

Input to the United Nations Human Rights Independent Expert

December 19, 2019

Response to Call for Input--Protection Against Violence and Discrimination, 'Conversion Therapy'

The call for input by the UN Independent Expert includes a recognition that, "though 'C.T.' seems to be widespread, information on the subject is insufficient." This letter is in response to your call for information.

Thank you for asking for input from various types of groups, such as religious organizations, states, civil society organizations, and more. Restored Hope Network is a Christian religious organization and coalition of groups in the United States of America. We serve those whose unwanted sexual desires or gender identity at odds with their own moral, ethics, or religious beliefs.

There are concerning assumptions in the Call for Input, namely these ideas:

1. That individuals are forced into 'conversion therapy', or it is forced upon individuals, "subjected to it". (Background)
2. That 'conversion therapy' is made up of current practices that deserve to be considered discrimination or violence. "Mandate of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity." (Title) The only tie to violence is the issue brought forth in point 3.
3. Horrible, clearly disreputable practices or "methods" are grouped together with compassionate and capable forms of care, "religious and spiritual interventions...licensed medical professionals, including psychologists..." This is a type of emotional appeal, appeal to fear or anger and thus is used to demean or vilify the others mentioned who have not used such offensive aversive methods. Lumping these all together creates an unstated false dichotomy. (Background)
4. Not mentioned are facts that do not fit the presumptions listed above, such as the fact that aversion 'techniques' have not been used on this topic for over 5 decades. This appears to be slanting the evidence or ignoring inconvenient data, both of which are fallacies. If the picture drawn is not representative of what is the current vast quantity of help, talk therapy, then it is a skewed look at the topic.
5. "Purported treatment" is a form of dismissing any value without examining if it is indeed possible to change sexual identity, behavior or feelings. Where is the data to back up the assumption in the document? There is certainly evidence available to dispute the assumption both scientifically in peer reviewed journals and anecdotally.

Presumptions

Coercion? When bans have been suggested in the United States of America's cities and states, coercion

has been a suggested reason for the ban, particularly for minors. But in each location where a public record request has been filed for official complaint of coercion, the records have shown there are no alleged incidents of any kind at all. Facts and truth do matter to nations. It is quite ironic that the assumption of coercion leads to the apparent goal of restricting freedom of a client or religious individual to pursue their own goals in therapy or religious care.

Truth Matters. Often with anecdotal testimony, key details are left out that can be confirmed or discovered to be untrue, though several cases have shown when named, the ‘camp’ or ‘counseling practice’ did not exist. In one case, a male-to-female transgender identified person testifying before the US State of New Jersey articulated a scene from a Ru Paul movie as if it were his/her story.ⁱ Generally, the ability to be fact-checked is lacking in these testimonies claiming aversion or electric shock.

Evaluating Samuel Brinton’s Testimony Before the UN Committee Against Torture. In November 2014, Samuel Brinton (USA) stood before the UN Committee Against Torture and gave testimony about electric shock, heat coils and other horrible practices in attempting to change his sexual preferences.

What you may not have been aware of is that Brinton’s testimony had already been questioned by many, including gay activist Wayne Besen. After learning of significant inconsistencies in Mr. Brinton’s testimony, many of us wondered about whether he was telling the truth. After recently having his body language, voice stress, and language analysis done by law enforcement experts in the US, we have come to doubt Mr. Brinton’s testimony. Brinton has routinely failed to mention any facts about who he claims did these things or any other facts that can corroborate his testimony. It is even questionable whether he even obtained any form of counseling for sexuality as a minor.

Appeal to Emotion/Loaded Language/Confirmation Bias. Grouping ordinary care, such as religious, pastoral counseling, licensed psychologists, and other compassionate care in the same sentence group with aversion and electric shock is irresponsible.

Harmful? ‘Conversion therapy’ has become a kitchen sink term to incorporate anything including horror stories from the over 50 years ago in the psychiatric field. Any and all care that is not LGBT identity affirming is banned, regardless of method or mode. News stories imply aversion methods, yet the **2009 American Psychological Association Task Force Report (APA Task Force) agreed that change allowing therapy today uses non-aversive methods.**ⁱⁱ No research studying negative outcomes has yet met the APA Task Force’s scientific standards.ⁱⁱⁱ The **APA Task Force stated that it has no scientific evidence that gay-affirmative therapy is safe or effective.**^{iv} Research remains lacking about *gay affirmative therapy*.^v Please especially take note of what was agreed upon by both parties in the City of Tampa, Florida case and you will see many more arguments against banning change allowing talk therapy.^{vi}

Ignoring these facts and looping in old psychiatry methods uses loaded language and confirmation bias—specifically avoiding evidence that does not fit a presupposition.

What happens if a clinician is helping a client and they change as a result of dealing with what is causing the client unwanted shame, anxiety or depression? *Could such a clinician be called a ‘conversion therapist’?* After all, according to Dr. Lisa Diamond, sexual identity fluidity is rather common. A client is the only one who can dictate the goals of care as it relates to homosexuality.

Instead, it appears that the United Nations is intending to tell adults and children that some goals cannot be pursued. **The UN should not limit a person’s options to live according to their faith and**

beliefs. Instead, it appears that gay and gender ideology is being imposed upon professionals and individuals. This concept does not respect the liberty of youth, nor freedom of adults.

Helpful Presumptions in This Discussion

What would be especially helpful would be starting from the presumption of an individual's right to obtain the counseling or compassionate care that they seek. Anything less would be creating discrimination against those who do not wish to be gay or trans. Instead, honor an individual's right to obtain help to align their goals, including religious views of sexual identity and morality.

Secondly, it is important to not group kind care with other disreputable practices, which are not a current practice. The mention of electric shock and other aversion methods create an emotionally distracting element--a smoke screen--in order to pursue bans on religious prayer, counseling, and professional talk therapy and to prohibit certain individual's counseling appear to be the actual objective. Indeed, this smokescreen has been used to attack kind and capable helpers, parents, doctors, nurses, and religious leaders.

Additionally, be careful not to suppress information that does not fit starting presumptions. If you hear from transgender people, also gather information about those who had sex change regret. If you gather information about those who are happy being gay or lesbian, also gather information about those who are happy to no longer identify as gay, nor live that way. Sexual fluidity, studied by Dr. Lisa Diamond, who happens to be a lesbian and University professor, is a scientific topic that could contribute here.^{vii} Research on neuro-science discoveries about brain plasticity is another topic that would be wise to include.

Instead of starting with the presumption of victimization, seek information about all individuals—those who have benefitted and those who have not—from talk therapy and spiritual care by including information from individuals who are no longer gay. There are many around the world. I am certain they would love to share their story. Here are a couple places you can start to learn more about those who once used to be gay—www.RestoredHopeNetwork.org and www.ChangedMovement.com.

With hope for a more beneficial conversation about life change and homosexuality,

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ⁱ <https://www.frc.org/op-eds/ex-gay-therapy-debate-the-truth-matters>

ⁱⁱ <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>, p. 82

ⁱⁱⁱ *ibid*, pp. 37-42

^{iv} *Ibid*, p. 91

^v O'Shaughnessy, T., & Speir, Z. (2018). The state of LGBTQ affirmative therapy clinical research: A mixed-methods systematic synthesis. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 82–98.

<https://doi.org/10.1037/sgd0000259>

^{vi} <https://lc.org/newsroom/details/100419-tampa-counseling-ban-struck-down>,

<http://lc.org/PDFs/Attachments2PRsLAs/100419TampaOrderGrantingMSJ.pdf>

^{vii} <https://www.newscientist.com/article/mg22730310-100-sexuality-is-fluid-its-time-to-get-past-born-this-way/>