

International Federation for Therapeutic Choice
IFTC Intervention at OSCE/ODIHR 2012 Human Dimension
Implementation Meeting—Warsaw, Poland
October 1, 2012

To: The Organization for Security and Cooperation in Europe (OSCE) Office
of Democratic Institutions and Human Rights (ODIHR) Human
Dimension Implementation Meeting (HDIM)

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Date: October 1, 2012: *Working Session 10*

Re: 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 Health Care
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), which 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 on their unwanted sexual minority attractions, behaviors, orientations, and/or identifications. More than one hundred years of clinical reports and other research literature document that some persons *have* been successful in achieving this goal *without* undue harm. For detailed information, see the first volume of the *Journal of Human Sexuality*, which reviews the clinical and scientific literature on this

issue (<http://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>), or the summary of this volume (<http://www.scribd.com/doc/125145105/Summary-of-Journal-of-Human-Sexuality-Volume-1>).

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. Those who attempt to train for and conduct their work are often labeled as “homophobic” and are even accused of “hate crimes.” This intolerance and discrimination not only impedes the ability of these professionals to do their work but also hinders the freedom of people who want to receive health care, guidance, and education from these professionals.

I offer two recent examples:

- First, on September 29, 2012, Governor Jerry Brown of the state of California in the United States signed SB 1172, a law that had passed both houses of the California Legislature a month earlier. The law declares it illegal for “mental health provider(s)” to engage “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 formally declares any “sexual orientation change efforts” (SOCE)—even if freely sought by the minor and his or her parents—as “unprofessional conduct” that subjects the “mental health provider to discipline by the licensing entity for that mental health provider.”

- This law subjects every “mental health provider” who engages in SOCE in the state of California to disciplinary action—including the potential loss of the state-regulated license to practice one’s profession—by the relevant California professional licensing board. (In the United States, each state licenses health care professionals and determines how their practice will be monitored and controlled; such licensing and monitoring is not done by the federal government.) Professionals affected include *anyone* “designated as a mental health professional under California law or regulation,” including—but not limited to—all licensed or certified physicians and surgeons specializing in psychiatry, clinical practitioners, counselors, educational and school psychologists, marriage and family therapists, clinical social workers, professional clinical counselors, and all of the assistants, interns, and trainees under their supervision.
- Thus, if enforced, SB 1172 subjects to “disciplinary action” any medical or mental health professional who provides education, guidance, counseling, and/or therapy to minors who themselves *freely* seek *and* whose parents *freely* seek services to resolve unwanted same-sex attractions and/or behaviors. Such professionals face discipline for having engaged in SOCE, which now is considered unprofessional conduct by the state of California.
- 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 Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, which concluded “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/lgbcc/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, who found that young-adult children of parents who had same-sex relationships had negative outcomes when compared to children raised in intact biological families. (See 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), 752–777.) Following a rigorous peer review process prior to publication of the study, Regnerus’s 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 to those of prior studies on this contentious topic that 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/>).
 - Regnerus’s employer, the University of Texas, investigated whether the accusations of “scientific misconduct” made by a self-identified “gay blogger”

had merit. The preliminary investigation involved the sequestering of Regnerus's computers, including his e-mails and documents, and the acquisition of all of his grant proposal, correspondence, and IRB protocols. Regnerus was required to respond in writing to the written and oral allegations of his accuser. In addition, an in-depth interview was conducted in which Regnerus was questioned about his responses to his accuser's allegations, and his answers were recorded and transcribed by a court reporter.

- On August 29, it was reported that the university had decided that the accusations did not have merit and that the case was closed (cf., <http://blog.heritage.org/2012/08/31/case-closed-at-ut-austin-regnerus-exonerated/> and the links to primary documents).

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 (UCDHR, Articles 4 and 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 (UCDHR, Articles 12 and 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 (UCDHR, 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 (UCDHR, Article 17)
 - of parents to provide appropriate guidance to their children and the responsibility of governments to provide support services to parents on doing so (UCDHR, Article 18)
 - of children to an education that would develop their personality, talents, and abilities to the fullest (UCDHR, Article 18)
 - 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)

In light of the aforementioned fundamental rights upheld by the Convention on the Rights of the Child and the Universal Declaration of Human Rights, we therefore recommend to OSCE participating states:

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.

