

IFTC Intervention at 2012 OSCE/ODIHR Human Dimension Implementation Meeting

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Regarding: Freedom of Thought, Conscience, Religion or Belief

Intolerance and Discrimination against Medical and Mental Health Professionals and Researchers Threaten the Freedom of Professionals to Serve the Healthcare Needs of Their Clients, the Right of Clients to Self-Determination in Choosing Wanted Education, Guidance and Therapy, and the Right of Researchers to Scientific and Academic Freedom

This intervention is being given on behalf of the International Federation for Therapeutic Choice (IFTC). The IFTC supports the rights of sexual minorities who have unwanted attractions, orientation, behavioral tendencies, behavior, and/or identity to receive competent professional guidance and therapeutic care. The IFTC also supports the rights of medical and mental health professionals to offer that care (www.therapeutic-choice.org).

Central Recommendation to Participating States of the OSCE:

To draft legislation to safeguard the freedom of medical and mental health practitioners, educators, and researchers:

- 1. to offer professional guidance and therapeutic expertise to persons whose sexual minority behaviors, orientations, and/or identities are unwanted and who freely choose help in order to overcome or diminish their unwanted sexual attractions and behaviors; and**
- 2. to study, publish, and educate other professionals and the public about the possible causes, consequences, and amelioration of sexual minority attractions, behaviors, orientations, and identities.**

Some sexual minorities find their attractions, orientation, behavioral tendencies, behavior, and/or identity *unwanted*. Some of these people *freely choose* or have *freely chosen* to seek professional guidance and therapeutic assistance to avoid basing their relational and sexual lives according to their sexual minority attractions, behaviors, orientations, and/or identifications. More than one hundred years of clinical reports and other research literature document that persons *have* been successful in achieving this goal, *without* undo harm. I refer to the first volume of the *Journal of Human Sexuality*, which reviews the clinical and scientific literature on this issue (<http://www.narth.com/docs/journalsummary.html>).

Medical and mental health professionals who research, educate, and offer guidance and therapeutic services to people with unwanted sexual minority concerns are experiencing increasing intolerance and discrimination. When they attempt to train for and conduct their work, such professionals often are labeled as “homophobic” and even accused of “hate crimes.” This intolerance and discrimination likewise hinders the freedom of people who want to receive healthcare, guidance and education from these professionals.

I offer two recent examples:

- On September 29, 2012, Governor Jerry Brown of the State of California in the United States signed a law which had been passed both Houses of the California Legislature a month earlier. This law declares it illegal for “mental health provider(s)” from engaging “in sexual orientation change efforts with a patient under 18 years of age.” For the purpose of this law, “sexual orientation change efforts” are defined as any “efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.”
- If allowed to become effective on January 1, 2013, this law will prevent any “mental health provider” – i.e., *anyone* “designated as a mental health professional under California law or regulation” – from providing education, guidance or therapy to minors who freely seek their services in order to resolve unwanted same-sex attractions. These mental health providers include – but are not limited to – all licensed or certified physicians and surgeons specializing in the practice of psychiatry, clinical, counseling, educational and school psychologists, clinical social workers, professional clinical counselors, and all of the assistants, interns, and trainees, under their supervision. This law formally declares any “sexual orientation change efforts” – regardless if freely sought by the minor and his or her parents – as “unprofessional conduct” which subjects the “mental health provider to discipline by the licensing entity for that mental health provider.”
- This law not only usurps the rights and authority of parents and minors to make decisions about the minor’s welfare, but also usurps the rights of mental health licensing and certification boards to regulate their professions.
- As its primary rationale, the law cites the 2009 Report of The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation as concluding: “that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people.” In reality, the Task Force Report actually concluded: “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 American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, www.apa.org/pi/lgbcp/publications/, p. 83; cf. <http://narth.com/2012/08/the-complete-lack-of-a-scientific-basis-for-banning/>; <http://narth.com/2012/05/california-senate-bill-1172-a-scientific-and-legislative-travesty/>).
- **A second example** involves the study on same-sex parenting by University of Texas sociology professor [Mark Regnerus](#), young-adult children of parents who had same-sex relationships had negative outcomes when compared to children raised in intact biological families. (Regnerus, M. (2012). “[How Different Are the Adult Children of Parents Who Have Same-Sex Relationships? Findings from the New Family Structures Study.](#)” *Social Science Research*, 41(4), pp. 752-777). Following a rigorous peer review process prior to its publication, Regnerus’ person and work were subject to unjustified and unacceptable criticism and harassment. Public and professional critiques of his work did point out the

unavoidable limitations of his research methods, but failed to report that his research design and methods were superior than prior studies on this contentious topic, which have supported the GLBT ideological and political agenda(cf., <http://www.citizenlink.com/2012/07/13/sociologist-comes-under-fire-from-activists-for-gay-parenting-study/>; <http://chronicle.com/article/Son-of-a-Lesbian-Mother-Backs/133992/>).

- It was reported on August 29, that Regnerus' employer, the University of Texas, after investigating whether the accusations of "scientific misconduct" made by a self-identified "gay blogger" had merit, had decided that the accusations did not, and closed the case (cf., <http://blog.heritage.org/2012/08/31/case-closed-at-ut-austin-regnerus-exonerated/> and the links it contains to primary documents.) This preliminary investigation involved the sequestering of Professor Regnerus' computers, including his emails and documents, the acquisition of all of his grant proposal, correspondence, and IRB protocols, his responding in writing to the written and oral allegations of his accuser, and an in-depth interview in which Regnerus was questioned about his responses to his accuser's allegations, and his answers were recorded and transcribed by a court reporter.

These examples illustrate just a few of many recent instances of harassment, intolerance, and discrimination toward medical and mental health professionals, researchers, and educators who attempt to study or serve persons with sexual minority attractions, behavioral tendencies, behaviors, and/or identities.

Such intolerant behavior by people who themselves claim to be victims of intolerance violates a number of rights upheld by the *Convention on the Rights of the Child* (CRD) (<http://www2.ohchr.org/english/law/crc.htm>) and the *Universal Declaration of Human Rights* (UDHR) (<http://www.un.org/en/documents/udhr/index.shtml#a11>). These include the right:

- and responsibility that when adults make decisions that affect children, the best interests of children must be the primary concern (CRD, Article 3)
- of families to be allowed to direct and guide their children so they can grow and reach their potential and the responsibility of Governments to support them in doing so (UCD, Articles 4 & 5)
- of children to procure and share information, form and express their opinions, and otherwise be involved in decision-making appropriate to their level of maturity, especially when adults are making decisions that affect the children's welfare (UCD, Articles 12 & 13)
- of children to think and believe what they want and to practice their religion, and of parents to provide religious and moral guidance to their children (UCD, Article 14)
- of children to have access to information that is important to their health and well-being and the responsibility of Governments to encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children (UCD, Article17)
- of parents to provide appropriate guidance to their children and the responsibility of governments to provide support services to parents on doing so (UCD, Article18)
- of children to an education that would develop their personality, talents and abilities to the fullest (UCD, Article18)
- to freedom for the full development of one's human personality (UDHR, Article 26)
- to medical care and necessary social services (UDHR, Article 25)
- to freedom of thought, conscience, and religion (UDHR, Article 18)
- to freedom of opinion and expression, which includes the freedom to hold opinions without interference and to seek, receive, and impart information and ideas through any media (UDHR, Article 19)

- to the protection of the law against arbitrary interference with one's privacy or family and attacks on one's honor and reputation (UDHR, Article 12)

We therefore recommend to OSCE Participating States:

In light the aforementioned fundamental rights upheld by the *Convention on the Rights of the Child* and the *Universal Declaration of Human Rights*:

- 1. To recognize and condemn intolerance and discrimination against sexual minorities who freely choose to receive help in order to overcome or diminish their unwanted sexual attractions, orientation, behaviors, and/or identity.**
- 2. To draft legislation to safeguard the freedom of medical and mental health practitioners, educators, and researchers: 1) to study, publish, and educate other professionals and the public about the possible causes, consequences, and amelioration of sexual minority attractions, orientations, behaviors, and identities; and 2) to offer their professional guidance and therapeutic expertise to people whose sexual minority concerns are *unwanted* and who *freely* choose help in order to overcome or diminish their unwanted sexual attractions, orientation, behaviors, and/or identity.**

We recommend to OSCE/ODIHR and OSCE Missions:

- 1. To be aware of and condemn intolerance and discrimination against sexual minorities who freely choose help in order to overcome or diminish their unwanted sexual attractions, orientation, behaviors, and/or identity.**
- 2. To assist OSCE Participating States in monitoring and drafting legislation, with special attention to safeguarding the above-mentioned rights upheld by the CRC and the UDHR.**