-48  
E-2017-8 CH 19  
E-2017-8 CH 19  
R/F MAR 02 2017 (80)

ORDINANCE NO. 2017- \_\_\_\_\_

ORDINANCE OF THE CITY COUNCIL OF THE CITY OF TAMPA, FLORIDA, AMENDING CHAPTER 14 (OFFENSES), OF THE CODE OF ORDINANCES OF THE CITY OF TAMPA, FLORIDA, TO PROHIBIT THE PRACTICE OF CONVERSION THERAPY ON PATIENTS WHO ARE MINORS; AMENDING CHAPTER 19 (PROPERTY MAINTENANCE AND STRUCTURAL STANDARDS) OF THE CODE OF ORDINANCES OF THE CITY OF TAMPA; PROVIDING A CONFLICTS AND SEVERABILITY CLAUSE; PROVIDING AN EFFECTIVE DATE.

**WHEREAS**, as recognized by major professional associations of mental health practitioners and researchers in the United States and elsewhere for nearly 40 years, being lesbian, gay, bisexual, transgender or gender nonconforming, or questioning (LGBT or LGBTQ) is not a mental disease, disorder or illness, deficiency or shortcoming; and

**WHEREAS**, the American Academy of Pediatrics in 1993 published an article in its Journal, stating: "Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation;"<sup>1</sup> and

**WHEREAS**, the American Psychiatric Association in December 1998 published its opposition to any psychiatric treatment, including reparative or conversion therapy, which therapy regime is based upon the assumption that homosexuality is a mental disorder *per se* or that a patient should change his or her homosexual orientation;<sup>2</sup> and

**WHEREAS**, the American Psychological Association's Task Force on Appropriate Therapeutic Responses to Sexual Orientation ("APA Task Force") conducted a systematic review of peer-reviewed journal literature on Sexual Orientation Change Efforts ("SOCE"), and issued its report in 2009, citing research that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources;<sup>3</sup> and

<sup>1</sup> <http://pediatrics.aappublications.org/content/pediatrics/92/4/631.full.pdf>

<sup>2</sup> [https://www.camft.org/ias/images/PDFs/SOCE/APA\\_Position\\_Statement.pdf](https://www.camft.org/ias/images/PDFs/SOCE/APA_Position_Statement.pdf)

<sup>3</sup> <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

Certified as true and correct copy

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3       **WHEREAS**, following the report issued by the APA Task Force, the  
4 American Psychological Association in 2009 issued a resolution on Appropriate  
5 Affirmative Responses to Sexual Orientation Distress and Change Efforts,  
6 advising parents, guardians, young people, and their families to avoid sexual  
7 orientation change efforts that portray homosexuality as a mental illness or  
8 developmental disorder and to seek psychotherapy, social support, and  
9 educational services that provide accurate information on sexual orientation and  
10 sexuality, increase family and school support, and reduce rejection of sexual  
11 minority youth;<sup>4</sup> and  
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13       **WHEREAS**, the American Psychoanalytic Association in June 2012  
14 issued a position statement on conversion therapy efforts, articulating that "As  
15 with any societal prejudice, bias against individuals based on actual or perceived  
16 sexual orientation, gender identity or gender expression negatively affects mental  
17 health, contributing to an enduring sense of stigma and pervasive self-criticism  
18 through the internalization of such prejudice" and that psychoanalytic technique  
19 "does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an  
20 individual's sexual orientation, gender identity or gender expression," such efforts  
21 being inapposite to "fundamental principles of psychoanalytic treatment and often  
22 result in substantial psychological pain by reinforcing damaging internalized  
23 attitudes;"<sup>5</sup> and  
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25

26       **WHEREAS**, the American Academy of Child & Adolescent Psychiatry in  
27 2012 published an article in its Journal stating that clinicians should be aware that  
28 there is "no evidence that sexual orientation can be altered through therapy and  
29 that attempts to do so may be harmful;" that there is "no medically valid basis for  
30 attempting to prevent homosexuality, which is not an illness;" and that such  
31 efforts may encourage family rejection and undermine self-esteem, connectedness  
32 and caring, important protective factors against suicidal ideation and attempts;  
33 and that, for similar reasons cumulatively stated above, carrying the risk of  
34 significant harm, SOCE is contraindicated<sup>6</sup>; and  
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37       **WHEREAS**, the Pan American Health Organization, a regional office of  
38 the World Health Organization, issued a statement in 2012 stating: "These  
39 supposed conversion therapies constitute a violation of the ethical principles of  
40 health care and violate human rights that are protected by international and  
41 regional agreements." The organization also noted that conversion therapies  
42 "lack medical justification and represent a serious threat to the health and well-  
43 being of affected people;"<sup>7</sup> and  
44

45  
46 <sup>4</sup> <http://www.apa.org/about/policy/sexual-orientation.pdf>

47 <sup>5</sup> [http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-](http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-orgender)  
48 [orgender](http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-orgender)

49 <sup>6</sup> [http://www.jaacap.com/article/S0890-8567\(12\)00500-X/pdf](http://www.jaacap.com/article/S0890-8567(12)00500-X/pdf)

50 <sup>7</sup> [http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=6803%3A2012-therapies-](http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-changesexual-orientation-lack-medical-justification-threaten-health&catid=740%3Apress-releases&Itemid=1926&lang=en)  
[changesexual-orientation-lack-medical-justification-threaten health&catid=740%3Apress-](http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-changesexual-orientation-lack-medical-justification-threaten-health&catid=740%3Apress-releases&Itemid=1926&lang=en)  
[releases&Itemid=1926&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-changesexual-orientation-lack-medical-justification-threaten-health&catid=740%3Apress-releases&Itemid=1926&lang=en)

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**WHEREAS**, in 2014 the American School Counselor Association issued a position statement that states: "It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful;"<sup>8</sup> and

**WHEREAS**, a 2015 report of the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth" further reiterates based on scientific literature that conversion therapy efforts to change an individual's sexual orientation, gender identity, or gender expression is a practice not supported by credible evidence and has been disavowed by behavioral health experts and associations, perpetuates outdated views of gender roles and identities, negative stereotypes, stating, importantly, that such therapy may put young people at risk of serious harm, and recognizing that, same-gender sexual orientation (including identity, behavior, and attraction) is part of the normal spectrum of human diversity and does not constitute a mental disorder;<sup>9</sup> and

**WHEREAS**, the American College of Physicians wrote a position paper in 2015 opposing the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBT persons, stating that "[a]vailable research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons;"<sup>10</sup> and

**WHEREAS**, In 2016, the American Medical Association issued policy statement H-160.991, which expressly opposed the use of "reparative" or "conversion" therapy for sexual orientation or gender identity;<sup>11</sup> and

**WHEREAS**, The World Psychiatric Association issued a policy statement in March, 2016 on Gender Identity and Same-Sex Orientation, which stated, "There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful. The provision of any intervention purporting to 'treat' something that is not a disorder is wholly unethical;"<sup>12</sup> and

<sup>8</sup> [https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS\\_LGBTQ.pdf](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf)

<sup>9</sup> <http://store.samhsa.gov/shin/content/SMA15-4928/SMA15-4928.pdf>

<sup>10</sup> <http://annals.org/article.aspx?articleid=2292051>

<sup>11</sup> <https://www.ama-assn.org/delivering-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues>

<sup>12</sup> [http://www.wpanet.org/WPA\\_in\\_News.php](http://www.wpanet.org/WPA_in_News.php)

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and correct copy

1           **WHEREAS**, The National Association of Social Workers (“NASW”)  
2 issued a policy statement stating that “No data demonstrates that reparative or  
3 conversion therapies are effective, and in fact they may be harmful.” The NASW  
4 went further and stated that “conversion and reparative therapies are an  
5 infringement to the guiding principles inherent to social worker ethics and  
6 values;”<sup>13</sup> and  
7

8           **WHEREAS**, The Agency for Healthcare Research and Quality issued a  
9 clinician’s guideline for practitioners who work with children and adolescents  
10 based on research provided by the American Academy of Child and Adolescent  
11 Psychiatry. It stated that “There is no empirical evidence that adult  
12 homosexuality can be prevented if gender nonconforming children are influenced  
13 to be more gender conforming. Indeed, there is no medically valid basis for  
14 attempting to prevent homosexuality, which is not an illness. On the contrary,  
15 such efforts may encourage family rejection and undermine self-esteem,  
16 connectedness, and caring, which are important protective factors against suicidal  
17 ideation and attempts;”<sup>14</sup> and  
18

19           **WHEREAS**, At least two federal circuit courts of appeal have upheld  
20 bans on conversion therapy.<sup>15</sup> Both courts found that bans on conversion therapy  
21 did not violate free speech rights; nor did such bans run afoul of the Free Exercise  
22 Clause; nor were such bans vague or impermissibly overbroad. Further the courts  
23 found that counseling is professional speech, subject to a lower level of judicial  
24 scrutiny because the government has a substantial interest in protecting citizens  
25 from ineffective or harmful professional practices; and  
26

27           **WHEREAS**, the City does not intend to prevent mental health providers  
28 from speaking to the public about SOCE; expressing their views to patients;  
29 recommending SOCE to patients; administering SOCE to any person who is 18  
30 years of age or older; or referring minors to unlicensed counselors, such as  
31 religious leaders. This ordinance does not prevent unlicensed providers, such as  
32 religious leaders, from administering SOCE to children or adults; nor does it  
33 prevent minors from seeking SOCE from mental health providers in other  
34 political subdivisions or states outside of the City of Tampa, Florida; and  
35  
36

37           **WHEREAS**, City of Tampa has a compelling interest in protecting the  
38 physical and psychological well-being of minors, including but not limited to  
39 lesbian, gay, bisexual, transgender and questioning youth, and in protecting its  
40 minors against exposure to serious harms caused by sexual orientation and gender  
41 identity change efforts; and  
42

43           **WHEREAS**, the City Council hereby finds the overwhelming research  
44 demonstrating that sexual orientation and gender identity change efforts can pose  
45 critical health risks to lesbian, gay, bisexual, transgender or questioning persons,  
46  
47

48 <sup>13</sup> <http://www.naswdc.org/diversity/lgb/reparative.asp>

49 <sup>14</sup> <https://www.guideline.gov/summaries/summary/38417>

50 <sup>15</sup> King v. Governor of the State of New Jersey, 767 F.3d 216 (3<sup>rd</sup> Cir. 2014) and Pickup v. Brown, 740 F.3d 1208  
(9<sup>th</sup> Cir. 2013)

1 and that being lesbian, gay, bisexual, transgender or questioning is not a mental  
2 disease, mental disorder, mental illness, deficiency, or shortcoming; and  
3

4 **WHEREAS**, the City Council finds minors receiving treatment from  
5 licensed therapists in the City of Tampa, Florida who may be subject to  
6 conversion or reparative therapy are not effectively protected by other means,  
7 including, but not limited to, other state statutes, local ordinances, or federal  
8 legislation; and  
9

10 **WHEREAS**, the City Council desires to prohibit, within the geographic  
11 boundaries of the City, the practice of sexual orientation or gender identity change  
12 efforts on minors by licensed therapists only, including reparative and/or  
13 conversion therapy, which have been demonstrated to be harmful to the physical  
14 and psychological well-being of lesbian, gay, bisexual, transgender and  
15 questioning persons.  
16  
17

18 NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE  
19 CITY OF TAMPA, FLORIDA, that:  
20

21 **Section 1:** The Whereas Clauses are adopted as if set forth fully herein.  
22

23 **Section 2:** The Code of Ordinances of City of Tampa, Florida, Chapter  
24 14 (Offenses) is hereby amended by adding, Article X, Sections 14-310 –  
25 14-313 (Prohibition of Conversion Therapy on Minors) which such  
26 sections shall read as follows:  
27  
28

29 **Sec. 14-310. – Intent**  
30

31 The Intent of this Ordinance is to protect the physical and psychological  
32 well-being of minors, including but not limited to lesbian, gay, bisexual,  
33 transgender and/or questioning youth, from exposure to the serious harms and  
34 risks caused by conversion therapy or reparative therapy by licensed providers,  
35 including but not limited to licensed therapists. These provisions are exercises of  
36 police power of the City for the public safety, health, and welfare; and its  
37 provisions shall be liberally construed to accomplish that purpose.  
38

39 **Sec. 14-311. – Definitions**  
40

41 (a) Conversion therapy or reparative therapy means, interchangeably, any  
42 counseling, practice or treatment performed with the goal of changing an  
43 individual's sexual orientation or gender identity, including, but not limited to,  
44 efforts to change behaviors, gender identity, or gender expression, or to eliminate  
45 or reduce sexual or romantic attractions or feelings toward individuals of the same  
46 gender or sex. Conversion therapy does not include counseling that provides  
47 support and assistance to a person undergoing gender transition or counseling that  
48 provides acceptance, support, and understanding of a person or facilitates a  
49 person's coping, social support, and development, including sexual orientation-  
50

1 neutral interventions to prevent or address unlawful conduct or unsafe sexual  
2 practices, as long as such counseling does not seek to change sexual orientation or  
3 gender identity.

4 (b) Minor means any person less than 18 years of age.

5 (c) Provider means any person who is licensed by the State of Florida to  
6 provide professional counseling, or who performs counseling as part of his or her  
7 professional training under chapters 456, 458, 459, 490 or 491 of the Florida  
8 Statutes, as such chapters may be amended, including but not limited to, medical  
9 practitioners, osteopathic practitioners, psychologists, psychotherapists, social  
10 workers, marriage and family therapists, and licensed counselors. A Provider does  
11 not include members of the clergy who are acting in their roles as clergy or  
12 pastoral counselors and providing religious counseling to congregants, as long as  
13 they do not hold themselves out as operating pursuant to any of the  
14 forementioned Florida Statutes licenses.

15  
16  
17 **Sec. 14-312. – Conversion Therapy Prohibited**

18  
19 It shall be unlawful for any Provider to practice conversion therapy efforts  
20 on any individual who is a minor regardless of whether the Provider receives  
21 monetary compensation in exchange for such services.  
22

23  
24 **Sec. 14-313. – Enforcement and Civil Penalties**

- 25  
26 (a) This article may be enforced pursuant to Chapter 9, Article II of this Code.  
27 (b) The violation of Section 14-312 of this Division is deemed an  
28 irreparable and irreversible violation.  
29 (c) Each separate incident of a violation of Section 14-312 shall constitute a  
30 separate violation for enforcement purposes.  
31 (d) These penalties shall not preclude any other remedies available at law or  
32 in equity, including, injunctive relief in the circuit court.  
33

34 **Section 3.** The Code of Ordinances of City of Tampa, Florida, Chapter  
35 19, Property Maintenance and Structural Standards, Sec. 19-4  
36 (Department of Code Enforcement; duties and scope of authority of the director)  
37 is hereby amended as follows:  
38

- 39  
40 (a) The director shall have all powers, duties and responsibilities to administer  
41 and enforce the following City Code chapters or sections: The director shall  
42 be deemed to be an officer for the purpose of enforcing the provisions of this  
43 chapter under authority provided in section 1-14 of this Code.  
44

- 45 (1)Section 5-105;  
46 (2)Chapter 14, articles III and IV, and X;  
47 (3)Chapter 19;  
48 (4)Chapter 21, articles I, II, III and V;  
49 (5)Chapter 22, articles I and III;  
50 (6)Chapter 25, article I;

(7)Chapter 27.

**Section 4.** All ordinances or parts of ordinances in conflict herewith are hereby repealed.

**Section 5.** Should any section or provision of this Ordinance or any portion, paragraph, sentence, or word be declared invalid by a court of competent jurisdiction, such decision shall not affect the validity of the remainder of this Ordinance.

**Section 6.** Authority is hereby granted to codify the text amendment set forth in Section 1 of this Ordinance.

**Section 7.** That this Ordinance shall take effect immediately upon its adoption.

PASSED AND ORDAINED BY THE CITY COUNCIL OF THE CITY OF TAMPA, FLORIDA, ON \_\_\_\_\_.

\_\_\_\_\_  
CHAIRMAN/CHAIRMAN PRO-TEM,  
CITY COUNCIL

ATTEST:

\_\_\_\_\_  
SHIRLEY FOXX-KNOWLES, CITY CLERK

APPROVED BY ME ON \_\_\_\_\_

\_\_\_\_\_  
BOB BUCKHORN, MAYOR

Approved As to Legal Sufficiency:

\_\_\_\_\_  
Ernest Mueller, Assistant City Attorney

Certified as true  
and correct copy

80

# S. W. Long, Ph.D.

921 E. Broad Street, Tampa, Florida 33604 - (813) 857-4830 - FAX: (510) 291-9254

E-mail: [susan@swlong.com](mailto:susan@swlong.com)

February 28, 2017

File E2017-48  
R/F MAR 02 2017

Tampa City Council Members  
301 E. Kennedy Blvd, 3<sup>rd</sup> Floor  
Tampa, FL 33604

## RE: Conversion Therapy for Minors

Dear Council Members:

Conversion Therapy for Homosexuals is founded on the belief that people choose to have a sexual orientation other than pure heterosexual. Studies have shown there is a genetic component to sexual orientation and that there is a continuum.

(<http://sciencemag.org/content/251/S5119/321.abstract>) and

(<http://science.sciencemag.org/content/253/5023/1034?sid=a3ac9da2-15b4-4cd7-9a16-1f08a2fdd62f>)

This genetic component cannot be changed. Like other traits, they are a combination of both genetic and environmental. So, to say, a homosexual is just going to stop being a homosexual is like telling my children need to stop being smart. How one tests on IQ tests is a function of genetics AND environment.

The statement that only 3% of the population is homosexual is just wrong. Studies have show that, based on one's definition of homosexual, the proportion of homosexual humans is between 10 and 20%. (<http://www.gallup.com/poll/6961/what-percentage-population-gay.aspx>)

The use of Conversion Therapy, Reparative Therapy or Sexual Reorientation Therapy "has been rejected by all the established and reputable American medical, psychological, psychiatric and professional counseling organizations."

(<https://www.splcenter.org/fighting-hate/intelligence-report/2011/10-anti-gay-myths-debunked>)

"A very large number of professional medical, scientific and counseling organizations in the U.S. and abroad have issued statements regarding the harm that reparative therapy can cause, particularly if it's based on the assumption that homosexuality is unacceptable." (<https://www.splcenter.org/fighting-hate/intelligence-report/2011/10-anti-gay-myths-debunked>)

"As early as 1993, the American Academy of Pediatrics stated that "[t]herapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving change in orientation."

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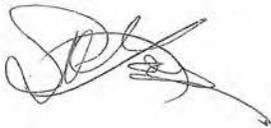
The American Medical Association officially opposes reparative therapy that is “based on the assumption that homosexuality per se is a mental disorder or based on an a priori assumption that the person should change his/her homosexual orientation.”

The Pan-American Health Organization, the world’s oldest international public health agency, issued a statement in 2012 that said, in part: “Services that purport to ‘cure’ people with non-heterosexual sexual orientation lack medical justification and represent a serious threat to the health and well-being of affected people.” The statement continues, “In none of its individual manifestations does homosexuality constitute a disorder or an illness, and therefore it requires no cure.” (<https://www.splcenter.org/fighting-hate/intelligence-report/2011/10-anti-gay-myths-debunked>)

Some of the best evidence of the ineffectiveness of conversion Therapy is from 2013 when Exodus International, formerly one of the largest ex-gay ministries in the world, shut down after its director, Alan Chambers, issued an apology to the LGBT community. Chambers, who is married to a woman, has acknowledged that his same-sex attraction has not changed. At a 2012 conference, he said: “The majority of people that I have met, and I would say the majority meaning 99.9% of them, have not experienced a change in their orientation or have gotten to a place where they could say they could never be tempted or are not tempted in some way or experience some level of same-sex attraction.” (<https://www.splcenter.org/fighting-hate/intelligence-report/2011/10-anti-gay-myths-debunked>)

Given this documented evidence, why would one do this to a minor who is in one of the most vulnerable stages of his/her life, teenage or pre-teen age. If this can cause guilt and anxiety in an adult person, imagine what it could cause in a vulnerable pre-teenager or teenager.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Long', with a long horizontal stroke extending to the right.

Susan W. Long, Ph.D.

File E2017-48  
E2017-8CA 19  
MAR 02 2017 E2017-8CA 19

**Karencia Ciagala**

**From:** Karencia Ciagala  
**Sent:** Friday, February 17, 2017 2:58 PM  
**To:** CityCouncilStaff; Heather Herlein; Salvatore Territo  
**Cc:** Sandy Marshall  
**Subject:** City Council Motions - February 16, 2017 at 9:00a.m. - Regular Session - File No. E2017-48

*See Motion*



Office of the City Clerk  
3<sup>rd</sup> Floor, City Hall  
315 E. Kennedy Boulevard  
Tampa, Florida 33602  
Phone: 813-274-8397  
Fax: 813-274-8306

**MOTION ACTION REQUEST**

**COUNCIL SESSION: February 16, 2017 at 9:00 a.m.**

**PLEASE SUBMIT ALL WRITTEN RESPONSES DIRECTLY TO THE OFFICE OF THE CITY CLERK BY 5:00 P.M. ON THE MONDAY PRIOR TO THE SCHEDULED THURSDAY MEETING - [NOTE: All written responses must include the original and eight (8) copies for distribution by the Office of the City Clerk to Council and to the Council Attorney.]**

**TO: Legal Motion Group**  
**City Council Staff**

**File No. E2017-48**

Legal Department **to appear and to review** a proposed ordinance banning conversion therapy for minors in the City of Tampa and to also specifically review the ordinance enacted by the City of Miami Beach for clarification that bans licensed mental health providers from providing conversion therapy to minors. - (Original motion initiated by Maniscalco-Cohen on January 26, 2017.)

**Motion: (Maniscalco-Capin) That the Legal Department be requested to appear before Council on March 2, 2017 under Staff Reports and Unfinished Business to present a draft ordinance regarding conversion therapy to minors. Motion carried with Miranda voting no and Reddick being absent.**

**Motion: (Maniscalco-Cohen) That the brochure entitled "The Top Ten Myths about Homosexuality" and the handout entitled "The Top Ten Myths about Homosexuality" submitted by Mark Culligan regarding said agenda item, be received and filed. Motion carried with Miranda being absent at vote and Reddick being absent.**

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*AP 2/22*

File E2017-48  
RIF FEB 16 2017

FR - Absent  
CM - AAV

The Top Ten Myths About Homosexuality.  
By Peter Sprigg

Myth No. 1:

People are born gay.

**Fact:**

**The research does not show that anyone is “born gay,” and suggests instead that homosexuality results from a complex mix of developmental factors.**

Myth No. 2:

Sexual orientation can never change.

**Fact:**

**Thousands of men and women have testified to experiencing a change in their sexual orientation from homosexual to heterosexual. Research confirms that such change does occur—sometimes spontaneously, and sometimes as a result of therapeutic interventions.**

Myth No. 3:

Efforts to change someone’s sexual orientation from homosexual to heterosexual are harmful and unethical.

**Fact :**

**There is no scientific evidence that change efforts create greater harm than the homosexual lifestyle itself. The real ethical violation is when clients are denied the opportunity to set their own goals for therapy.**

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Myth No. 4:

Ten percent of the population is gay.

**Fact:**

**Less than three percent of American adults identify themselves as homosexual or bisexual.**

Myth No. 5:

Homosexuals do not experience a higher level of psychological disorders than heterosexuals.

**Fact :**

**Homosexuals experience considerably higher levels of mental illness and substance abuse than heterosexuals. A detailed review of the research has shown that “no other group of comparable size in society experiences such intense and widespread pathology.”<sup>36</sup>**

Myth No. 6:

Homosexual conduct is not harmful to one’s physical health.

**Fact:**

**Both because of high-risk behavior patterns, such as sexual promiscuity, and because of the harm to the body from specific sexual acts, homosexuals are at greater risk than heterosexuals for sexually transmitted diseases and other forms of illness and injury.**

Founded in 1983, Family Research Council is a nonprofit research and educational organization dedicated to articulating and advancing a family-centered philosophy of public life. In addition to providing policy research and analysis for the legislative, executive, and judicial branches of the federal government, FRC seeks to inform the news media, the academic community, business leaders, and the general public about family issues that affect the nation.

Family Research Council relies solely on the generosity of individuals, families, foundations, and businesses for financial support. The Internal Revenue Service recognizes FRC as a tax-exempt, 501(c)(3) charitable organization. Donations to FRC are therefore tax-deductible in accordance with Section 170 of the Internal Revenue Code.

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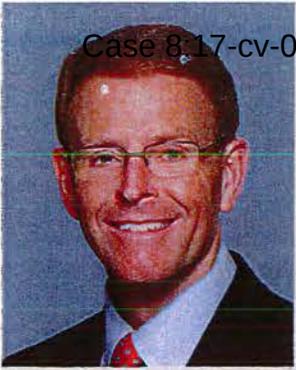
TONY PERKINS, PRESIDENT  
801 G STREET NW  
WASHINGTON, DC 20001  
order line 800-225-4008  
WWW.FRC.ORG



## THE TOP TEN MYTHS ABOUT HOMOSEXUALITY

FAMILY RESEARCH COUNCIL  
*Washington, DC*

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and correct copy



Thank you for choosing this resource. Our pamphlets are designed for grassroots activists and concerned citizens—in other words, people who want to make a difference in their families, in their communities and in their culture.

History has clearly shown the influence that the “Values Voter” can have in the political process. FRC is committed to enabling and motivating individuals to bring about even more positive change in our nation and around the world. I invite you to use this pamphlet as a resource for educating yourself and others about some of the most pressing issues of our day.

FRC has a wide range of papers and publications. To learn more about other FRC publications and to find out more about our work, visit our website at [www.frc.org](http://www.frc.org) or call 1-800-225-4008. I look forward to working with you as we bring about a society that respects life and protects marriage.

President  
Family Research Council

THE TOP TEN MYTHS ABOUT HOMOSEXUALITY  
BY PETER SPRIGG  
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PRINTED IN THE UNITED STATES

## The Top Ten Myths About Homosexuality

BY PETER SPRIGG

The homosexual activist movement is now over forty years old. Conservatives sometimes refer to the array of goals this movement has pursued—hate crime laws, employment “non-discrimination” laws, same-sex “marriage,” etc.—as “the homosexual agenda.”

Occasionally, we are mocked for the use of this term, as though we are suggesting that this movement represents some sinister and shadowy conspiracy. However, the term “agenda” is a perfectly neutral one. We in the pro-family movement certainly have our own “agenda.” Its elements include: protecting the safety and dignity of human life from the moment of conception to the moment of natural death; encouraging the practice of sexuality only within the context of marriage between one man and one woman; and promoting the natural family, headed by a married, biological mother and father, as the ideal setting for raising children. We are proud of this “agenda,” and will continue to vigorously pursue it.

By the same token, homosexual activists have a clear agenda as well. It is an agenda that demands the universal acceptance of homosexual acts and relationships—morally, socially, legally, religiously, politically and financially. Indeed, it calls for not only acceptance, but affirmation and celebration of this behavior as normal, natural,

PETER SPRIGG is Senior Fellow for Policy Studies at Family Research Council in Washington, D. C. and the co-author of *Getting It Straight: What the Research Shows about Homosexuality* and author of *Outrage: How Gay Activists and Liberal Judges are Trashing Democracy to Redefine Marriage*.

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and even as desirable for those who desire it. There is nothing shadowy or secretive about this agenda—in fact, it has become nearly impossible to avoid encountering it.

There is at least one key difference between the “pro-family agenda” and the “pro-homosexual agenda.” In the case of the pro-family agenda, there is a growing and impressive body of social science research and other evidence confirming that the theoretical foundations of pro-family policies are sound, and that pro-family practices benefit society. New technologies like advanced ultrasound imaging and fetal surgery have confirmed the essential humanity of the unborn. Sexual relations outside of marriage have been shown to lead to an array of negative physical and psychological consequences. And social science research has clearly shown that children who are raised by their own, married, biological mother and father have a significant advantage in a broad range of outcome measures.

The same cannot be said of the homosexual agenda. In large measure, the pursuit of this agenda has involved an effort to define the benefits homosexuals seek as a matter of “civil rights,” comparable to that which African Americans fought for in the 1960’s; and to define disapproval of homosexual conduct as a form of “bigotry,” comparable to a racist ideology of white supremacy.

However, these themes only make sense if, in fact, a homosexual “orientation” is a characteristic that

2

4

is comparable to race. But racial discrimination is not wrong merely because a group of people complained loudly and long that it is wrong. Racial discrimination is irrational and invidious because of what I call the five “I’s”—the fact that, as a personal characteristic, race is inborn, involuntary, immutable, innocuous and in the Constitution.

Homosexual activists would have us believe that the same is true of their homosexuality. They want us to believe that their homosexual “orientation” is something they are born with, cannot choose whether to accept or reject, and cannot change; and that it does no harm (to themselves or to society), while being protected by the principles of the Constitution.

However, these are empirical questions, subject to being verified or refuted based on the evidence. And the evidence produced by research has simply not been kind to this theoretical underpinning of the homosexual movement. It has become more and more clear that none of the “five-I” criteria apply to the choice to engage in homosexual conduct.<sup>1</sup>

The homosexual movement is built, not on facts or research, but on mythology. Unfortunately, these myths have come to be widely accepted in society—particularly in schools, universities and the media. It is our hope that by understanding what these key myths are—and then reading a brief summary of the evidence against them—the reader will be empowered to challenge these myths when he or she encounters them.

1 Homosexual *attractions* may be involuntary (but they are not immutable); engaging in homosexual *relations*, however, is clearly voluntary.

3

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### Myth No. 1:

People are born gay.

#### Fact:

**The research does not show that anyone is “born gay,” and suggests instead that homosexuality results from a complex mix of developmental factors.**

The widespread, popular belief that science has proven a biological or genetic origin to homosexuality can be traced to the publicity which surrounded three studies published in the early 1990's. In August of 1991, researcher Simon LeVay published a study based on post-mortem examinations of the brains of cadavers. He concluded that differences in a particular brain structure suggested “that sexual orientation has a biological substrate.”<sup>2</sup> In December of 1991, researchers J. Michael Bailey and Richard C. Pillard published a study of identical and fraternal twins and adoptive brothers, and found that “the pattern of rates of homosexuality . . . was generally consistent with substantial genetic influence.”<sup>3</sup> Finally, in 1993, researcher Dean Hamer claimed to have found a specific “chromosomal region” containing “a gene that contributes to homosexual orientation in males.”<sup>4</sup>

#### MYTH I - FOOTNOTES

- 2 Simon LeVay, “A Difference in Hypothalamic Structure Between Heterosexual and Homosexual Men,” *Science*, 253: 1034 (August 1991).
- 3 J. Michael Bailey and Richard C. Pillard, “A Genetic Study of Male Sexual Orientation,” *Archives of General Psychiatry*, 48: 1089 (December 1991).



These studies suffered from serious methodological weaknesses, such as small sample sizes, non-random samples and even possible mis-classification of their subjects. Other scientists have been unable to replicate these dramatic findings. These problems led two psychiatrists to conclude,

“Critical review shows the evidence favoring a biologic theory to be lacking. . . . In fact, the current trend may be to underrate the explanatory power of extant psychosocial models.”<sup>5</sup>

Subsequently, more rigorous studies of identical twin pairs have essentially made it impossible to argue for the genetic determination of homosexuality. Since identical (“monozygotic,” in the scientific literature) twins have identical genes, if homosexuality were genetically fixed at birth, we should expect that whenever one twin is ho-

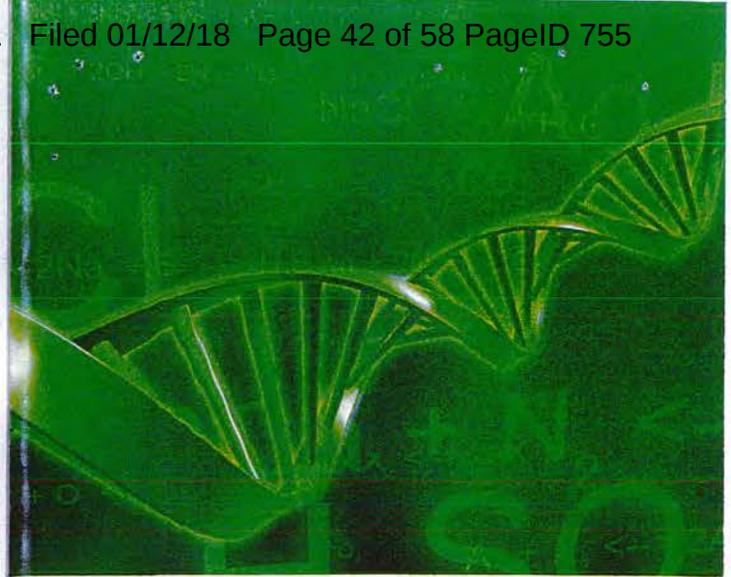
- 4 Dean H. Hamer, *et al.*, “A Linkage Between DNA Markers on the X Chromosome and Male Sexual Orientation,” *Science* 261 (1993): 325.
- 5 William Byne and Bruce Parsons, “Human Sexual Orientation: The Biologic Theories Reappraised,” *Archives of General Psychiatry*, 50 (March 1993): 228, 236.

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mosexual, the other twin would be homosexual (a “concordance rate” of 100%). Even Michael Bailey himself, co-author of the landmark 1991 twins study (which supposedly found a concordance rate of about 50%), conducted a subsequent study on a larger sample of Australian twins. As summarized by other researchers, “They found twenty-seven identical male twin pairs where at least one of the twin brothers was gay, but in only three of the pairs was the second twin brother gay as well”<sup>6</sup> (a “concordance rate” of only eleven per cent).

Researchers Peter Bearman and Hannah Brückner, from Columbia and Yale respectively, studied data from the National Longitudinal Study of Adolescent Health, and found even lower concordance rates of only 6.7% for male and 5.3% for female identical twins. In fact, their study neatly refuted several of the biological theories for the origin of homosexuality, finding social experiences in childhood to be far more significant:

[T]he pattern of concordance (similarity across pairs) of same-sex preference for sibling pairs does not suggest genetic influence independent of social context. Our data falsify the hormone transfer hypothesis by isolating a single condi-



tion that eliminates the opposite-sex twin effect we observe—the presence of an older same-sex sibling. We also consider and reject a speculative evolutionary theory that rests on observing birth-order effects on same-sex orientation. In contrast, our results support the hypothesis that less gendered socialization in early childhood and preadolescence shapes subsequent same-sex romantic preferences.<sup>7</sup>

If it was not clear in the 1990’s, it certainly is now—no one is “born gay.”

6 Stanton L. Jones and Mark A Yarhouse, *Ex-gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Downers Grove, Ill.: IVP Academic, 2007), p. 124; summarizing findings of: J. Michael Bailey, Michael P. Dunne, and Nicholas G. Martin, “Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample,” *Journal of Personality and Social Psychology*, Vol. 78(3), March 2000, 524-536.

7 Peter S. Bearman and Hannah Brückner, “Opposite-Sex Twins and Adolescent Same-Sex Attraction,” *American Journal of Sociology* Vol. 107, No. 5, (March 2002), 1179-1205.

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### Myth No. 2:

Sexual orientation can never change.

### Fact:

**Thousands of men and women have testified to experiencing a change in their sexual orientation from homosexual to heterosexual. Research confirms that such change does occur—sometimes spontaneously, and sometimes as a result of therapeutic interventions.**

When talking about “sexual orientation,” one important clarification must be made. While most people assume that “sexual orientation” is one trait and clearly defined, this is not the case. “Sexual orientation” is actually an umbrella term for three quite different phenomena—a person’s sexual attractions or desires; a person’s sexual behavior; and a person’s self-identification, either publicly or internally (as “gay,” lesbian, “straight,” etc.). While we tend to assume that a person with homosexual attractions will also engage in homosexual relationships and self-identify as “gay” or “lesbian,” survey research on human sexuality clearly shows that this is not the case. An individual’s sexual attractions, sexual behavior and sexual self-identification are not always consistent with each other, let alone static over time.<sup>8</sup>

This understanding sheds new light on the question of whether “homosexuality is a choice.”

#### MYTH 2 - FOOTNOTES

- 8 See Edward O. Laumann, John H. Gagnon, Robert T. Michael, and Stuart Michaels, *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994), pp. 290-301.
- 9 Calculated from Tables 2 and 3 in Robert E. Fay, Charles F. Turner, Albert D. Klassen, John H.



Homosexual *attractions* are clearly not a “choice” in the vast majority of cases. However, it would actually be insulting to people with same-sex attractions to suggest that they are compelled to act on those attractions. Homosexual *conduct* (if it is consensual) clearly *is* a choice—as is self-identifying as “gay” or “lesbian.” One’s self-identification can be changed at will, as can one’s sexual behavior (although perhaps with difficulty—just as other behavioral habits such as overeating can be changed).

Although much attention has been focused on counseling techniques or therapies for unwanted same-sex attractions and on the work of “ex-gay” ministries, there is startling evidence that considerable numbers of people experience significant change in some aspects of sexual orientation, particularly their behavior, quite spontaneously, without therapeutic intervention. For example, two studies have found that a large percentage (46% in one survey,<sup>9</sup> and more than half in another<sup>10</sup>) of all men who have ever engaged in ho-

Gagnon, “Prevalence and Patterns of Same-Gender Sexual Contact among Men, *Science*, New Series, Vol. 243, Issue 4889 (20 January 1989): 341-42.

10 John H. Gagnon and William Simon, *Sexual conduct: The social sources of human sexuality* (Chicago: Aldine, 1993), pp. 131-32; cited in Laumann et al., p. 289, footnote 8.

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mosexual conduct did so *only* before age 15 and never since.

One's internal sexual desires or attractions are undoubtedly the most difficult aspect of "sexual



orientation" to change, but the evidence demonstrates that many people have experienced change in that way as well. Some people in therapy have experienced significant reductions in their same-sex attractions, even when that was not the goal of therapy, as a result of the resolution of other per-

sonal issues in their lives.<sup>11</sup> One "meta-analysis" combining data from thirty studies on reorientation therapy, conducted between 1954 and 1994, showed that 33% of subjects had made some shift toward heterosexuality.<sup>12</sup> Similarly, a survey of over 800 individuals who had participated in a variety of efforts to change from a homosexual orientation found that 34.3% had shifted "to an exclusively or almost exclusively heterosexual orientation."<sup>13</sup> The most methodologically rigorous (prospective and longitudinal) study yet conducted, on subjects who had sought change through religious ministries, which was published in a 414-page book, showed that 38% achieved success, defined as either "substantial conversion to heterosexual attraction" (15%) or "chastity" with homosexual attraction "either missing or present only incidentally."<sup>14</sup>

One of the strongest pieces of evidence for the possibility of change came from an unlikely source—Dr. Robert Spitzer, a psychiatrist who was instrumental in the pivotal 1973 decision of the American Psychiatric Association to remove homosexuality from its official list of mental disorders. Spitzer studied two hundred people who had reported some measure of change from a ho-

11 At least four sources reporting such cases, published between 1969 and 1992, are cited 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* Vol. 1 (National Association for Research and Therapy of Homosexuality, 2009), pp. 23, 30.

12 Stanton L. Jones and Mark A Yarhouse, *Homosexuality: The use of scientific research in the church's moral debate* (Downer's Grove, Ill.: InterVarsity Press, 2000); cited in: James E. Phelan, Neil Whitehead, Philip M. Sutton, "What Research Shows: NARTH's Response to the APA Claims on Ho-

mosexuality," *Journal of Human Sexuality* Vol. 1 (National Association for Research and Therapy of Homosexuality, 2009), p. 32.

13 J. Nicolosi, A. D. Byrd, and R. W. Potts, "Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients," *Psychological Reports* 86, pp. 689-702. Cited in: Phelan et al., p. 12.

14 Stanton L. Jones and Mark A Yarhouse, *Ex-gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Downers Grove, Ill.: IVP Academic, 2007), p. 369.

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This is not to say that change is easy, that it is typically accomplished through prayer or will-power alone, or that the success of reorientation therapy can be guaranteed. However, personal testimonies, survey data and clinical research all make clear that change from a predominantly homosexual to a predominantly heterosexual orientation is possible.

mosexual to a heterosexual orientation as a result of what is sometimes called "reparative therapy"<sup>15</sup> for unwanted same-sex attractions. He concluded,

The changes following reparative therapy were not limited to sexual behavior and sexual orientation self-identity. The changes encompassed sexual attraction, arousal, fantasy, yearning, and being bothered by homosexual feelings. The changes encompassed the core aspects of sexual orientation.<sup>16</sup>

15 Strictly speaking, "reparative therapy" describes a specific therapeutic technique which is not used by all therapists who treat unwanted same-sex attractions. "Change therapy" or "reorientation therapy" would be more inclusive terms. See Phelan et al., p. 6, footnote 1.

16 Robert L. Spitzer, M.D., "Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation," *Archives of Sexual Behavior* 32, no. 5 (October 2003): 413.

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### Myth No. 3:

Efforts to change someone's sexual orientation from homosexual to heterosexual are harmful and unethical.

### Fact:

There is no scientific evidence that change efforts create greater harm than the homosexual lifestyle itself. The real ethical violation is when clients are denied the opportunity to set their own goals for therapy.

Homosexual activists regularly present anecdotal evidence of the harms suffered by clients of re-orientation therapists<sup>17</sup>—even while simultaneously denying the validity of anecdotal evidence in support of the benefits and effectiveness of such change therapies.<sup>18</sup> Opponents of change therapies have largely succeeded in codifying their views in policy statements of the American Psychological Association, which has expressed concern about “the ethics, efficacy, benefits, and potential for harm of therapies that seek to reduce or eliminate same-gender sexual orientation.”<sup>19</sup>



However, the best scientific studies analyzing the outcome of such change therapies simply do not validate the claims of substantial harm. In one survey of over 800 clients of change therapies, participants were given a list of seventy potential negative consequences of therapy. Only 7.1% said they were worse in as many as three of the seventy categories.<sup>20</sup> The authors of the most methodologically rigorous study ever conducted on persons seeking to change from a homosexual orientation looked for evidence of harm using standardized measures of “psychological dis-

#### MYTH 3 - FOOTNOTES

- 17 For example, see *Finally Free: Personal Stories: How Love and Self-Acceptance Saved Us from "Ex-Gay" Ministries* (Washington, DC: Human Rights Campaign Foundation, July 2000); online at: <http://www.hrc.org/documents/finallyfree.pdf>
- 18 For example, see Bob Davies with Lela Gilbert, *Portraits of Freedom: 14 People Who Came Out of Homosexuality* (Downers Grove, Ill.: InterVarsity Press, 2001).
- 19 P. H. DeLeon, “Proceedings of the American Psychological Association . . .” for 1997, *American Psychologist* 53, pp. 882-939; cited 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* Vol. 1 (National Association for Research and Therapy of Homosexuality, 2009), p. 5.

- 20 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, pp. 1071-88; cited in Phelan, et al., p. 42.

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tress,<sup>21</sup> “spiritual well-being,”<sup>22</sup> and “faith maturity.”<sup>23</sup> They concluded, “We found no empirical evidence in this study to support the claim that the attempt to change sexual orientation is harmful.”<sup>24</sup> Even Robert Spitzer, a pro-“gay” psychiatrist who found that change therapies can be effective, also declared, “For the participants in our study, there was no evidence of harm.”<sup>25</sup>

In fact, even some who have *failed* in efforts to change their sexual orientation have nevertheless experienced *benefits* in other areas of their lives as a result of their participation in reorientation therapy. Spitzer also acknowledged this point, declaring:

Even participants who only made a limited change nevertheless regarded the therapy as extremely beneficial. Participants reported benefit from nonsexual changes, such as decreased depression, a greater sense of masculinity in males, and femininity in females, and developing intimate nonsexual relations with members of the same sex.<sup>26</sup>

It is important to note that responsible reorientation therapists, such as those affiliated with the National Association for Research and Therapy of Homosexuality (NARTH),<sup>27</sup> offer their ser-

vices only to those who experience *unwanted* same-sex attractions and desire to change. No one supports forcing any adult into reorientation therapy against his or her will—and such coercion would be ineffective, since a client’s motivation to change is crucial to the success of therapy. It is actually the opponents of reparative therapy who are violating a long-standing ethical principle in the field of psychology—namely, the autonomy of the client to determine his or her own goals for therapy. Even the American Psychological Association, which is highly critical of reorientation therapy, has been forced to affirm, “Mental health professional organizations call on their members to respect a person’s (client’s) right to self-determination . . . .”<sup>28</sup>

Of course, any form of counseling or psychological therapy—like any surgery or pharmaceutical drug—may have unintended negative side effects for some clients or patients. The question is not whether *some* harm is *possible*. The real question is whether the potential benefits *outweigh* the potential for harm. Given the potential benefit of mitigating the significant harms associated with the homosexual lifestyle itself (see Myths 5 and 6), it seems clear that therapy to overcome a homosexual orientation easily meets that standard.

21 Stanton L. Jones and Mark A Yarhouse, *Ex-gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Downers Grove, Ill.: IVP Academic, 2007), 333-344.

22 *Ibid.*, 344-349.

23 *Ibid.*, 349-353.

24 *Ibid.*, 359.

25 Robert L. Spitzer, M.D., “Can Some Gay Men and Lesbians Change Their Sexual Orientation?” 200

Participants Reporting a Change from Homosexual to Heterosexual Orientation,” *Archives of Sexual Behavior* 32, no. 5 (October 2003): 414.

26 *Ibid.*, 413.

27 Online at: <http://www.narth.com/>

28 *Answers to your questions: For a better understanding of sexual orientation and homosexuality* (Washington, DC: American Psychological Association, 2008), p. 3. Online at: [www.apa.org/topics/orientation.pdf](http://www.apa.org/topics/orientation.pdf)

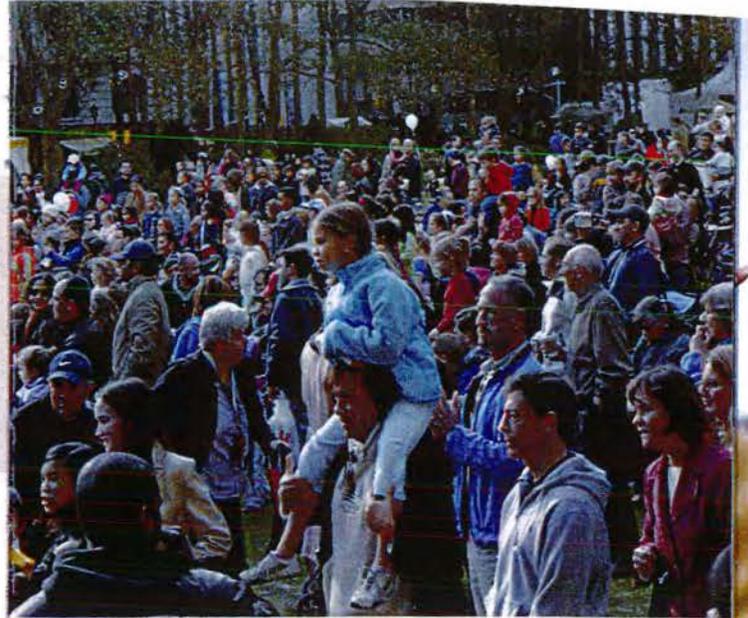
## Myth No. 4:

Ten percent of the population is gay.

## Fact:

**Less than three percent of American adults identify themselves as homosexual or bisexual.**

The myth that ten percent of the population is homosexual arose from the work of the notorious early sex researcher Alfred Kinsey.<sup>29</sup> His surveys of the sexual behaviors of Americans in the 1940's have been thoroughly discredited, because he "failed to meet even the most elementary requirements for drawing a truly representative sample of the population at large."<sup>30</sup> And Kinsey did not claim that ten percent of the population was exclusively homosexual throughout their lifetimes—even among Kinsey's subjects, only four percent met that standard. Instead, he claimed that "10 percent of the males are more or less exclusively homosexual for at least three years . . ." (emphasis added).<sup>31</sup> Indeed, the famous "Kinsey Scale" classified sexual orientation on a continuum



(from zero, for exclusively heterosexual, to six, for exclusively homosexual), based on the assumption that few people are exclusively homosexual or exclusively heterosexual.<sup>32</sup>

More modern survey data has modified even that claim. In fact, an overwhelming majority of the population are exclusively heterosexual. However, of the small number of people who have ever experienced homosexuality on any of the three measures of sexual orientation (attractions, behavior, and self-identification), the number who have been *exclusively* homosexual on *all three* measures

### MYTH 4 - FOOTNOTES

- 29 For two book-length critiques of Kinsey's research and his ethics—or lack thereof—see Judith A. Reisman and Edward W. Eichel, *Kinsey, Sex and Fraud: The Indoctrination of a People* (Lafayette, La.: Huntington House, 1990); and Judith A. Reisman, *Kinsey: Crimes & Consequences: The Red Queen and the Grand Scheme* (Arlington, Va.: Institute for Media Education, 1998).
- 30 Edward O. Laumann, John H. Gagnon, Robert T. Michael, and Stuart Michaels, *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994), p. 35. See also Robert T. Michael, John H. Gagnon, Ed-

ward O. Laumann, and Gina Kolata, *Sex in America: A Definitive Survey* (Boston: Little, Brown and Co., 1994), pp. 17-19.

- 31 Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin, *Sexual behavior in the human male* (Philadelphia: Saunders, 1948), pp. 650-51; cited in: Laumann, et al., *The Social Organization of Sexuality*, p. 288.

- 32 See the website of the Kinsey Institute for Research in Sex, Gender, and Reproduction, online at: <http://www.kinseyinstitute.org/research/ak-hhscale.html>



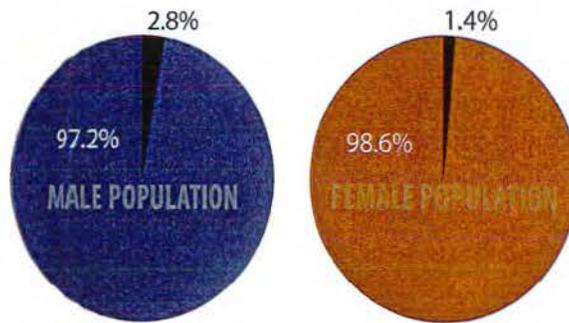
throughout their lives is vanishingly small—only 0.6% of men and 0.2% of women.<sup>33</sup>

Even if we go by the measure of self-identification alone, the percentage of the population who identify as homosexual or bisexual is quite small. Convincing evidence of these has come from an unlikely source—a consortium of 31 of the leading homosexual rights groups in America. In a friend-of-the-court brief they filed in the Supreme Court’s *Lawrence v. Texas* sodomy case in 2003, they admitted the following:

The most widely accepted study of sexual practices in the United States is the National Health

33 Laumann, et al., *The Social Organization of Sexuality*, p. 312.

and Social Life Survey (NHSLs). The NHSLs found that 2.8% of the male, and 1.4% of the female, population identify themselves as gay, lesbian, or bisexual. See Laumann et al., *The Social Organization of Sex: Sexual Practices in the United States* (1994).<sup>34</sup>



The NHSLs found that 2.8% of the male population identify themselves as gay or bisexual.

The NHSLs found that 1.4% of the female population identify themselves as gay, lesbian, or bisexual.

So it’s fair to say that the “ten percent” myth has been discredited even by pro-homosexual groups themselves—yet a recent<sup>35</sup> Google search for the words “ten percent gay” still turned up 2,970,000 hits.

34 *Lawrence v. Texas*, Docket No. 02-102 (U.S. Supreme Court), brief of amici curiae Human Rights Campaign et al., 16 January 2003, p. 16 (footnote 42).

35 April 1, 2010.

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### Myth No. 5:

Homosexuals do not experience a higher level of psychological disorders than heterosexuals.

### Fact :

**Homosexuals experience considerably higher levels of mental illness and substance abuse than heterosexuals. A detailed review of the research has shown that “no other group of comparable size in society experiences such intense and widespread pathology.”<sup>36</sup>**

One of the first triumphs of the modern homosexual movement was the removal of homosexuality from the American Psychiatric Association’s official list of mental disorders in 1973. That decision was far more political than scientific in nature,<sup>37</sup> and an actual survey of psychiatrists several years later showed that a large majority still believed homosexuality to be pathological.<sup>38</sup> Nevertheless, regardless of whether one considers homosexuality *itself* to be a mental disorder, there can be no question that it is *associated* with higher levels of a whole range of mental disorders.



Ron Stall, one of the nation’s leading AIDS researchers, has been warning for years “that additive psychosocial health problems—otherwise known collectively as a ‘syndemic’—exist among urban MSM”<sup>39</sup> [men who have sex with men]. For example, in 2003, his research team reported in the *American Journal of Public Health* that homosexual conduct in this population is associated with higher rates of multiple drug use, depression, domestic violence and a history of having been sexually abused as a child.<sup>40</sup>

Findings released in 2005 from an on-going, population-based study of young people in New Zealand showed that homosexuality is

“ . . . associated with increasing rates of depression, anxiety, illicit drug dependence, suicidal thoughts and attempts. Gay males, the study shows, have mental health problems five times

#### MYTH 5 - FOOTNOTES

- 36 James E. Phelan, Neil Whitehead, Philip M. Sutton, “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality,” *Journal of Human Sexuality* Vol. 1, p. 93 (National Association for Research and Therapy of Homosexuality, 2009).
- 37 See the very balanced account offered in Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton, N.J.: Princeton University Press, 1981).
- 38 *Ibid.*, p. 167, citing “Sexual Survey #4: Current Thinking on Homosexuality,” *Medical Aspects of Human Sexuality* 11 (November 1977), pp. 110-11.

- 39 Ron Stall, Thomas C. Mills, John Williamson, Trevor Hart, Greg Greenwood, Jay Paul, Lance Pollack, Diane Binson, Dennis Osmond, Joseph A. Catania, “Association of Co-Occurring Psychosocial Health Problems and Increased Vulnerability to HIV/AIDS Among Urban Men Who Have Sex With Men,” *American Journal of Public Health*, Vol. 93, No. 6 (June 2003), p. 941.

- 40 *Ibid.*, 940-42.

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higher than young heterosexual males. Lesbians have mental health problems nearly twice those of exclusively heterosexual females.”<sup>41</sup>

A 2008 “meta-analysis” reviewed over 13,000 papers on this subject and compiled the data from the 28 most rigorous studies. Their conclusion was: “LGB [lesbian, gay, bisexual] people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm than heterosexual people.”<sup>42</sup>

Even the pro-homosexual Gay & Lesbian Medical Association (GLMA) acknowledges:

- “Gay men use substances at a higher rate than the general population . . .”
- “Depression and anxiety appear to affect gay men at a higher rate . . .”
- “. . . [G]ay men have higher rates of alcohol dependence and abuse . . .”
- “. . . [G]ay men use tobacco at much higher rates than straight men . . .”
- “Problems with body image are more common among gay men . . . and gay men are

much more likely to experience an eating disorder . . .”<sup>43</sup>

The GLMA also confirms that:

- “. . . [L]esbians may use tobacco and smoking products more often than heterosexual women use them.”
- “Alcohol use and abuse may be higher among lesbians.”
- “. . . [L]esbians may use illicit drugs more often than heterosexual women.”<sup>44</sup>

Homosexual activists generally attempt to explain these problems as results of “homophobic discrimination.” However, there is a serious problem with that theory—there is no empirical evidence that such psychological problems are greater in areas where disapproval of homosexuality is more intense. On the contrary, even a study in the Netherlands—perhaps the most “gay-friendly” country in the world—showed “a higher prevalence of substance use disorders in homosexual women and a higher prevalence of mood and anxiety disorders in homosexual men.”<sup>45</sup>

41 “Study: Young Gay Men At Higher Risk Of Suicide,” *365Gay.com*, August 2, 2005; online at: <http://www.365gay.com/newscon05/08/080205suicide.htm> (page not available February 13, 2010; on file with author).

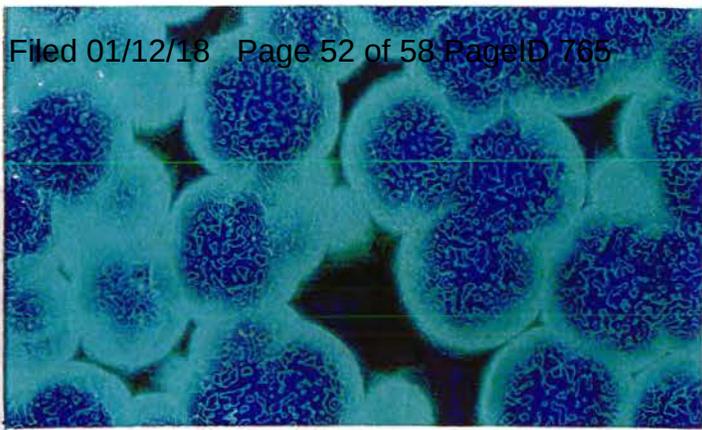
42 Michael King, Joanna Semlyen, Sharon See Tai, Helen Killaspy, David Osborn, Dmitri Popelyuk and Irwin Nazareth, “A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people,” *BMC Psychiatry* 2008, 8:70 (August 18, 2008); online at: <http://www.biomed-central.com/content/pdf/1471-244X-8-70.pdf>

43 Victor M. B. Silenzio, “Top 10 Things Gay Men Should Discuss with their Healthcare Provider” (San Francisco: Gay & Lesbian Medical Association); accessed April 1, 2010; online at: [http://www.glma.org/\\_data/n\\_0001/resources/live/Top%20Ten%20Gay%20Men.pdf](http://www.glma.org/_data/n_0001/resources/live/Top%20Ten%20Gay%20Men.pdf)

44 Katherine A. O’Hanlan, “Top 10 Things Lesbians Should Discuss with their Healthcare Provider” (San Francisco: Gay & Lesbian Medical Association); accessed April 1, 2010; online at: [http://www.glma.org/\\_data/n\\_0001/resources/live/Top%20Ten%20Lesbians.pdf](http://www.glma.org/_data/n_0001/resources/live/Top%20Ten%20Lesbians.pdf)

45 Theo G. M. Sandfort, Ron de Graaf, Rob V. Bijl, Paul Schnabel, “Same-Sex Sexual Behavior and Psychiatric Disorders: Findings From the Netherlands Mental Health Survey and Incidence Study (NEMESIS),” *Archives of General Psychiatry* 58 (January 2001), pp. 88-89.

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### Myth No. 6:

Homosexual conduct is not harmful to one's physical health.

### Fact:

**Both because of high-risk behavior patterns, such as sexual promiscuity, and because of the harm to the body from specific sexual acts, homosexuals are at greater risk than heterosexuals for sexually transmitted diseases and other forms of illness and injury.**

The most obvious and dramatic example of the negative consequences of homosexual conduct among men is the AIDS epidemic. In 2009, a gay newspaper reported, "Gay and bisexual men account for half of new HIV infections in the U.S. and have AIDS at a rate more than 50 times greater than other groups, according to Centers for Disease Control & Prevention data . . ."<sup>46</sup>

Through 2007, 274,184 American men had died of AIDS whose only risk factor was sex with other men. When men who had sex with men *and* engaged in injection drug use are added to that total, we find that more than two thirds of the total male AIDS deaths in America (68%) have been among homosexual men.<sup>47</sup>

HIV/AIDS is not the only sexually transmitted disease for which homosexual men are at risk.

The CDC warns, "Men who have sex with men (MSM) are at elevated risk for certain sexually transmitted diseases (STDs), including Hepatitis A, Hepatitis B, HIV/AIDS, syphilis, gonorrhea, and chlamydia."<sup>48</sup>

As early as 1976—even before the onset of the AIDS epidemic—doctors had identified a "clinical pattern of anorectal and colon diseases encountered with unusual frequency in . . . [male] homosexual patients," resulting from the practice of anal intercourse, which they dubbed "the gay bowel syndrome." An analysis of 260 medical records reported in the *Annals of Clinical and Laboratory Science* found:

The clinical diagnoses in decreasing order of frequency include condyloma acuminata, hemorrhoids, nonspecific proctitis, anal fistula, perirectal abscess, anal fissure, amebiasis, benign polyps, viral hepatitis, gonorrhea, syphilis, anorectal trauma and foreign bodies, shigellosis, rectal ulcers and lymphogranuloma venereum. . . . In evaluating proctologic problems in the gay male, all of the known sexually transmitted diseases should be considered. . . . Concurrent

#### MYTH 6 - FOOTNOTES

46 Dyana Bagby, "Gay, bi men 50 times more likely to have HIV: CDC reports hard data at National HIV Prevention Conference," *Washington Blade*, August 28, 2009.

47 Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: U.S. Department of Health and Human Services,

Centers for Disease Control and Prevention; 2009; p. 19. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

48 Centers for Disease Control and Prevention, "Viral Hepatitis And Men Who Have Sex With Men," online at: <http://www.cdc.gov/hepatitis/Populations/msm.htm> (accessed February 5, 2010).

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infections with 2 or more pathogens should be anticipated.<sup>49</sup>

Although not as dramatic, similar problems are also found among lesbians. In 2007, a medical journal reported, "Women who identified as lesbians have a 2.5-fold increased likelihood of BV [bacterial vaginosis] compared with heterosexual women."<sup>50</sup>

As with mental health problems (see Myth No.5), the Gay and Lesbian Medical Association has neatly summarized the elevated risks to physical health experienced by homosexuals:

- "That men who have sex with men are at an increased risk of HIV infection is well known . . . . However, the last few years have seen the return of many unsafe sex practices."
- "Men who have sex with men are at an increased risk of sexually transmitted infection with the viruses that cause the serious condition of the liver known as hepatitis. These infections can be potentially fatal, and can lead to very serious long-term issues such as cirrhosis and liver cancer."
- "Sexually transmitted diseases (STDs) occur in sexually active gay men at a high rate. This includes STD infections for which effective treatment is available (syphilis, gonorrhea,

chlamydia, pubic lice, and others), and for which no cure is available (HIV, Hepatitis A, B, or C virus, Human Papilloma Virus, etc.)."

- "Of all the sexually transmitted infections gay men are at risk for, human papilloma virus — which cause anal and genital warts — is often thought to be little more than an unsightly inconvenience. However, these infections may play a role in the increased rates of anal cancers in gay men. . . . [R]ecurrences of the warts are very common, and the rate at which the infection can be spread between partners is very high."<sup>51</sup>

Lesbians also face significant risks, according to the GLMA:

- "Lesbians have the richest concentration of risk factors for breast cancer than [sic] any subset of women in the world."
- "Smoking and obesity are the most prevalent risk factors for heart disease among lesbians . . ."
- "Lesbians have higher risks for many of the gynecologic cancers."
- "Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death."<sup>52</sup>

49 H. L. Kazal, N. Sohn, J. I. Carrasco, J. G. Robilotti, and W. E. Delaney, "The gay bowel syndrome: clinico-pathologic correlation in 260 cases," *Annals of Clinical and Laboratory Science* 1976, Vol 6, Issue 2, 184-192; abstract online at: <http://www.annclin-labsci.org/cgi/content/abstract/6/2/184>

50 Amy L. Evans, Andrew J. Scally, Sarah J. Wellard, Janet D. Wilson, "Prevalence of bacterial vaginosis in lesbians and heterosexual women in a community setting," *Sexually Transmitted Infections* 2007; 83:470-475; abstract; online at: <http://sti.bmj.com/content/83/6/470.abstract>

51 Victor M. B. Silenzio, "Top 10 Things Gay Men Should Discuss with their Healthcare Provider" (San Francisco: Gay & Lesbian Medical Association); accessed April 1, 2010; online at: [http://www.glma.org/\\_data/n\\_0001/resources/live/Top%20Ten%20Gay%20Men.pdf](http://www.glma.org/_data/n_0001/resources/live/Top%20Ten%20Gay%20Men.pdf)

52 Katherine A. O'Hanlan, "Top 10 Things Lesbians Should Discuss with their Healthcare Provider" (San Francisco: Gay & Lesbian Medical Association); accessed April 1, 2010; online at: [http://www.glma.org/\\_data/n\\_0001/resources/live/Top%20Ten%20Lesbians.pdf](http://www.glma.org/_data/n_0001/resources/live/Top%20Ten%20Lesbians.pdf)

### Myth No. 7:

Children raised by homosexuals are no different from children raised by heterosexuals, nor do they suffer harm.

### Fact:

**An overwhelming body of social science research shows that children do best when raised by their own biological mother and father who are committed to one another in a lifelong marriage. Research specifically on children of homosexuals has major methodological problems, but does show specific differences.**

Few findings in the social sciences have been more definitively demonstrated than the fact that children do best when raised by their own married mother and father. The non-partisan research group Child Trends summarized the evidence this way:

Research clearly demonstrates that family structure matters for children, and the family structure that helps the most is a family headed by two biological parents who are in a low-conflict marriage.<sup>53</sup>

Homosexual activists say that having both a mother and a father does not matter—it is hav-



ing two loving parents that counts. But social science research simply does not support this claim. Dr. Kyle Pruett of Yale Medical School, for example, has demonstrated in his book *Fatherhood* that fathers contribute to parenting in ways that mothers do not.<sup>54</sup> On the other hand, Dr. Brenda Hunter has documented the unique contributions that mothers make in her book, *The Power of Mother Love*.<sup>55</sup>

The truth is that most research on “homosexual parents” thus far has been marred by serious methodological problems.<sup>56</sup> However, even pro-

#### MYTH 7 - FOOTNOTES

- 53 Kristin Anderson Moore, et al., 2002. “Marriage from a Child’s Perspective: How Does Family Structure Affect Children and What Can We Do About It?”, *Child Trends Research Brief* (Washington, D.C.: Child Trends) (June): 1 (available at <http://www.childtrends.org/PDF/MarriageRB602.pdf>).
- 54 Kyle D. Pruett, *Fatherhood: Why Father Care is as Essential as Mother Care for Your Child* (New York: The Free Press, 2000).

- 55 Brenda Hunter, *The Power of Mother Love: Transforming Both Mother and Child* (Colorado Springs: Waterbrook Press, 1997).
- 56 Robert Lerner and Althea K. Nagai, *No Basis: What the Studies Don’t Tell Us About Same Sex Parenting* (Washington: Ethics and Public Policy Center, 2001).

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homosexual sociologists Judith Stacey and Timothy Biblarz report that the actual data from key studies show the “no differences” claim to be false.

Surveying the research (primarily regarding lesbians) in an *American Sociological Review* article in 2001, they found that:

- Children of lesbians are less likely to conform to traditional gender norms.
- Children of lesbians are more likely to engage in homosexual behavior.
- Daughters of lesbians are “more sexually adventurous and less chaste.”
- Lesbian “co-parent relationships” are more likely to break up than heterosexual marriages.<sup>57</sup>



57 Judith Stacey and Timothy J. Biblarz, “(How) Does the Sexual Orientation of Parents Matter,” *American Sociological Review* 66 (2001), pp. 159-83.

A 1996 study by an Australian sociologist compared children raised by heterosexual married couples, heterosexual cohabiting couples and homosexual cohabiting couples. It found that the children of heterosexual married couples did the best, and children of homosexual couples did the worst, in nine of the thirteen academic and social categories measured.<sup>58</sup>

The clear superiority (in outcomes for children) of households with a married, biological mother and father; the limited but revealing research on children raised by homosexual parents; and the inherent mental and physical health risks (see Myths 5 and 6) and dysfunctional behaviors (see Myths 8 and 10) associated with homosexual relationships—all of these combine to suggest that we should be exceedingly cautious about deliberately placing children in the care of homosexuals, whether through foster care, adoption, or the use of artificial reproductive technologies.

58 Sotirios Sarantakos, “Children in three contexts: Family, education and social development,” *Children Australia* 21, No. 3 (1996): 23-31.

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### Myth No. 8:

Homosexuals are no more likely to molest children than heterosexuals.

### Fact:

**The percentage of child sexual abuse cases in which men molest boys is many times higher than the percentage of adult males who are homosexual, and most men who molest boys self-identify as homosexual or bisexual.**

If this myth were true, it would support the notion that homosexuals should be allowed to work with children as schoolteachers, Boy Scout leaders and Big Brothers or Big Sisters. However, it is not true. The research clearly shows that same-sex child sexual abuse (mostly men molesting boys) occurs at rates far higher, proportionally, than adult homosexual behavior, and it strongly suggests that many of those abusers are homosexual in their adult orientation as well.

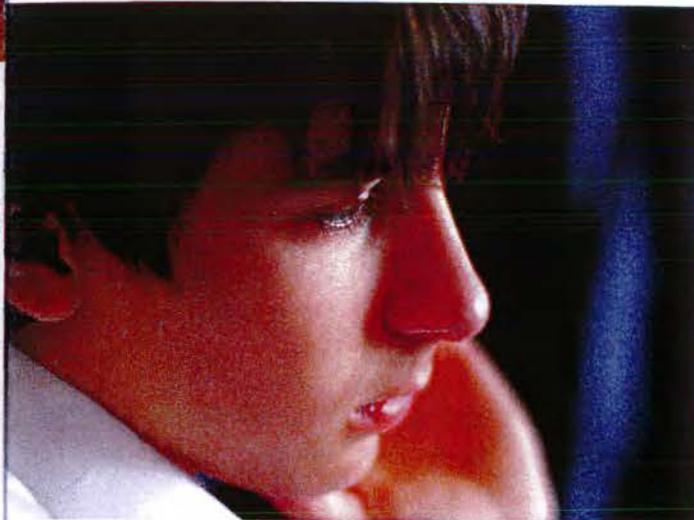
As this is perhaps the most explosive claim about homosexuals, a couple of clarifications are in order. This does *not* mean that all homosexuals are child molesters—no one has ever claimed that. It does *not* even mean that most homosexuals are child molesters—there is no evidence to support that. But there *is* evidence that the relative *rate* of child sexual abuse among homosexuals is far higher than it is among heterosexuals.

#### MYTH 8 - FOOTNOTES

59 John Briere, et al., eds., *The APSAC Handbook on Child Maltreatment* (Thousand Oaks, California: Sage Publications, 1996), pp. 52, 53.

This conclusion rests on three key facts:

**Pedophiles are invariably males:** A report by the American Professional Society on the Abuse of Children states: "In both clinical and non-clinical samples, the vast majority of offenders are male."<sup>59</sup> The book *Sexual Offending Against Children* reports that only 12 of 3,000 incarcerated pedophiles in England were women.<sup>60</sup>



**Significant numbers of victims are males:** A study of 457 male sex offenders against children in *Journal of Sex & Marital Therapy* found that "approximately one-third of these sexual offenders directed their sexual activity against

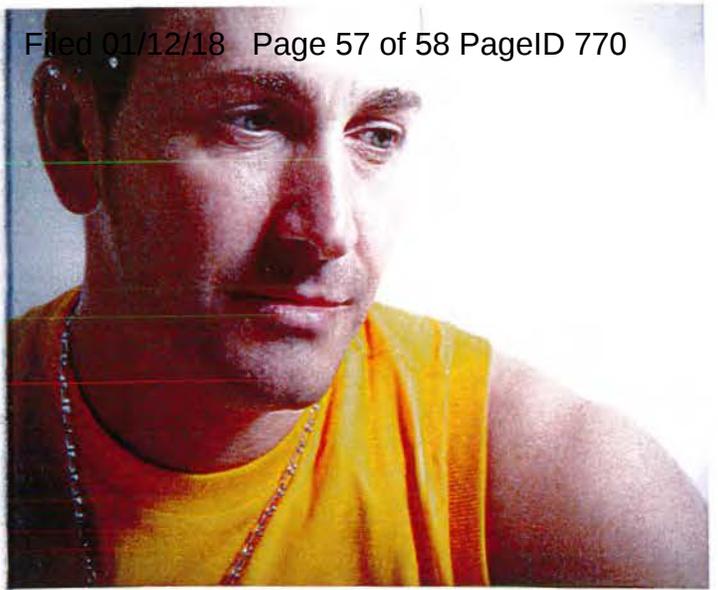
60 Dawn Fisher, "Adult Sex Offenders: Who are They? Why and How Do They Do It?" in Tony Morrison, et al., eds., *Sexual Offending Against Children* (London: Routledge, 1994), p. 11.

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males.”<sup>61</sup> A study in the *Journal of Sex Research* found that although heterosexuals outnumber homosexuals by a ratio of at least 20 to 1, homosexual pedophiles commit about one-third of the total number of child sex offenses.<sup>62</sup>

**Many pedophiles consider themselves to be homosexual:** Many people who write about the issue of pedophilia argue that most men who molest boys are merely attracted to children, not to adult males, but they do not cite any specific data to support that assertion. In fact, a study of 229 convicted child molesters in *Archives of Sexual Behavior* found that “eighty-six percent of offenders against males described themselves as homosexual or bisexual.”<sup>63</sup>

Since almost thirty percent of child sexual abuse is committed by homosexual or bisexual men (one-third male-on-male abuse times 86% identifying as homosexual or bisexual), but less than 3% of American men identify themselves as homosexual or bisexual,<sup>64</sup> we can infer that homosexual or



bisexual men are approximately ten times more likely to molest children than heterosexual men.

In addition to the actual data on elevated rates of homosexual child abuse, there is clearly a subculture among homosexual men that openly celebrates the idea of sexual relationships between adult men and underage boys, whether pre-pubescent or adolescent. Such relationships are referred to in some research literature using neutral-sounding euphemisms such as “age-discrepant sexual relations (ADSRs)”<sup>65</sup> or “intergenerational

61 Kurt Freund, et al., “Pedophilia and Heterosexuality vs. Homosexuality,” *Journal of Sex & Marital Therapy* 10 (1984): 197.

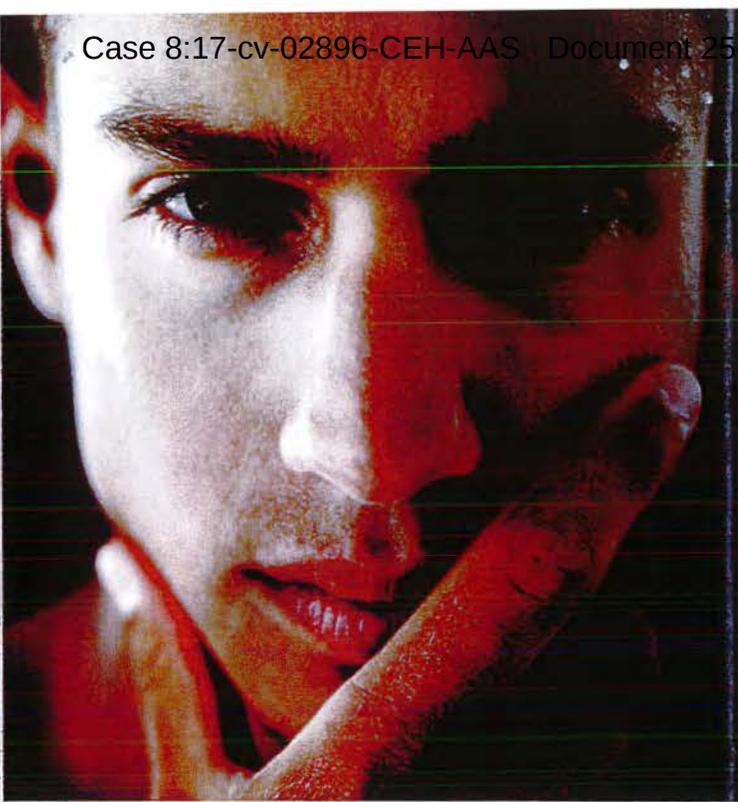
62 Kurt Freund, Robin Watson, and Douglas Rienzo, “Heterosexuality, Homosexuality, and Erotic Age Preference,” *The Journal of Sex Research* 26, No. 1 (February, 1989): 107.

63 W. D. Erickson, “Behavior Patterns of Child Molesters,” *Archives of Sexual Behavior* 17 (1988): 83.

64 Edward O. Laumann, John H. Gagnon, Robert T. Michael, and Stuart Michaels, *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994),

p. 293—“Altogether, 2.8 percent of the men and 1.4 percent of the women reported some level of homosexual (or bisexual) identity.”

65 See Bruce Rind, “Gay and bisexual adolescent boys’ sexual experiences with men: An empirical examination of psychological correlates in a nondinical sample,” *Archives of Sexual Behavior* Vol. 30, Issue 4, August 1, 2001; also Jessica L. Stanley, Kim Bartholomew, Doug Oram, “Gay and Bisexual Men’s Age-Discrepant Childhood Sexual Experiences,” *The Journal of Sex Research*, Vol. 41, Number 4, November, 2004: pp. 381-389: online at: [http://findarticles.com/p/articles/mi\\_m2372/is\\_4\\_41/ai\\_n9488757/](http://findarticles.com/p/articles/mi_m2372/is_4_41/ai_n9488757/)



adult-youth sexual relations has been a staple of gay literature and has made appearances, too, in gay-themed films. . . .

Last summer, I attended a reading in which a gay poet read a long piece about being aroused by a flirtatious young boy in his charge. In response, the man went into the boy's bedroom and [sexually abused the boy as he] slept. . . . Disturbingly, most of the gay audience gave the poet an appreciative round of applause. . . .

. . . The lesbian and gay community will never be successful in fighting the pedophile stereotype until we all stop condoning sex with young people.<sup>67</sup>

intimacy.”<sup>66</sup> Lesbian writer Paula Martinac summarized this phenomenon:

. . . [S]ome gay men still maintain that an adult who has same-sex relations with someone under the legal age of consent is on some level doing the kid a favor by helping to bring him or her “out.” . . . [A]dult-youth sex is viewed as an important aspect of gay culture, with a history dating back to “Greek love” of ancient times. This romanticized vision of

66 Gerald P. Jones, “The Study of Intergenerational Intimacy in North America: Beyond Politics and Pedophilia,” *Journal of Homosexuality*, Vol. 20, Issue 1 & 2 (February 1990), pp. 275 - 295. This entire journal of the *Journal of Homosexuality*—at least nineteen articles—was devoted to this topic.

67 Paula Martinac, “Do We Condone Pedophilia,” PlanetOut.com, February 27, 2002.

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### Myth No. 9:

Homosexuals are seriously disadvantaged by discrimination.

### Fact:

**Research shows that homosexuals actually have significantly higher levels of educational attainment than the general public, while the findings on homosexual incomes are, at worst, mixed.**

One obvious measure of social disadvantage in America is reduced educational attainment. For example, this is an area in which there are obvious racial differences. According to 2008 data from the Census Bureau, 21.1% of non-Hispanic whites over the age of 25 have at least a bachelor's degree, while the same is true of only 13.6% of blacks and 9.4% of Hispanics.<sup>68</sup>

However, studies have uniformly shown that homosexuals have higher levels of education than heterosexuals, which hardly suggests that they are disadvantaged. The groundbreaking National Health and Social Life Survey found "that twice as many college-educated men identify themselves as homosexual as men with high-school educations. . . . For women the trend is even more striking. Women with college educations

are eight times more likely to identify themselves as lesbians . . ."<sup>69</sup> One study of homosexual men, using data from the Urban Men's Health Study, reported that "65.7 percent of the respondents fall within the relatively narrow range of having a B.A. or an M.A."<sup>70</sup>

The data on the incomes of homosexuals tends to be more mixed. Some data, drawn primarily from marketing surveys, suggest that homosexuals have considerably higher incomes than heterosexu-



als. For example, a 2009 survey of over 20,000 readers of "gay" magazines and newspapers found that they had an average household income of about \$80,000;<sup>71</sup> whereas the Census Bureau re-

#### MYTH 9 - FOOTNOTES

68 Calculated from tables in "Educational Attainment of the Population 18 Years and Over, by Age, Sex, Race, and Hispanic Origin: 2008," U.S. Census Bureau; online at: <http://www.census.gov/population/www/socdemo/education/cps2008.html>

69 Robert T. Michael, John H. Gagnon, Edward O. Laumann, and Gina Kolata, *Sex in America: A Definitive Survey* (Boston: Little, Brown and Co., 1994), p. 182.

70 Donald C. Barrett, Lance M. Pollack, and Mary L. Tilden "Teenage Sexual Orientation, Adult Openness, and Status Attainment in Gay Males," *Sociological Perspectives*, 45 (2002): 170.

71 Community Marketing, Inc., "Gay & Lesbian Consumer Index," November 25, 2009; online at: [http://www.communitymarketinginc.com/mkt\\_int\\_gld.php](http://www.communitymarketinginc.com/mkt_int_gld.php)

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ports that the average household income for all Americans in 2008 was only \$50,303.<sup>72</sup>

Other researchers have argued that such surveys may not be reaching a truly representative sample of American homosexuals. Lesbian economist M. V. Lee Badgett has virtually made a career of debunking what she calls “the myth of gay and lesbian affluence.”<sup>73</sup> But even Badgett finds the data are, at worst, mixed. A 2009 publication on “poverty in the lesbian, gay, and bisexual community” which she co-authored, found that according to one national study, both homosexual men and women were more likely to live in poverty than heterosexuals, but in one California study, both were *less* likely to do so. And census data which applies only to couples shows that same-sex female couples are more likely to be in poverty than opposite-sex married couples, but same-sex *male* couples are *less* likely to live in poverty than are opposite-sex married couples.<sup>74</sup>

A 2008 study using data on couples available from the 2000 census reported:

Lesbian women earned substantially more than

72 Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-236, *Income, Poverty, and Health Insurance Coverage in the United States: 2008* (Washington, DC: U.S. Government Printing Office, 2009), p. 5; online at: <http://www.census.gov/prod/2009pubs/p60-236.pdf>

73 For example, see M. V. Lee Badgett, *Income Inflation: The Myth of Affluence Among Gay, Lesbian, and Bisexual Americans*, Joint publication of NGLTF Policy Institute and Institute for Gay and Lesbian Strategic Studies, 1998; online at: <http://www.the-taskforce.org/downloads/reports/reports/IncomeInflationMyth.pdf>

74 Randy Albelda, M. V. Lee Badgett, Alyssa Schneebaum, and Gary Gates, *Poverty in the Lesbian, Gay,*

both married and cohabiting women. . . . While gay men suffered a small wage penalty relative to their married counterparts (4.5%), they actually enjoyed a large wage advantage relative to their cohabiting counterparts (28.2%).<sup>75</sup>

Homosexual activists like to attribute the small disadvantage in income for some subpopulations of homosexuals to societal “discrimination,” and use that as an argument for employment “non-discrimination” laws. However, other explanations, such as different career choices, are also possible.

If “discrimination” presented serious limits to the economic opportunities available to homosexuals, one would expect “non-discrimination” laws to improve their economic standing. However, research has not shown such laws to have that effect. A journal article on the issue declared,

In contrast to studies of antidiscrimination laws for women and ethnic minorities, we have produced no evidence that employment protections for sexual orientation directly increase average earnings for members of same-sex households.<sup>76</sup>

*and Bisexual Community*, the Williams Institute, UCLA School of Law, March 2009, p. i; online at: <http://www.law.ucla.edu/williamsinstitute/pdf/LG-BPovertryReport.pdf>

75 Heather Antecol, Anneke Jong, and Michael D. Steinberger, “Sexual Orientation Wage Gap: The Role of Occupational Sorting and Human Capital,” *Industrial & Labor Relations Review* Vol. 61, Issue 4, p. 523; online at: <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1346&context=ilrreview>

76 Mariëka M. Klawitter and Victor Flatt, “The Effects of State and Local Antidiscrimination Policies on Earnings for Gays and Lesbians,” *Journal of Policy Analysis and Management*, 17 (4): 676 (1998).

### Myth No. 10:

Homosexual relationships are just the same as heterosexual ones, except for the gender of the partners.

#### Fact:

**Homosexuals are less likely to enter into a committed relationship, less likely to be sexually faithful to a partner, even if they have one, and are less likely to remain committed for a lifetime, than are heterosexuals. They also experience higher rates of domestic violence than heterosexual married couples.**

Homosexual men and women are far less likely to be in any kind of committed relationship than heterosexuals are. A 2006 study by researchers at UCLA concluded:

We found that lesbians, and particularly gay men, are less likely to be in a relationship compared to heterosexual women and men. Perhaps the most outstanding finding is also the most simple—that over half of gay men (51%) were not in a relationship. Compared to only 21% of heterosexual females and 15% of heterosexual males, this figure is quite striking.<sup>77</sup>

Secondly, even homosexuals (especially men) who are in a partnered relationship are much less likely to be sexually faithful to that partner.

#### MYTH 10 - FOOTNOTES

77 Charles Strohm, et al., "Couple Relationships among Lesbians, Gay Men, and Heterosexuals in California: A Social Demographic Perspective," Paper presented at the annual meeting of the American Sociological Association, Montreal Convention Center, Montreal, Quebec, Canada, (Aug 10, 2006): 18. Accessed at: [http://www.allacademic.com/meta/p104912\\_index.html](http://www.allacademic.com/meta/p104912_index.html)



- A Dutch study of partnered homosexuals, which was published in the journal *AIDS*, found that men with a "steady partner" had an average of eight sexual partners per year.<sup>78</sup>
- A Canadian study of homosexual men who had been in committed relationships lasting longer than one year found that only 25 percent of those interviewed reported being monogamous. According to study author Barry Adam, "Gay culture allows men to explore different . . . forms of relationships besides the monogamy coveted by heterosexuals."<sup>79</sup>

A 2005 study in the journal *Sex Roles* found that "40.3% of homosexual men in civil unions and 49.3% of homosexual men not in civil unions had 'discussed and decided it is ok under some circumstances' to have sex outside of the relation-

78 Maria Xiridou, et al, "The Contribution of Steady and Casual Partnerships to the Incidence of HIV Infection among Homosexual Men in Amsterdam," *AIDS* 17 (2003): 1031.

79 Ryan Lee, "Gay Couples Likely to Try Non-monogamy, Study Shows," *Washington Blade* (August 22, 2003): 18.

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ship. By comparison, only 3.5% of heterosexual married men and their wives agreed that sex outside of the relationship was acceptable.<sup>80</sup>

Finally, research shows that homosexual relationships tend to be of shorter duration and much less likely to last a lifetime than heterosexual ones (especially heterosexual marriages). A 2005 journal article cites one large-scale longitudinal study comparing the dissolution rates of heterosexual married couples, heterosexual cohabiting couples, homosexual couples, and lesbian couples:

On the basis of the responses to the follow-up survey, the percentage of dissolved couples was 4% (heterosexual married couples), 14% (heterosexual cohabiting couples), 13% (homosexual couples) and 18% (lesbian couples).<sup>81</sup>

In other words, the dissolution rate of homosexual couples during the period of this study was *more than three times* that of heterosexual married couples, and the dissolution rate of lesbian couples was *more than four-fold* that of heterosexual married couples.<sup>82</sup>

Since men are generally more likely to engage in acts of violence than women, it is not surprising that there would be differences in rates of domestic violence based on the gender of partners in a

relationship. One might expect, for instance, that women with a female partner would be less likely to be abused than women with a male partner. However, one early study (1986) showed that women with female partners were nearly as likely to be abused (25%) as those with male partners (27%).<sup>83</sup>

Meanwhile, a 2002 study showed that the five-year prevalence of battering among urban homosexual men (22%) was nearly double the rate among heterosexual women living with men (11.6%)—despite the fact that one might expect men's greater size and strength to be a deterrent against a would-be batterer. A 2006 study—one of the few with a direct homosexual/heterosexual comparison for both men and women—found that of persons entering substance abuse programs, 4.4% of homosexuals had been abused by a partner in the last month, as opposed to 2.9% of the heterosexuals. The lifetime prevalence rates for domestic violence were 55% for the homosexuals and 36% for heterosexuals.<sup>84</sup>

The myth that homosexual relationships in general are qualitatively the same as heterosexual relationship—a myth that is crucial to the current push for legalization of same-sex “marriage”—is simply not borne out by the evidence.

80 Sondra E. Solomon, Esther D. Rothblum, and Kimberly F. Balsam, “Money, Housework, Sex, and Conflict: Same-Sex Couples in Civil Unions, Those Not in Civil Unions, and Heterosexual Married Siblings,” *Sex Roles* 52 (May 2005): 569.

81 Lawrence Kurdek, “Are Gay and Lesbian Cohabiting Couples Really Different from Heterosexual Married Couples?” *Journal of Marriage and Family* 66 (November 2004): 893.

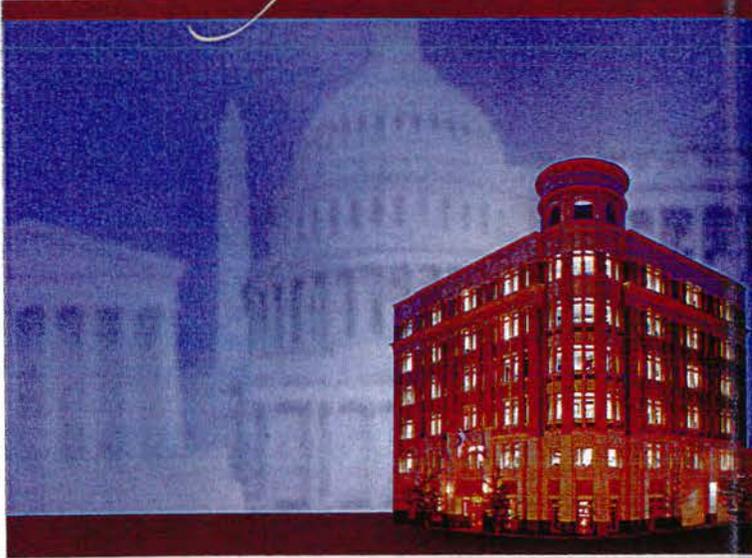
82 *Ibid.*, 896.

83 P. A. Brand and A. H. Kidd, “Frequency of physical aggression in heterosexual and female homosexual

dyads,” *Psychological Reports* 59, pp. 1307-1313; cited 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* Vol. 1, p. 85 (National Association for Research and Therapy of Homosexuality, 2009).

84 Bryan N. Cochran and Ana Mari Cauce, “Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment,” *Journal of Substance Abuse Treatment* Vol. 30, Issue 2 (March 2006), pp. 135-146.

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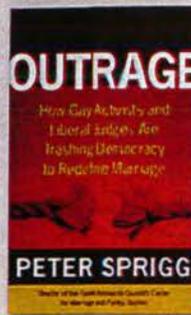
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**Outrage: How Gay Activists and Liberal Judges are Trashing Democracy to Redefine Marriage** BK04H01  
Here is the book America needs to make sense of the debate over same-sex "marriage." Author Peter Sprigg demolishes stereotypes on this issue, showing why homosexual civil marriage should be opposed by libertarians, Democrats, women, men, and even homosexuals themselves. Sprigg demonstrates that this "culture war" was

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67

**Karenacia Ciagala**

**To:** LEGAL MOTION GROUP; CityCouncilStaff  
**Subject:** Council Motions January 26, 2017 at 9:00 a.m. Regular Session



File E2017-48  
FEB 16 2017

*See  
Motion  
FR-absent  
CM-110*

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**MOTION ACTION REQUEST**

**COUNCIL SESSION: January 26, 2017 at 9:00 a.m.**

**PLEASE SUBMIT ALL WRITTEN RESPONSES DIRECTLY TO THE OFFICE OF THE CITY CLERK BY 5:00 P.M. ON THE MONDAY PRIOR TO THE SCHEDULED THURSDAY MEETING - [NOTE: All written responses must include the original and eight (8) copies for distribution by the Office of the City Clerk to Council and to the Council Attorney.]**

**TO:** Legal Motion Group  
City Council Staff

File No. E2017-48

Motion: (Maniscalco-Cohen) That the Legal Department be requested to appear before Council **on February 16, 2017 under Staff Reports and Unfinished Business** to review a proposed ordinance banning conversion therapy for minors in the City of Tampa and to also specifically review the ordinance enacted by the City of Miami Beach for clarification that bans licensed mental health providers from providing conversion therapy to minors. Motion carried with Miranda being absent.

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