

1st November 2015

“Gay Conversion Therapies and the NHS”

Text of Document sent to MPs in the House of Commons
in preparation for the Westminster Hall Debate on
Tuesday 3rd November, 2015

We request that the following evidence-substantiated statements¹ are taken into consideration in your discussion:

1. Clinical and scientific research shows that same-sex attraction (SSA) is *not innate*.
2. Same-sex attractions and behaviour are “fluid” or changeable, *not immutable*.
3. Scientific evidence shows that there is a significant amount of change in same-sex attraction for both males and females, particularly during adolescence and early adulthood.
4. Professionally assisted change in same-sex feelings, thoughts, behaviour and “identity” – i.e. self-identification – occurs on a continuum. A century of clinical and scientific studies document that professional assistance has been effective for many persons with unwanted SSA.
5. Seeking professional assistance to manage or change unwanted same-sex attractions, behaviour or identification has *not* been shown to be generally, invariably or unacceptably harmful to those who try.
6. *Every* approach to medical and mental health care has the potential for harmful – or at least unwanted - side effects. And no approach is guaranteed to work for any particular patient or client, even if “taken or used as directed.”
7. Persons who experience same-sex attraction and/or participate in same-sex behaviour are at greater risk for a number of medical, psychological and relationship difficulties than persons who do not
8. The best meta-analytic studies suggest social discrimination and rejection are directly responsible for only a small portion of physical and mental health disparities between sexual orientations. Intra- or interpersonal processes, lifestyle factors, and non-gay related forms of victimization and discrimination appear to play a more prominent role. There is no credible scientific evidence that professional therapies for unwanted same-sex attractions contribute to such disparities
9. All persons with unwanted sexual minority experiences deserve the right to receive professional education, guidance, counselling, therapy and medical care. All medical and mental health professionals deserve the right to offer such care.

All therapeutic support must be at the request of the client, with fully informed consent. We strongly oppose any suggestion of compulsory therapy.

¹ OSCE Intervention on 30 September 2014 by the IFTC. <http://www.osce.org/odihr/124642?download=true>

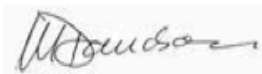
Further information about therapeutic models and approaches in the UK which respect the personal autonomy of self-directed individuals seeking to end homosexual behaviours and where possible feelings, and those supporting them can be found at www.core-issues.org.

Please be advised that we are unaware of any informal or professional psychotherapeutic or counselling practitioner in the UK, Republic of Ireland, Europe or the USA practising 'gay cure' as articulated by Minister Morgan² as including 'electro-shock' and/or 'aversion' (nauseous drug) therapies. *Where these exist we support such a ban.* However, client rights to informed consent and self-determination deserve protection and respect.

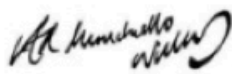
We note further the on going imposition of labelling such as 'Gay Cure', 'praying away the gay' and 'Voodoo therapy' in respect of the work we do. We note the use in the House of Commons of hate speech inducing pejoratives such as 'bigot' openly used to denounce those who hold different opinions on this important topic³.

In the interests of examining the facts, we request you to require the UK's Mental Health Professional bodies to provide the primary, or seminal peer-reviewed research-based evidence upon which these now politicised organisations base their strictures on professional support to reduce unwanted homosexual practices and feelings. We shall be happy, as an international group, to cooperate in any discussion or enquiry that Parliament may consider appropriate.

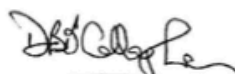
Thank you for your consideration



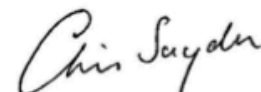
Michael Davidson
Director Core Issues Trust;
Board Member ATCSI; Chair
International Federation for
Therapeutic Choice (IFTC).




**Andrea Minichiello
Williams**
CEO Christian Concern and
Christian Legal Centre.
Council of Reference
Member, Core Issues Trust



Dermot O'Callaghan
Council of Reference
Member
Core Issues Trust



**Canon Dr Christopher
Sugden**
Council of Reference Member
Core Issues Trust



Dr Peter May
Retired GP, former Member of
General Synod, Church of
England



**Dr Carolyn Pela,
LMFT**
President of the Alliance for
Therapeutic Choice and
Scientific Integrity (ATCSI)



**Dr Michelle Cretella
MD, FCP**
President of the American
College of Pediatricians,
Board Member ATCSI



Dr Joseph Nicolosi
Clinical Psychologist. Board
Member ATCSI; Chair of the
NARTH Training Institute



Dr Keith Vennum
Psychiatrist
Board Member ATCSI.



**Dr Christopher
Rosik**
Clinical Psychologist and
Researcher, Board Member
ATCSI.

² 23rd Oct. 2015. Joint Statement from Core Issues Trust and Alliance for Therapeutic Choice and Scientific Integrity <http://www.core-issues.org/uploads/Final%20Statement%20from%20CIT%20and%20Alliance:%20NARTH%2023rd%20October%202015.pdf>

³ OSCE Intervention 29th September 2015. <http://www.osce.org/odihr/186376?download=true>