

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
WEST PALM BEACH DIVISION**

Case No.: 9:18-cv-80771-RLR

ROBERT W. OTTO, PH.D., LMFT,
individually, and on behalf of his patients,
JULIE H. HAMILTON, PH.D., LMFT,
individually and on behalf of her patients,

Plaintiffs,

v.

CITY OF BOCA RATON, FLORIDA, and
COUNTY OF PALM BEACH, FLORIDA,

Defendants.

**JOINT NOTICE OF FILING DEPOSITION EXHIBITS OF
JULIE H. HAMILTON, PH.D., LMFT TAKEN ON AUGUST 30, 2018**

The Defendants, PALM BEACH COUNTY and CITY OF BOCA RATON, by and through the undersigned counsel, hereby file this Notice of Filing Deposition Exhibits of Julie H. Hamilton, Ph.D., LMFT taken on August 30, 2018.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on September 10, 2018, I electronically filed the foregoing with the Clerk of Court by using the CM/ECF system, which will send an electronic notice to the authorized CM/ECF filers.

/s/ Rachel Fahey

Rachel Fahey, Esquire
Assistant County Attorney
Florida Bar No. 105734
Primary Email: rfahey@pbcgov.org
Secondary Email: dfishel@pbcgov.org
Litigation Section
300 North Dixie Highway, Third Floor
West Palm Beach, Florida 33401
Tel.: (561) 355-6337
Fax: (561) 355-4234

/s/ Anne R. Flanigan

Anne R. Flanigan, Esquire
Florida Bar No. 113889
Primary Email: aflanigan@wsh-law.com
Secondary Email: pgrotto@wsh-law.com
200 E. Broward Boulevard, Suite 1900
Fort Lauderdale, Florida 33301
Tel.: (954) 763-4242
Fax: (954) 764-7770

DR. JULIE HARREN HAMILTON

P.O. BOX 1382, WEST PALM BEACH, FL 33402 (561) 312-7041

ABREVIATED CURRICULUM VITAE

EDUCATION

State of Florida Licensed Marriage and Family Therapist

Doctor of Philosophy, Marriage and Family Therapy, 1999
Nova Southeastern University, Fort Lauderdale, Florida

Master of Science, Marriage and Family Therapy, 1995
Nova Southeastern University, Fort Lauderdale, Florida

Bachelor of Science, Psychology, 1991
Tennessee Temple University, Chattanooga, Tennessee

EMPLOYMENT/EXPERIENCE

Marriage and Family Therapist, Private Practice 2002 - Present
Provide psychotherapy to individuals, couples, and families

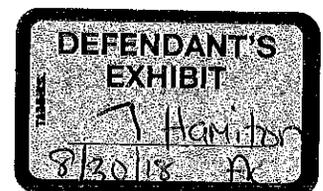
Assistant Professor of Psychology, Palm Beach Atlantic University 2004 - 2009
Fulfill faculty obligations in the Graduate Counseling Psychology Program
Instructor of the Marriage and Family Courses

Family Therapist, Spanish River Counseling Center 1998 - 2002
Provided psychotherapy to individuals, couples, and families

Family Therapist Intern, Children's Home Society 1995 - 1998
Provided individual, family, and group therapy
Supervised student interns
Presented in-service trainings to clinicians and case managers
Provided therapeutic groups for the Juvenile First Offenders Program
Filed ungovernable and truancy petitions with the courts

Family Therapist Intern, Family Therapy Associates 1993 - 1997
Nova Southeastern University
Provided individual, marital, and family therapy

Family Therapist Intern, ACS Private Counseling 1994 - 1995
Provided individual, marital, and family therapy



ADDITIONAL TEACHING EXPERIENCE

Barry University, 2000

Adjunct Instructor in the Graduate Counselor Education Department

Nova Southeastern University, Family Therapy Associates, 1998

Teaching Assistant for Masters Practicum

PUBLICATIONS

Chapter in Edited Book (2013)

“The Power of Christ in Transforming Unwanted Homosexual Behavior and Attractions” (Chapter Co-Authored with Dr. Phil Henry in *Transformative Encounters: The Intervention of God in Christian Counseling and Pastoral Care*, Edited by Appleby, D.W. and Ohlschlager, G.

Edited Book (2009)

“The Handbook of Therapy for Unwanted Homosexual Attractions: A Guide to Treatment” (co-edited with Dr. Phil Henry).

PRESENTATIONS

Conference, Churches, Schools (2017-Present)

“Understanding and Responding to Childhood Gender Identity Confusion and Homosexuality”

Conference, Churches, Schools (2003-Present)

“Homosexuality 101”

DVD Recording (2006)

“Homosexuality 101: Where Does It Come From, Is Change Possible, and How Should Christians Respond?”

Health Care District of Palm Beach County

Employee Training, West Palm Beach, Florida, August 23, 2002

"Bringing out the Best in Others"

American Association for Marriage and Family Therapy

National Annual Conference, Nashville, Tennessee, October 20, 2001

Incorporating Spirituality into MFT, Paper Presentation

“Spirituality as a Client Asset: A Qualitative Study”

Florida Association for Marriage and Family Therapy

Annual Conference, Orlando, Florida, 1998

“Client Directed Therapy: Spirituality as a Resource”

Prepare/Enrich Counselor Trainings 2005- Present

PROFESSIONAL ORGANIZATIONS

Alliance for Therapeutic Choice and Scientific Integrity, Former President
Palm Beach Association for Marriage and Family Therapy, Former President

HONORS

Marquis Who's Who, Who's Who of American Women, 2004-2005

AC# 7684614

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

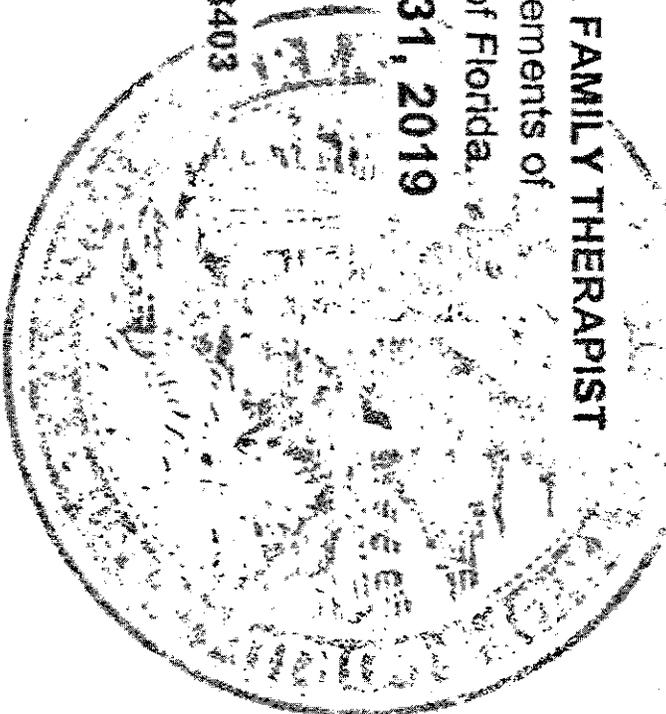
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DEFENDANT'S EXHIBIT
Hamilton
8/30/18 AC

The LICENSED MARRIAGE & FAMILY THERAPIST named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2019**

JULIE HARREN HAMILTON
3307 NORTHLAKE BLVD. #104
BUILDING B
PALM BEACH GARDENS, FL 33403



[Signature]

Rick Scott
GOVERNOR

[Signature]

Celeste M. Phillip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

Hamilton 004

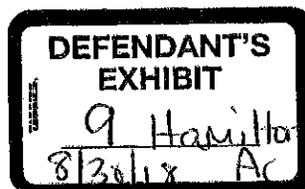
Julie Harren Hamilton, Ph.D., LMFT

Licensed Marriage and Family Therapist

Individual, Marital, and Family Therapy

www.drjuliehamilton.com
julie@drjuliehamilton.com

561-312-7041



Dr. Julie Hamilton

Licensed Marriage and Family Therapist

Therapy

Providing psychotherapy in Palm Beach Gardens, Florida

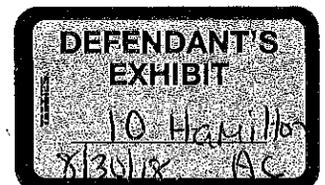
Offering therapy for the following issues:

- Spiritual Growth
- Individual Concerns
- Marital Issues
- Family Relationships/Parenting

I believe that God created us as relational beings. We were designed to be in right relationship with God, ourselves, and one another. When we are disconnected in any of these areas, we experience various forms of difficulty. In my practice, I strive to help people connect spiritually, emotionally, and relationally.

If you are interested in receiving services in Palm Beach County or the surrounding areas, please call 561-312-7041.

© Dr. Julie Hamilton · www.drjuliehamilton.com



Consent-to-Treat and Financial Agreement

Upon initiating therapy services, it is important for you to be aware of the following information:

CONFIDENTIALITY: Statements that are made by a client to a psychotherapist are generally confidential; however, there are some exceptions which may lead to a waiver of the psychotherapist-client privilege and disclosure of otherwise confidential information. The exceptions include:

1. If you threaten to harm yourself;
2. If you make a serious threat to harm a readily ascertainable third party;
3. If you disclose instances of child abuse, elder abuse, or dependent adult abuse. Abuse includes but is not limited to physical abuse, sexual abuse, or neglect. For further information on what constitutes abuse or neglect please refer to Florida state law;
4. If you tender your mental condition in a lawsuit or criminal proceeding;
5. If the therapist is required by a court order to disclose your records;
6. If there is an action which alleges that there is a breach of duties running between psychotherapist and client; and
7. If each individual involved in the therapy sessions gives written permission to disclose information to a specific party.

Hamilton 005

I understand that my therapist may consult with other professionals, who are also required to maintain confidentiality, to ensure the provision of effective treatment services. I understand that this consultation will not compromise my identify or confidentiality.

Initial _____

EMERGENCIES: Due to the nature of this practice, 24-hour emergency access is not available. In the case of emergencies, please call 911.

Initial _____

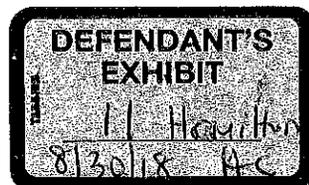
NO GUARANTEE OF SUCCESS: Because there are many variables in psychotherapy, there is no guarantee that by pursuing psychotherapy the client will be happier, and no particular treatment can be guaranteed to be effective. Therapy also requires the active participation of the client, and that the client be truthful with the psychotherapist.

Initial _____

NATURE OF PSYCHOTHERAPY: Sometimes the psychotherapeutic process can bring up uncomfortable feelings such as anxiety, sadness, anger, and so on; please be aware that this is a normal response to talking about unresolved life experiences.

Initial _____

LENGTH OF SESSION AND FINANCIAL INFORMATION: Therapy sessions last approximately 50 minutes. The fee for therapy is \$100.00 per session, payable at the end of each session.



CANCELLATION POLICY: If you need to cancel or reschedule an appointment, please allow for 24 hours notice. Cancellations made less than 24 hours ahead of the appointment time will be charged the session fee.

Initial _____

TELEPHONE THERAPY: Psychotherapy is typically in the form of regularly scheduled, face-to-face, individual sessions. For that reason, office-based counseling is generally recommended.

However, some clients are unable to find a suitable therapist in their geographical area, and therefore they decide to conduct at least some therapy in the form of telephone consultations.

It is important for the client to recognize the following: that there is some controversy regarding the use of telephone therapy, including concerns that confidentiality cannot be guaranteed when communicating by phone or internet; that the therapist is unable to assess the client's demeanor by telephone; that telephone consultations are educational, but may not be as effective as face-to-face sessions; and that supplementary, face-to-face therapy or transfer to another psychotherapist may be necessary if the client should experience severe emotional disturbance, such as anxiety or depression.

In addition, this therapist is licensed in the state of Florida. If telephone therapy is provided to clients outside of the state of Florida, it is important to note that some states do not allow the delivery of services across state lines. For clients living in states that prohibit telephone therapy across state lines, this therapist will be unable to provide services.

Initial _____

Hamilton 006

MERGER AGREEMENT: All prior negotiations and representations are subsumed in this document and merged herein.

Initial _____

I understand that I am responsible for any all and indebtedness incurred as a result of services rendered. I understand that I have a right to terminate services at any time. I agree to hold harmless my therapist from any claim for damages of any nature arising out of, or allegedly due to, any therapy, counseling or service rendered. I accept full responsibility for any decision I make regarding my life. I have read the above information carefully, understand its contents, and agree, under these conditions, to receive therapy and services for myself and/or anyone herein designated.

Print Name: _____

Signature: _____

Date: _____

Understanding and Responding to Childhood Gender Identity Confusion and Homosexuality

By:

Julie Harren Hamilton, Ph.D., LMFT
www.homosexuality101.com
www.drjuliehamilton.com

Presentation Overview

This presentation will examine:

- Biblical references to gender, gender identity, and homosexuality
- Cultural proclamations about childhood gender identity confusion (many are in direct contrast to Scripture)
- Research related to gender identity confusion, which is often a precursor to developing homosexual attractions
- Developmental risk factors for childhood gender identity confusion, including steps towards prevention
- How pastors and Christian leaders can respond to this issue

Approaching this Topic with Grace

"Therefore as God's chosen people holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity." Colossians 3:12-14 NIV

Biblical View of Gender and Gender Identity

1. Gender matters. In the biblical account of Creation, the only descriptors of humans are that we were made in God's image and that we were made male and female.

"He created man in His own image, in the image of God He created him; male and female He created them." Genesis 1:27 NIV

We were made in God's image, and we were made to be either male or female. The fact that humans are divided into two different sexes is very significant.

2. Marriage of the two genders reflects the relationship of Christ and the Church. Marriage is a sacred symbol of the most important relationship of all: our relationship with God through Jesus.

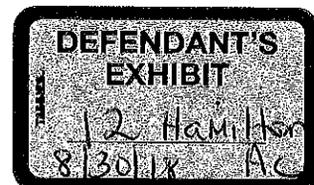
"For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh. This is a profound mystery—but I am talking about Christ and the church." Ephesians 5:31-32 NIV

Gender differences in marriage are very significant.

3. Marriage is the foundation for a family and the family is the foundation for society.

"God blessed them and said to them, 'Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground.'" Genesis 1:28 (NIV)

A healthy marriage between a man and a woman is the basis for raising healthy individuals. Healthy individuals create a healthy society.



4. We are called to live according to our biological sex. Even dressing as the other gender is not acceptable to God.
 "A woman must not wear men's clothing, nor a man wear women's clothing, for the LORD your God detests..." Deuteronomy 22:5 NIV
 For most people with gender identity confusion, the feelings of gender incongruence are not a choice. Regardless, the Bible makes it clear that acting on feelings in this case would be wrong. Christians do not follow their feelings, they follow God's guidelines given in Scripture.

5. The New Testament prohibits many life-dominating sins, and it also provides hope that even at that time many Christians had changed from their past behaviors.
 "Or do you not know that the unrighteous will not inherit the kingdom of God? Do not be deceived: neither the sexually immoral, nor idolaters, nor adulterers, nor men who practice homosexuality, nor thieves, nor the greedy, nor drunkards, nor revilers, nor swindlers will inherit the kingdom of God. And such were some of you. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God." 1 Corinthians 6:9-12 ESV (According to John MacArthur, terms in this verse refer to "those who exchange and corrupt normal male-female sexual roles and relations. Transvestism, sex changes, and other gender perversions are included...")

6. Being a Christian means we have turned from our sin nature; received the gift of forgiveness through Jesus' death on the cross which paid our sin-debt; and we are choosing to die daily to our flesh and live life God's way through the power of the Holy Spirit. We do not live according to our flesh or our feelings, we live according to God's Word.
 Romans 8: 5-8, 12-13, 14
 Galatians 5:16-21, 24
 Jude 3-4, 17-23, 24-25
 And God is able to keep us from stumbling!

Cultural View of Gender Identity Confusion

1. Within the Mental Health Profession:
 Gender Identity Disorder was changed in the most recent version of the DSM. It is now called Gender Dysphoria. Gender incongruence is no longer considered a disorder. The emphasis is now only on the stress that is caused to the person who experiences gender incongruence.
 "The goal is not to change how a person feels about his or her gender. Instead the goal is to deal with the distress that may come with those feelings."
(Retrieved 2/27/17 from: <http://www.webmd.com/mental-health/gender-dysphoria#4>)

The proposed treatment for Gender Dysphoria is for the child to speak with a professional. But "Beyond talk therapy, many people choose to take at least some steps to bring their physical appearance in line with how they feel inside. They might change the way they dress or go by a different name. They may also take medicine or have surgery to change their appearance. Possible treatments include":

- First, in childhood taking puberty-suppressing hormones,
- Next, in the teenage years taking the hormones of the opposite sex,
- Finally, in adulthood deciding if or how much surgery is needed in order to live according to the opposite sex.

Retrieved 2/27/17 from: <http://www.webmd.com/mental-health/gender-dysphoria#4>

2. Within the Political/Legal Arena:
 Activists are seeking to make it illegal to help a minor reduce homosexual attractions or behaviors and even making it illegal to help a child be at peace with their original gender!
 They have succeeded in 8 states and failed in at least 20 states. Therefore, they are now targeting cities, despite the fact that cities have no jurisdiction over state-licensed professionals. In Florida, 16 cities have created these unlawful bans.

Definition of terms, according to lawmakers:
 "Conversion therapy or reparative therapy means, interchangeably, any counseling, practice or treatment performed with the goal of changing an individual's sexual orientation or gender identity, including, but not limited to, efforts to change behaviors, gender identity, or gender expression, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender or sex. Conversion therapy does not include counseling that provides support and assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change sexual orientation or gender identity."
<http://wpb.org/getmedia/bc525c0a-626a-4844-94a5-b5969d620baa/ACM21090>

Scientific View of Gender Identity

1. Up to 80% of children will grow out of the desire to be the opposite sex even without intervention. Therefore, encouraging cross-gender behaviors seems highly questionable. It should also be noted that without intervention many of the gender confused children may go on to have homosexual desires.

"...we are deeply alarmed that these therapies, treatments, and surgeries seem disproportionate to the severity of the distress being experienced by these young people, and are at any rate premature since the majority of children who identify as the gender opposite their biological sex will not continue to do so as adults."

Lawrence S. Mayer, Paul R. McHugh. "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *The New Atlantis*, Fall 2016.

2. Sex reassignment has not shown to be an effective or safe solution. According to Paul McHugh of Johns Hopkins University, after studying the outcomes of their transsexual patients in 1970, "Most of the surgically treated patients described themselves as 'satisfied' by the results, but their subsequent psycho-social adjustments were no better than those who didn't have the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a 'satisfied' but still troubled patient seemed an inadequate reason for surgically amputating normal organs."
 (Interview for CNS News, June 2015)

One study looking at all 324 sex-reassigned individuals in Sweden between 1973-2003 found:
"CONCLUSIONS: Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group."
<http://www.ncbi.nlm.nih.gov/pubmed/22369599> (Feb 2011)

"The scientific evidence summarized suggests we take a skeptical view toward the claim that sex-reassignment procedures provide the hoped-for benefits or resolve the underlying issues that contribute to elevated mental health risks among the transgender population."

Lawrence S. Mayer, Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *The New Atlantis*, Fall 2016.

3. According to Zucker and Bradley, intervention in childhood can be quite successful.
 "It has been our experience that a sizeable number of children and their families achieve a great deal of change. In these cases, the GID resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic"

Zucker, K. J. & Bradley, S. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*. N.Y.: Guilford Press.

Developmental Theory of Gender Identity

1. Healthy Gender Identity Development
 - Infancy: Bonding with the mother
 - Ages 1 ½ - 3,4: Gender Identification Phase – bonding with same-sex parent
 - Ages 5 and up: Bonding with same-sex peers
 - Adolescence: Having had several years forming secure, loving attachments with members of the same sex, the child becomes secure in his or her own gender. In the teen years he or she goes on to develop curiosity, interest, and attraction for the opposite sex.

Childhood Risk Factors for Gender Identity Confusion

- Parents wanting a child of the opposite sex
- Sensitive temperament, leading to interpretations of rejection, withdrawal, etc.
- Poor relationship with the same-sex parent
- Poor relationships with same-sex peers
- Over-identification with members of the opposite sex
- Parental reinforcement of cross-gender behaviors
- Sexual abuse

Preventing Gender Identity Confusion: Steps Parents Can Take

1. Create a marriage that is healthy and loving.
2. Model healthy masculinity and femininity.
3. Embrace the biological sex of each child.
4. Relate to each child as the boy or girl that they are, not as a neutered being.
5. Steer your child towards hobbies and interests that will best equip them for same-sex peer acceptance and bonding.
6. Protect children from destructive influences and experiences.

Summary of Ways Pastors can Respond to Childhood Gender Identity Confusion and Homosexuality

1. Approach the topic with compassion, understanding, and clarity.
2. Teach Christians what it means to walk according to the Spirit and not according to the flesh, dying to self in all areas of life.
3. Teach God's specific truths about morality. Many people, even some Christians, simply do not know what God's Word says about moral issues.

Hosea 4:6 "My people are destroyed for lack of knowledge..."
 Matthew 9:36 "But when He saw the multitudes, He was moved with compassion for them, because they were weary and scattered, like sheep having no shepherd."

"Diminishing or skimming over parts of God's Word, so as not to offend, helps no one. As Jeremiah condemned false prophets of his day, our lack of clarity may well be offering people peace where, in fact, there is no peace. The church may be leading the very people Jesus came to save to a dangerous place. It is dangerous not only because it may impact someone's salvation, but also because it impacts all of what we are promised in Jesus—joy, peace, abundance, fulfillment, purpose and so much more.... If we ignore the call to repentance because we want to attract the unrepentant, we will have nothing real to offer the unrepentant when they show up. And we will, perhaps inadvertently, minimize the magnitude of the miracle of conviction in those who are moved to repentance " – Mike Goeke, Former homosexual and current Associate Pastor of First Baptist Church of San Francisco

<https://erlc.com/resource-library/articles/is-your-church-causing-the-repentant-to-stumble>

Resources

Ministries

Restored Hope Network -- a network of Christian ministries dealing with homosexuality:
www.restoredhopenetwork.com

The Alliance for Therapeutic Choice and Scientific Integrity – a scientific organization looking at the research behind the issue of homosexuality:
www.therapeuticchoice.com

www.help4families.com (For families dealing with transgender issues)

www.sexchangeregret.com

www.joedallas.com

www.suchweresomeofyou.org

Books on Prevention

Nicolosi, J., & Nicolosi, L. A. (2002). *A parent's guide to preventing homosexuality*. Downer's Grove, IL: InterVarsity Press.

Schmierer, D. (1998). *An ounce of prevention*. Nashville, TN: Word Publishing.

Dobson, J. (2001). *Bringing Up Boys*. Carol Stream, IL: Tyndale House Publishers.

Dobson, J. (2010). *Bringing Up Girls*. Carol Stream, IL: Tyndale House Publishers.

Books for Men

Dallas, J. (2003). *Desires in conflict*. Eugene, OR: Harvest House.

Konrad, J. (1987). *You don't have to be gay*. HI: Pacific Publishing House.

Books for Women

Howard, J. (1991). *Out of Egypt: Leaving lesbianism behind*. Tunbridge Wells: Monarch Publications.

Rentzel, L.T. (1990). *Emotional dependency*. Downers Grove, IL: InterVarsity Press.

Hallman, J. (2008). *The heart of female same-sex attraction: A comprehensive counseling resource*.

Books for Parents of Homosexuals

Dallas, J. (2004). *When homosexuality hits home: What to do when a loved one says they're gay*. Eugene, OR: Harvest House.

Mobley, A. (2013). *If I tell you I'm gay will you still love me?: One mother's journey to truth and grace*. CrossBooks.

For wives: www.wifeboat.com

Childhood Gender Identity Confusion: Prevention and Early Intervention

By:
Dr. Julie Harren Hamilton
www.homosexuality101.com

Presentation Overview

This presentation will examine:

- Biblical references to gender and gender identity (For a Christian, the Bible is always the starting point, as it is the only source of absolute truth.)
- Cultural proclamations about gender identity (many are in direct contrast to Scripture)
- Risk factors for childhood gender identity confusion, including steps towards prevention
- Research related to gender identity
- Ways that therapists and parents can intervene when gender confusion exists.

Approaching this Topic with Grace

"Therefore as God's chosen people holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity." Colossians 3:12-14 NIV

Why prevent Gender Identity Confusion?

1. Parents are entrusted with the well-being of their children. Where confusion exists, parents should act in such a way to clear up the confusion and bring clarity.
2. Confusion in childhood can be very painful to the child and can make life very difficult for the child.
3. Confusion related to gender identity can lead to a number of possible outcomes including: Insecurity, homosexual desires, transgender behaviors, and/or later attempts to change one's biological sex and live as the opposite sex.
4. These outcome states range from being uncomfortable (feeling insecure or lacking in confidence) to being contrary to God's plan (homosexual behaviors, transgender behaviors, transsexual lifestyle).

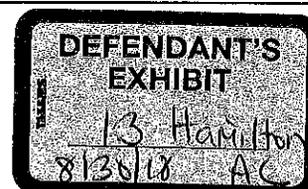
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1. Gender matters. In the biblical account of Creation, the only descriptors of humans are that we were made in God's image and that we were made male and female.
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2. Marriage of the two genders reflects the relationship of Christ and the Church. Marriage is a sacred symbol of the most important relationship of all: our relationship with God through Jesus.

"For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh. This is a profound mystery—but I am talking about Christ and the church." Ephesians 5:31-32 NIV

Gender differences in marriage are very significant.



2. Within the Political/Legal Arena:

Activists are seeking to make it illegal to help a child be at peace with their original gender (also making it illegal to help a minor reduce homosexual attractions or behaviors).

They have succeeded in 5 states and failed in 20 states. Therefore, they are now targeting cities, despite the fact that cities have no jurisdiction over state-licensed professionals. Five cities have created these unlawful bans, including West Palm Beach.

“Conversion therapy or reparative therapy means, interchangeably, any counseling, practice or treatment performed with the goal of changing an individual’s sexual orientation or gender identity, including, but not limited to, efforts to change behaviors, gender identity, or gender expression, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender or sex. Conversion therapy does not include counseling that provides support and assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change sexual orientation or gender identity.”

<http://wfb.org/getmedia/bc625c0a-626a-4844-94a5-b5969d620baa/ACM21090>

Scientific View of Gender Identity

1. Up to 80% of children will grow out of the desire to be the opposite sex even without intervention. Therefore, encouraging cross-gender behaviors seems highly questionable. It should also be noted that without intervention many of the gender confused children may go on to have homosexual desires.

According to Paul McHugh of Johns Hopkins University, after studying the outcomes of their transsexual patients in 1970, “Most of the surgically treated patients described themselves as ‘satisfied’ by the results, but their subsequent psycho-social adjustments were no better than those who didn’t have the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a ‘satisfied’ but still troubled patient seemed an inadequate reason for surgically amputating normal organs.”

(Interview for CNS News, June 2015)

4. Sex reassignment has not shown to be a safe solution. One study looking at all 324 sex-reassigned individuals in Sweden between 1973-2003 found:

“**CONCLUSIONS:** Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.”

<https://www.ncbi.nlm.nih.gov/pubmed/23364932> (Feb 2011)

“The scientific evidence summarized suggests we take a skeptical view toward the claim that sex-reassignment procedures provide the hoped-for benefits or resolve the underlying issues that contribute to elevated mental health risks among the transgender population.”

Lawrence S. Mayer, Paul R. McHugh, “Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences,” *The New Atlantis*, Fall 2016.

"...we are deeply alarmed that these therapies, treatments, and surgeries seem disproportionate to the severity of the distress being experienced by these young people, and are at any rate premature since the majority of children who identify as the gender opposite their biological sex will not continue to do so as adults."

Lawrence S. Mayer, Paul R. McHugh. "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *The New Atlantis*, Fall 2016.

According to Zucker and Bradley, intervention in childhood can be quite successful.

"It has been our experience that a sizeable number of children and their families achieve a great deal of change. In these cases, the GID resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic"

Zucker, K. J. & Bradley, S. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*. N.Y.: Guilford Press.

**Developmental Theory
of Gender Identity**

1. Healthy Gender Identity Development
 - Infancy: Bonding with the mother
 - Ages 1 ½ - 3,4: Gender Identification Phase -- bonding with same-sex parent
 - Ages 5 and up: Bonding with same-sex peers
 - Adolescence: Having had several years forming secure, loving attachments with members of the same sex, the child becomes secure in his or her own gender. In the teen years he or she goes on to develop curiosity, interest, and attraction for the opposite sex.

Childhood Risk Factors

- Parents wanting a child of the opposite sex
- Sensitive temperament, leading to interpretations of rejection, withdrawal, etc.
- Poor relationship with the same-sex parent
- Poor relationships with same-sex peers
- Over-identification with members of the opposite sex
- Parental reinforcement of cross-gender behaviors
- Sexual abuse

Preventing Gender Identity Confusion

1. Create a marriage that is healthy and loving.
2. Model healthy masculinity and femininity.
3. Embrace the biological sex of each child.
4. Relate to each child as the boy or girl that they are, not as a neutered being.
5. Steer your child towards hobbies and interests that will best equip them for same-sex peer acceptance and bonding.
6. Protect children from destructive influences and experiences.

Therapeutic Intervention

For young children, therapeutic intervention is with the parents.

1. Help each parent to be healthy individually.
2. Work with parents to strengthen their marriage.
3. Help parents to convey healthy messages of what it means to be male or female.
4. Work to strengthen the bond between the child and the same-sex parent.
5. Help parents cultivate same-sex peer bonding for the child.
6. Help parents to balance connecting and directing.

Parenting: Connecting and Directing

Both are essential. Be sure both are in place (the child's perception matters most).

A. Connecting

- (1) Through time
- (2) Through touch
- (3) Through eye contact
- (4) Through listening to understand
- (5) Through empathy

In order to be effective at directing, the connecting must first be firmly in place.

B. Directing

- (1) Role-modeling
- (2) Teaching
- (3) Establishing rules and boundaries
- (4) Providing consequences
- (5) Protecting from harmful experiences or input

Resources

Nicolosi, J., & Nicolosi, L. A. (2002). *A parent's guide to preventing homosexuality*. Downer's Grove, IL: InterVarsity Press.

Schmierer, D. (1998). *An ounce of prevention*. Nashville, TN: Word Publishing.

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www.acped.org

www.sexchangeregret.com

www.help4families.com

www.narth.com

www.empoweredtoconnect.com

Frustrated, angry, unhappy and confused. Those are the emotions that I was feeling when I first began counseling. I was twelve years old and had been exposed to pornography and other unhealthy things. I was extremely confused about my sexuality switching from bisexual and pansexual to any label I thought described me at the time. Unlike my friends my counselor encouraged me to actually think about why I felt I needed to have a label. Why I felt that I needed to have an identity in the LGBTQBT community. The truth is, that I discovered myself, is that I'm heterosexual. Having a counselor to talk to and help sort through things was so helpful and made such a positive impact on my life. I am healthier and happier now and I really hope that other pre-teens and teenagers could be helped to. I have lots of friends who identify as pansexual, bisexual, trans, asexual etc... They are extremely confused individuals who have problems with cutting, depression, alcohol and some of them are even suicidal. I have seen one of them who I am extremely close to hurt himself in front of me. He is a transsexual (assigned female at birth) and bisexual. He struggles with cutting and thoughts of suicide. Talking with him I realized that he didn't like himself. I firmly believe that the reason he wants to change his body is because of a deeper inner problem that stems from his dad's constant disapproval and emotional and physical abuse. He would benefit immensely if he had a counselor to help sort through the horrible things that have happened to him. Just thinking about him being denied the help that could quite possibly save his life one day makes me want to cry. My absolute best friend is bisexual and has mild to severe depression. ~~She is~~ She is extremely suicidal and mentally disturbed. She made her first suicide attempt at age ten. She's twelve. My old best friend whom I love so much to this day is a gay gender fluid boy. His father is an addict and last time I talked to him his brother did drugs. He's an ex-cutter and ~~was~~ suffered from suicidal thoughts. He's still not in a healthy state of mind. A friend I



talk to almost every day is pansexual and is tormented and bullied to the extent that makes me want to throw up. She comes from an unhappy divorced family, she has severe depression and "no will to live," as she says. My other close friend is agender and pansexual. Her father emotionally abused her and told her he wanted to disown her when she was young. A person who I have cried with who ~~was~~^{has} helped me through a lot is a bisexual boy who drinks and has done drugs. He also has depression. I have other friends who are asexual and ~~homonormative~~ bicurious. I love these people. I cry with these people. I cry for these people. ~~When they are sad or when they are in pain or when they are in need~~ Some of these people I am so close to that we call each other ~~siblings~~^{siblings} I have seen them in some of their weakest moments. I have held onto them as we both cried. I know their secrets, I know their weaknesses. These people need help. These people deserve help. How could you deny them of seeking help if they want to change? That will not help them, that will harm them. Counseling can save lives. Please consider what I am saying. I want you to know that I am not anti-homosexual and I support the LGBTQ community and if you asked me to paint rainbows on my face, I would. I have nothing against the LGBTQ community, I just believe that no-one should be denied of help if they want it. Thank you for reading.

From: julie@drjuliehamilton.com
To: [Melissa McKinlay](#); [Dave Kerner M.](#); [MaryLou Berger](#); [Paulette Burdick P.](#); [Mark Bernard](#); [Hal Valeche](#); [Steven Abrams](#)
Cc: [Helene Hvizd](#); [Todd J. Bonlarron](#)
Subject: Please advise
Date: Wednesday, December 20, 2017 2:45:42 PM

Dear Mayor McKinlay and PB County Commissioners,

When I asked what you want us to do with our current clients, I was serious. What do you recommend that we tell them? According to our code of ethics, we cannot stop treatment. It is considered abandonment. So should I:

1. Abandon them, knowing there is no other arrangement that I can make for them to accomplish their goals, or
2. Continue to offer talk therapy aimed at accomplishing their goals of change, which the county has banned?

See the AAMFT Code of Ethics:

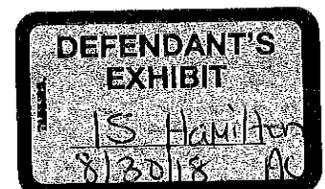
"Standard 1.11 Non-Abandonment.

Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment."

(http://www.aamft.org/imis15/aamft/content/legal_ethics/code_of_ethics.aspx)

Thank you for your advice on this ethical dilemma,

Julie Hamilton, Ph.D., LMFT
Licensed Marriage and Family Therapist



2/12/2010

Response by the National Association for Research and Therapy of Homosexuality (NARTH) to the 2009 APA Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation

Presented by Julie Hamilton, Ph.D.

NARTH was scientific
and objective

Clear Bias among Task Force Members

- Names of qualified APA psychologists with experience in sexual orientation change efforts (SOCE) were rejected as candidates for the Task Force.
- The Task Force was made up of six people, mostly gay activists, who are opposed to SOCE.
- Prior to their investigation, the members of the Task Force had pre-conceived ideas that SOCE are ineffective and harmful.

6 people plus me, sorry
But the Task Force was
biased

Conclusions Biased by Preconceived Ideas

- The Task Force selected studies and interpreted them in ways that fit within their innate and immutable view.
- They highlighted the flaws in the studies which revealed that change is possible.
- They ignored the flaws in the studies which supported their own viewpoints.

Innate/Immutable view
Disminished sources
Change is possible
Highlighted flaws
Ignored flaws

DEFENDANT'S EXHIBIT 16 Hamilton 2/12/10 AC

4/18/2013

**Banning Therapy for Minors:
Both Unscientific and a Violation of
Individual Liberty and Religious
Freedom**

Dr. Julie Hamilton, Ph.D., LMFT
Past-President, NARTH

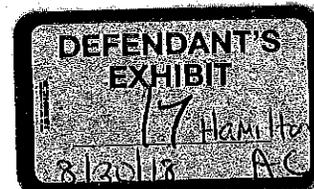
- This legislation is not about banning a harmful practice. The "harmful" practice in question is simply psychotherapy – mainstream talk therapy offered by licensed, professional therapists. This legislation is about banning a population of people from pursuing their goals.
- In its essence this is truly about removing individual liberties and is a violation of religious freedom.

Three Myths

- Unfortunately, well-meaning law makers have based their legislation on misinformation: that people are born homosexual, that homosexual attractions are unchangeable, and that attempts to change are harmful.
- The scientific research disproves all three of these myths.

Are people *born* homosexual or do they *choose* to be homosexual?

NEITHER: A homosexual orientation is neither biologically based, nor is it a choice.



4/18/2013

People are not simply born homosexual

In 1998 the American Psychological Association (APA) published a brochure entitled "Answers to Your Questions about Sexual Orientation and Homosexuality." In it they claimed:

"There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person's sexuality."

In 2008 they updated their document and renamed it, "Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality." In the revised version, they admitted:

"There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation."

(www.apa.org/topics/sexuality/orientation.aspx;
www.nARTH.com/docs/deemphasizes.html)

- While researchers agree that there has never been a discovery of a biological basis for homosexuality, the general public seems to believe this myth as if it were a proven fact.
- Researchers have never located a "gay gene", a "gay brain" or any other biological cause for homosexual attractions, even though some researchers attempted to do so for years.
- It is the uneducated public that assumes homosexuality is biologically based.

"After the Ball: How America will Conquer its Fear & Hatred of Gays in the 90's" by Kirk & Madsen (1989)

"Now, two different messages about the Gay Victim are worth communicating. First, the public should be persuaded that gays are *victims of circumstance*, that they no more chose their sexual orientation than they did, say their height, skin color, talents, or limitations. (We argue that, for all practical purposes, gays should be considered to have been *born gay*—even though sexual orientation, for most humans, seems to be the product of a complex interaction between innate predispositions and environmental factors during childhood and early adolescence." (p.184)

Recent Admissions by Professional Supporters of the Bans on Therapy

Speaking of the biological argument, researcher Rebecca Jordan-Young said, "We don't really know how sexual orientation develops..." and speaking of the biological theory, "we don't really want to hang our hat on that."

"Psychiatrist Jack Drescher noted that historically the campaign for gay rights gained support by hitchhiking on the civil rights movement. 'One of the implicit beliefs in the gay rights movement,' he said, is 'the so-called born-gay theory, that sexual orientation is like race or some other innate quality, you're born that way.'"

Jordan-Young pointed out that modern scientific research does not support that theory

Retrieved 4/17/2013 from <http://www.e-fan.org/fridayfax/volume-18/panel-calls-therapy-for-homosexuals-a-human-rights-violation.html>

4/18/2013

Twin Studies Show that Homosexuality is NOT Biologically-Based

- From the twin studies alone, we know that people are not simply born gay. Studies of identical twins reveal that when one twin is gay, less than 20% of the time the other twin will also be gay. If homosexuality were biologically based, the percentage would be much higher. Identical twins share the same biological make-up, yet the majority of the time they differ in sexual orientation.

- Francis Collins, head of the Human Genome Project at the National Institutes of Health concluded that genes may contribute to predispositions, but do not predetermine a homosexual orientation. He also cited the 20% rate found in the identical twin studies:

"An area of particularly strong public interest is the genetic basis of homosexuality. Evidence from twin studies does in fact support the conclusion that heritable factors play a role in male homosexuality. However, the likelihood that the identical twin of a homosexual male will also be gay is about 20% (compared with 2-4 percent of males in the general population), indicating that sexual orientation is genetically influenced but not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations." (Collins, F.S. (2006). *The language of God*. New York: Free Press, p. 260.)

According to research scientist, Dr. Neil Whitehead:

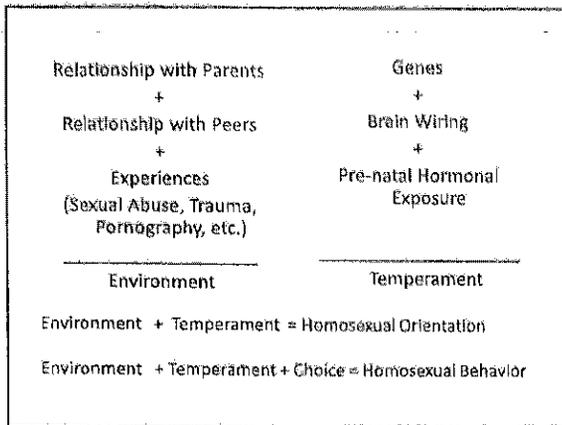
"Human behavior is determined by both nature and nurture. Without genes, you can't act in the environment at all. But without the environment your genes have nothing on which to act.

Whitehead, N. & Whitehead, B. (1999). *My genes made me do it: A scientific look at sexual orientation*. Lafayette, LA: Huntington House Publishers.

It is very important to note that although people are not *born* homosexual, neither do most homosexuals *choose* their attractions.

People choose their behaviors, but they do not typically choose their attractions.

4/18/2013



For more information on
homosexual development, go to:

www.homosexuality101.com

Is Change Possible?

- NARTH's Scientific Advisory Committee completed a landscape review of the literature, examining whether change is possible, if change attempts are harmful, and if there are any differences between heterosexuals and homosexuals, which might lead to a desire to seek change of orientation. The results of this review are presented in NARTH's peer-reviewed journal, *Journal of Human Sexuality*, Volume 1. This landscape review presents over 100 years of experiential evidence, clinical studies, and research studies concluding that change is possible, that it is possible for men and women to diminish their unwanted homosexual attractions and develop their heterosexual potential. It also demonstrates that change attempts are NOT harmful and that there are greater levels of depression, anxiety, substance abuse, STD's, and suicide among homosexuals than heterosexuals. This higher level of problems might lead some homosexuals to seek change. The document contains 600 references.

What is this Therapy?

- NARTH represents licensed mental health professionals who practice mainstream approaches to therapy.
- This therapy is no different from any other therapy.
- There are many forms of therapy that are used successfully with this population, including: Cognitive Therapy, Reparative Therapy, Interpersonal Therapy, EMDR, Family Therapy, Narrative Therapy, as well as other forms of therapy.
- Therapy is often aimed at the underlying issues, not simply the attractions

4/18/2013

Treatment Issues

- Addressing the issue of shame
- Working through past traumas (including sexual abuse)
- Working through issues of parental abandonment
- Working through issues of peer rejection
- Addressing issues of anger and grief over emotional losses
- Pursuing forgiveness
- Developing a secure gender identity (Much of the therapeutic work is aimed at helping the client to develop a more solid and secure sense of self in regards to their gender, making peace with their gender. Many homosexuals are detached from their own gender)
- Developing a healthy self-image (including body image)
- Developing healthy views of both men and women

Therapeutic Change

- There have been a number of studies that reveal the possibility of both change of orientation and change of behavior for some people.
- Levels of change vary for individuals, just as levels of change in any therapeutic issue vary greatly (such as, depression, anxiety, personality disorders, addictions, marital issues).
- There is no therapeutic issue, nor any model of therapy yielding 100 percent success.
- As with any life-dominating issue, change takes time, and the pursuit of change is often a challenging process.

- The American Psychological Association (APA) put together a very biased task force to look at the research and determine whether or not "sexual orientation change efforts" (SOCE) work. The task force was made up of 6 people who were completely opposed to SOCE. No supporters of SOCE were allowed on the task force.
- This biased task force, after dismissing all the studies supporting change, concluded "...that there is little in the way of credible evidence that could clarify whether SOCE does or does not work in changing same-sex attractions" (APA, 2009, p. 28).
- "Little evidence" does not mean that it doesn't work!

Is this Therapy Harmful?

This same biased task force also admitted:

"There are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom" (Report of the APA Task Force on Appropriate Therapeutic Responses To Sexual Orientation, 2009, p. 83).

4/18/2013

- Therapy for this issue has never been found to be harmful or contribute to suicide.
- Therapy for this issue is no different than therapy for any issue. Some people find therapy (therapy in general) to be helpful, some find it to make no difference, and some find it to be harmful.
- Unfortunately, we see with therapy in general – therapy for any issue – that 5-10% of clients will experience negative outcomes.

Suicide

- Within the homosexual population, depression and suicide rates are much higher than the heterosexual population.
- Some claim that discrimination is the cause.
- The same rates of depression and suicide are found in gay-affirming cultures such as Denmark, The Netherlands, New Zealand, and Norway as in the United States. Discrimination is therefore not the cause.

The dangers of this legislation

- This legislation completely disregards the hundreds of teenagers who, prior to ever entering therapy, experience depression and hopelessness due to feeling trapped by attractions they did not ask for and do not want. These minors desire help for their unwanted attractions.

- This legislation does not make considerations for bisexual teenagers or females, the latter of which are clearly known to have a great deal of sexual fluidity – changing from straight to gay or gay to straight more frequently than do homosexual males. Although change is common for bisexuals and lesbians, they will be denied the option of therapy.

4/18/2013

- This legislation makes no room for even helping people change in the area of *behavior*.

- This legislation completely discounts and disrespects people of all conservative faith traditions: devout Muslims, orthodox Jews, and Christians of most conservative denominations, including both Catholics and Protestants. For these individuals homosexual feelings are at odds with their faith, and many of these people choose to prioritize their faith or their relationship with God above their sexual attractions. However, they will be denied help for doing so.

- This legislation, initiated by Equality California is based in politics and not at all on the scientific research. The research has never concluded that this therapy is harmful.

This legislation is a direct assault on individual liberty and personal freedom.

**Parenting to
Prevent Gender Identity
Confusion**

Julie Hamilton, Ph.D., LMFT
Licensed Marriage and Family
Therapist
www.drjuliehamilton.com

- Childhood Risk Factors for Gender
Identity Confusion**
- Parents wanting a child of the opposite sex
 - Sensitive temperament, leading to interpretations of rejection, withdrawal, etc.
 - Poor relationship with the same-sex parent
 - Poor relationships with same-sex peers
 - Over-identification with members of the opposite sex
 - Parental reinforcement of cross-gender behaviors
 - Sexual abuse

- Preventing Gender Identity Confusion**
1. Create a marriage that is healthy and loving.
 2. Model healthy masculinity and femininity.
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- Parenting: Connecting and Directing**
- Both are essential. Be sure both are in place (the child's perception matters most).
- A. Connecting
- (1) Through time
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- In order to be effective at directing, the connecting must first be firmly in place.
- B. Directing
- (1) Role-modeling
 - (2) Teaching
 - (3) Establishing rules and boundaries
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Resources

Family Ties Ministry: Local ministry for parents or individuals dealing with homosexuality.
Charlene Harren 561-313-1599.

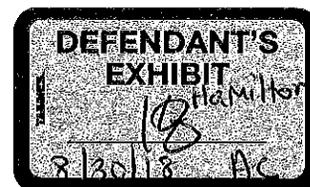
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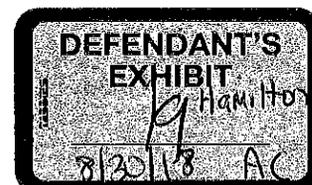
7/30/2018

Homosexuality 101: What are the Causes, is Change Possible, and How should Christians Respond?

Julie Harren Hamilton, Ph.D., LMFT
Licensed Marriage and Family Therapist
www.drjuliehamilton.com

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(www.apa.org/topics/sexuality/orientation.aspx; www.narth.com/docs/deemphasizes.html)

Misperceptions in the General Population

- While researchers agree that there has never been a discovery of a biological basis for homosexuality, the general public seems to believe this inaccurate idea, often promoted by a misinformed media.
- The gene studies, which never claimed to have located a specific gene, were never replicated, after years of attempts by researchers.
- The brain studies were greatly flawed; furthermore, brain studies cannot prove causation, as the brain structure is affected by behavior.
- The pre-natal hormone theories are flawed and only apply to fourth or fifth born sons.

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- From the twin studies alone, we know that people are not simply born gay. Studies of identical twins reveal that when one twin is gay, less than 20% of the time the other twin will also be gay. If homosexuality were biologically based, the percentage would be much higher. Identical twins share the same biological make-up, yet the majority of the time they differ in sexual orientation.

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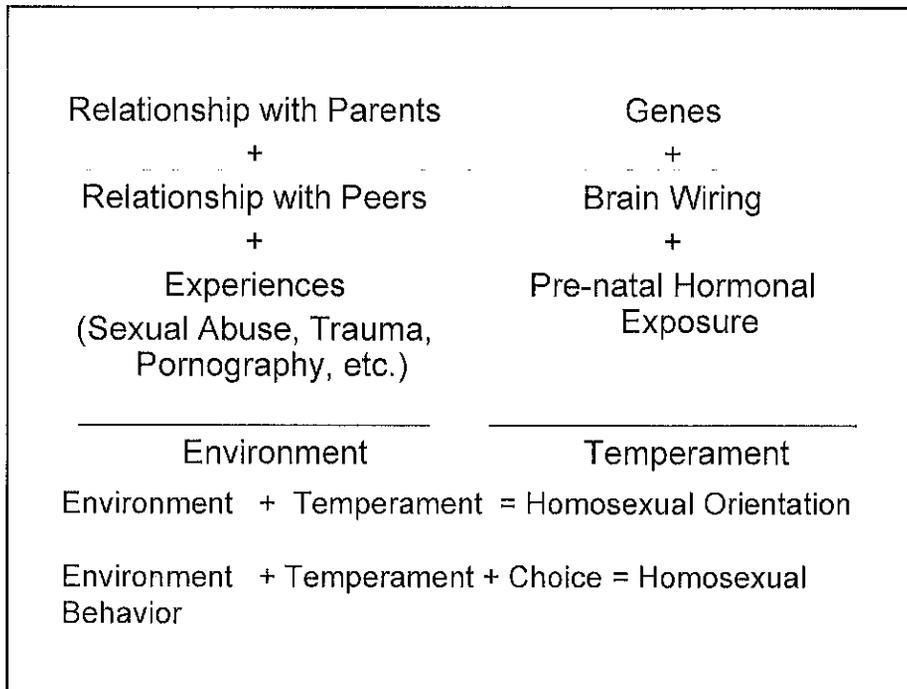
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Development of Gender Identity

- Ages 1 ½ - 3: Gender Identification Phase – bonding with same-sex parent
- Ages 5 and up: Bonding with same-sex peers
- Adolescence: Having had several years forming secure, loving attachments with members of the same sex, the child becomes secure in his or her own gender. In the teen years he or she goes on to develop curiosity, interest, and attraction for the opposite sex.

(For more information on this, go to www.homosexuality101.com)

7/30/2018

Factors that often Contribute to a Homosexual Orientation

- Poor relationship with the same-sex parent
- Poor relationships with same-sex peers
- Over-identification with members of the opposite sex
- Disidentification with members of the same sex, resulting in insecure sense of gender identity
- Sexual abuse
- Exposure to pornography
- Sensitive temperament, leading to interpretations of rejection, etc.

(This is not an exhaustive list, nor do all of the items on the list apply to all homosexuals. These are some of the factors that *might* contribute in *some* cases. Human development is very complex. There are many pathways into and out of homosexuality.)

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Three Research Examples

- In 2003, Dr. Robert Spitzer, a psychiatrist who was involved in the 1973 decision to have homosexuality removed from the DSM, decided to investigate for himself whether or not change was possible. His study revealed that both change of behavior and change of orientation are indeed possible. He concluded that many participants “made substantial changes in sexual arousal and fantasy – not merely behavior.” [Spitzer, R. L. (2003). “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, 5, October, p. 403-417.]

7/30/2018

- **In 2007 Drs. Jones and Yarhouse published the results of their 3 year, longitudinal study. Their study revealed success rates for change of orientation to be comparable to success rates revealed in a similar study on treatment for depression.** [Jones and Yarhouse (2007). *Ex-gays? A longitudinal study of religiously mediated change in sexual orientation*. Downers Grove, IL: Intervarsity Press.]

- **In 2011 Drs. Jones and Yarhouse published their follow-up results from their longitudinal study. They report the success rates were maintained 7 years later.**

[Jones, S. L., & Yarhouse, M. A. (2011). A longitudinal study of attempted religiously mediated sexual orientation change. *Journal of Sex & Marital Therapy*, 37, 404-427. DOI: 10.1080/009263X.2011.607052.]

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- Nicolosi, Byrd, and Potts surveyed 882 dissatisfied homosexual people, of whom 726 had received therapy from a professional therapist or pastoral counselor.
- Significantly, 45.4% of the exclusively homosexual participants reported having made major changes in their orientation.
- On the other hand, 35.1% of the participants were unsuccessful in making significant changes.

[Nicolosi, Byrd, Potts, (2008). "Retrospective self-reports of changes in homosexual orientation: A consumer survey on conversion therapy clients," *Psychological Reports*]

Change documented in Scripture

"Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God.

And that is what some of you were. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God."

1 Corinthians 6:9-11

Steps Towards Change

- Spiritual growth; dying to self
- Same-sex friendships
- Accountability, support, mentoring
- Ministry support
- Professional Therapy
- Resources (books, teachings, conferences)

Treatment Issues

- Addressing the issue of shame
- Working through past traumas (including sexual abuse)
- Working through issues of parental abandonment
- Working through issues of peer rejection
- Addressing issues of anger and grief over emotional losses
- Pursuing forgiveness
- Developing a secure gender identity (Much of the therapeutic work is aimed at helping the client to develop a more solid and secure sense of self in regards to their gender, making peace with their gender. Many homosexuals are detached from their own gender)
- Developing a healthy self-image (including body image)
- Developing healthy views of both men and women

How Should Christians Respond?*

To the Militant Homosexual (Gay activist):

We should defend without attacking

To the Moderate Homosexual :

We should model God' s love

To the Repentant Homosexual :

We should walk along-side of them in their journey

(*Taken from *How Should We Respond* by Joe Dallas)

“Therefore, as God’ s chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity.”
Colossians 3:12-14

Resources for People with Unwanted Homosexual Attractions For Men

Dallas, J. (2003). *Desires in conflict*. Eugene, OR: Harvest House.

For Women

Howard, J. (1991). *Out of Egypt: Leaving lesbianism behind*. Tunbridge Wells: Monarch Publications.

Rentzel, L.T. (1990). *Emotional dependency*. Downers Grove, IL: InterVarsity Press.

**Additional resources available at
www.christianbook.com**

Resources for Parents

Mobley, A. (2013). *If I tell you I'm gay will you still love me?* Bloomington, IN: CrossBooks.

Dallas, J. (2004). *When homosexuality hits home: What to do when a loved one says they're gay*. Eugene, OR: Harvest House.

Nicolosi, J., & Nicolosi, L. A (2002). *A parent's guide to preventing homosexuality*. Downer's Grove, IL: InterVarsity Press.

Schmierer, D. (1998). *An ounce of prevention*. Nashville, TN: Word Publishing.

Haley, M. (2004). *101 frequently asked questions about homosexuality*. Eugene, OR: Harvest House.

For wives: www.wifeboat.com

Resources for Pastors

- Dallas, J. (2007). *The gay gospel? How pro-gay advocates misread the Bible*. Eugene, OR: Harvest House.
- Dallas, J. & Heche, N. (2010). *The Complete Christian Guide to Understanding Homosexuality: A Biblical and Compassionate Response to Same-Sex Attraction*. Eugene, OR: Harvest House.
- Chambers, A. (2006). *God's Grace and the Homosexual Next Door: Reaching the Heart of the Gay Men and Women in Your World*. Eugene, OR: Harvest House.
- Hamilton, J.H. (2006). *Homosexuality 101: Where does it come from, is change possible, and how should Christians respond?* DVD Recording.

Resources for Counselors

- Hallman, J. (2008). *The heart of female same-sex attraction: A comprehensive counseling resource*. Downer's Grove, IL: InterVarsity Press.
- Hamilton, J. & Henry, P. (Eds.) (2009). *Handbook of therapy for unwanted homosexual attractions: A guide to treatment*. Orlando, FL: Xulon Press.
- Nicolosi (2009). *Shame and attachment loss: The practical work of reparative therapy*. Downer's Grove, IL: InterVarsity Press.
- Nicolosi, J. (1991). *The reparative therapy of the male homosexual*. Northvale, NJ: Jason Aronson.

Many other resources on this topic are available through the
NARTH bookstore:

www.Shop.pilgrimagesresources.com

Dr. Julie Hamilton

Licensed Marriage and Family Therapist

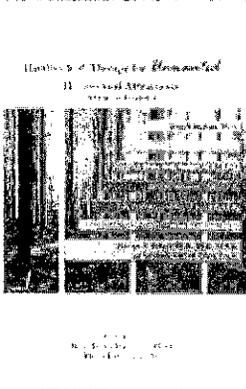
Resources



DVD: *Homosexuality 101: Where Does It Come From, Is Change Possible, and How Should Christians Respond?*

This educational DVD provides Christians with important information on the topic of homosexuality, including: an overview of the factors that can contribute to the development of homosexual attractions, testimonies by two former homosexuals, a testimony by a parent, and a discussion on how Christians should respond to this issue.

To order this DVD, [click here](#).



Edited Book (With Dr. Philip Henry): *Handbook of Therapy for Unwanted Homosexual Attractions: A Guide to Treatment*

This book provides clinical theories and techniques from a number of psychologists and therapists. Each professional presents his or her approach to psychological care for clients distressed by unwanted homosexual attractions. While this is not an exhaustive collection of methods, it provides a variety of effective approaches.

To order this book, [click here](#).

Links

- www.homosexuality101.com

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