

# International Federation for Therapeutic and Counselling Choice (IFTCC)

Submission to:

The Equalities, Human Rights and Civil Justice Committee  
consultation on PE1817: “End Conversion Therapy”

## About IFTCC

The International Federation for Therapeutic and Counselling Choice (IFTCC) was registered in the United Kingdom (England and Wales), in 2017<sup>1</sup>. Launched in October 2018, the IFTCC emerged after a small group of individuals and organisations from Europe and the USA worked collaboratively to create an entity that would represent the rights and freedoms of persons formerly LGBT, and those who support them. Its website<sup>2</sup> provides information in Hungarian, German, Italian, Slovak, Bulgarian, Hungarian, Korean, Mandarin, Arabic, Ukrainian, Russian, French, Spanish and English. Annual events<sup>3</sup> in the English medium have typically attracted interest from up to 25 nations, with formal simultaneous translation in a small number of the above languages. The next annual conference event, by invitation only, will be held in October 2021, in Eastern Europe. The IFTCC works in close relationship to Core Issues Trust<sup>4</sup> in the United Kingdom

The IFTCC was established to help those no longer LGBT-identified find the support they are looking for by providing access to “preferred provider” counsellors. These are counsellors who uphold the practice guidelines<sup>5</sup> and ethical statements<sup>6</sup> of the IFTCC, and who are sympathetic to the goals and worldviews of those seeking help<sup>7</sup>. They value client autonomy. Although not a religious organisation, the IFTCC Mission Statement<sup>8</sup> finds the best science upholds Judeo-Christian values with respect to human sexuality, marriage and the human body. The organisation exists to oppose rising intolerance against those who are formerly LGBT identified:

Due to the historically poor standards of care some people have received in this area, and the increasingly intolerant attitudes towards people who seek to turn from homosexuality and gender confusion, the International Federation for Therapeutic and Counselling Choice (IFTCC) was set up to offer people high-quality, professional and discreet support to enable them to follow their life-choices<sup>9</sup>.

The IFTCC continues to make representations directly, or through its associated organisations, as invited by the United Nations (UN)<sup>10</sup>, at the Organisation for Security and Co-operation in Europe (OSCE)<sup>11</sup> and to various world Governments<sup>12,13</sup> and from different world areas<sup>14</sup>. The Organisation has transparently laid out its concerns in the document entitled: *Serious Harmful Implications of Therapy Bans (2020)*<sup>15</sup>. The 2019 Conference produced a multiple language declaration and subsequent events online have re-enforced these values<sup>16</sup>.

---

<sup>1</sup> <https://find-and-update.company-information.service.gov.uk/company/10910877>

<sup>2</sup> <https://iftcc.org>

<sup>3</sup> [https://youtu.be/qoitN\\_0SBqM](https://youtu.be/qoitN_0SBqM)

<sup>4</sup> <https://www.charitycommissionni.org.uk/charity-details/?regId=105095&subId=0>

<sup>5</sup> <https://iftcc.org/standards/s>

<sup>6</sup> <https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2018/08/About-the-IFTCC-English.pdf?x88743>

<sup>7</sup> <https://www.xoutloud.com/the-uk-heroes/>

<sup>8</sup> <https://iftcc.org/about/>

<sup>9</sup> Ibid

<sup>10</sup> <https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/12/IFTCC-to-UN-HRC-individual-Submission-to-Victor-Madrigal-FINAL-2019-12-21.pdf?x88743>

<sup>11</sup> [https://www.osce.org/files/f/documents/a/b/394403\\_0.pdf](https://www.osce.org/files/f/documents/a/b/394403_0.pdf)

<sup>12</sup> [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2020/05/IFTCC\\_Statement\\_on\\_Legislative\\_Proposal\\_of\\_the\\_German\\_Bundestag\\_4-5-20\\_English.pdf?x88743](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2020/05/IFTCC_Statement_on_Legislative_Proposal_of_the_German_Bundestag_4-5-20_English.pdf?x88743)

<sup>13</sup> [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2020/11/IFTCC\\_Letter\\_to\\_Canadian\\_MPs\\_2020-11-18.pdf?x88743x88743](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2020/11/IFTCC_Letter_to_Canadian_MPs_2020-11-18.pdf?x88743x88743)

<sup>14</sup> [https://www.osce.org/files/f/documents/0/4/432356\\_0.pdf](https://www.osce.org/files/f/documents/0/4/432356_0.pdf)

<sup>15</sup> <https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2020/01/Serious-Harmful-Implications-of-Therapy-Ban-Bills.pdf?x88743>

<sup>16</sup> [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/11/IFTCC\\_Postconference\\_Statement\\_2019\\_English.pdf?x88743](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/11/IFTCC_Postconference_Statement_2019_English.pdf?x88743)

## **QUESTION 1: What are your views on the action called for in the petition?**

The PE1817: "End Conversion Therapy" petition briefing cites three sources. First, Stonewall's *Unhealthy Attitudes* report (2015). Second, a 2009 survey reported on by Bartlett, Smith and King. Third it cites extensively the findings of the Ozanne Foundation's *2018 Faith and Sexuality Survey*, each representing advocacy science rather than inquiry approaches.

### **CONCERN 1: Confirmation Bias, and Viewpoint Discrimination**

Advocacy Science risks pushing any analysis into confirmation bias because ideological diversity has been disallowed. 'Advocacy science' differs from 'inquiry' models or investigation because the investigation is being undertaken to promote a specific agenda or viewpoint or policy. A definition of 'Confirmation bias' reminds us that researchers value results more highly when they match their own moral and political belief systems, and disregard those which don't. As Haidt<sup>17</sup> (2013:90) has noted:

each individual reasoner is really good at one thing: finding evidence to support the position he or she already holds, usually for intuitive reasons. This is why it's so important to have intellectual and ideological diversity within any group or institution whose goal is to find truth (such as an intelligence agency or a community of scientists) or to produce good public policy (such as a legislature or advisor board).

'Confirmation bias' in turn leads to viewpoint discrimination. Where ideological mono-cultures are unchallenged diversity cannot properly exist and equality ceases. That various areas of discourse appear to be unchallengeable and above critical analysis in the PE1817: "End Conversion Therapy" are indicative of increased siloing that can only lead to discrimination.

### **CONCERN 2: "ex-gay" identity functioning as a Protected Characteristic, Unrecognised**

There is no acknowledgement in the PE1817: "End Conversion Therapy" evidencing the recognition of the existence of former LGBT+ persons whose identity is no longer or is now formerly LGBT. Yet as demonstrated in the English courts, to discriminate against those with ex-gay or former LGBT identities is discrimination according to the Equality Act of 2010. This is evident in the intervention of the Gender Equalities Office in the case below.

#### **An Intervention by the UK Government's Equality Office (GEO) in respect of ex-gays**

It is important to note that intervening in the ex-gay organisation Core Issues Trust's (2014) application for Judicial Review in the UK's High Court following the banning of a London Bus Advert that had mirrored the charity Stonewall's "Some people are gay. Get over it!", the then Secretary of State for Culture, Media and Sport and the Minister for women and Equalities established an important fact. The judgement following the case supported the Trust in this regard and states:

Discrimination against a person because of his or her past actual or perceived sexual orientation, or because his or her sexual orientation has changed, is discrimination "because of...sexual orientation". There is no requirement in the EA (Equality Act) that discrimination must relate to a person's current sexual orientation. All that is required is that the discrimination is "because of sexual orientation"<sup>18</sup>.

This 2014 case, ([Core Issues Trust vs Transport for London with a respondent from the Secretary of State for Culture, Media and Sport and the Minister for Women and Equalities](#)<sup>19</sup>) is an important indicator and recognition of the need to protect formerly LGBT persons against discrimination.

### **CONCERN 3: Former LGBT Persons are excluded in National LGBT Survey, by design**

For example, the Scottish Government notes the UK Government's LGBT Action Plan (resulting from findings of the National LGBT Survey) which has led to the announcement in the Queen's speech that the government will introduce legislation banning "conversion therapy" following a consultation with the general public.

---

<sup>17</sup> Haidt, Jonathan, 2013. *The Righteous Mind. Why Good People are Divided by Politics and Religion*. Penguin; 1st edition

<sup>18</sup> <https://www.bailii.org/ew/cases/EWCA/Civ/2014/34.htm>

<sup>19</sup> *Ibid.*

If LGBT persons are surveyed exclusively to establish whether they have experienced harm from “conversion therapy” for example, (as they were in the 2017 National LGBT Survey,) those who no longer identify as LGBT have been denied access to such surveys (because they no longer identify as LGBT) and are therefore prevented from reporting on successful interventions, that have helped them achieved their goals to leave unwanted LGBT identities and practices. Data in such surveys, and in this instance, has been pre-determined to reflect only harmful experiences of psychotherapeutic and counselling interventions and to discount any positive interventions.

No attempt in any of the supporting documentation provided by the writers of the PE1817: “End Conversion Therapy” petition has been made to demonstrate that this population has been surveyed or polled, on the matter.

### **The IFTCC Report on the National LGBT Survey Report<sup>20</sup>**

On 3 July 2018, supported by the LGBT National Survey Report<sup>21</sup>, the UK Government stated its intention, as one action point in its LGBT Action Plan<sup>22</sup>, to ban “Conversion Therapy”. The National Survey Report provides a clear window into how data is gathered and used around gender theory and sexual politics in general. The Government’s Summary Report states that no definition of “Conversion Therapy” was provided<sup>23</sup>, but the Research Report’s working definition, (using inaccurate, misleading and defamatory language)<sup>24</sup> concludes that these are “techniques intended to change someone’s sexual orientation or gender identity”. Of obvious concern is how survey participants could meaningfully participate in the survey on “Conversion Therapy” if it wasn’t properly defined as a concept. Even more concerning is that the survey excluded any former LGBT persons, directed as it was only to LGBT persons. In so doing any person who had benefitted from interventions and had left their LGBT identity was thereby marginalised and discounted. Results were therefore tendentious and unrepresentative and cannot be properly generalised.

In the ten points that follow, we argued at the time that everyone has the right to walk away from sexual practices and experiences that don’t work for them and should be supported to do so. References to “endnotes” can be accessed in the original 2018 submission<sup>25</sup>.

**1. When referring to “Conversion Therapy” the LGBT National Survey Report makes no reference to the published literature** in the field nor to ideological diversity in research and debate, and as such represents “Advocacy Science”. Endnote 1

**2. Governed by one ideological viewpoint**, the UK’s Professional Mental Health bodies have for some time enforced a de facto ban on “Conversion Therapy”. Public opinion appears to be ignored. Dissension on the matter is not tolerated within professional memberships. This entrenches a mono-culture and view-point discrimination is the result; enquiry research has ceased on the topic, neither can it attract funding, or published recognition Endnote 2

**3. The National LGBT Survey (2018) is flawed.** It is a volunteer online sample. Non LGBT - and implicitly ex-LGBT – were ineligible. It is not clear how non-UK and multiple respondents were eliminated. It did not define ‘conversion therapy’ but asked only if people had experienced it or been offered it, and by who. It did not ask if the ‘conversion therapy’ was beneficial or harmful, nor the methods experienced. Policy and law based on this survey are therefore based on assumptions. Endnote 3

---

<sup>20</sup> [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2018/10/IFTCC\\_Response\\_to\\_UK\\_Government\\_Ban\\_on\\_Therapeutic\\_Choice\\_v2.pdf?x28941](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2018/10/IFTCC_Response_to_UK_Government_Ban_on_Therapeutic_Choice_v2.pdf?x28941)

<sup>21</sup> <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

<sup>22</sup> LGBT Action Plan 2018: <https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gaybisexual-and-transgender-people>

<sup>23</sup> Summary Research Report 2018:14: “We did not provide a definition of conversion therapy in the survey, but it can range from pseudo-psychological treatments to, in extreme cases, surgical interventions and ‘corrective’ rape”.

<https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report>

<sup>24</sup> Research Report (2018:83): “So-called conversion therapies, sometimes also referred to as cure, aversion or reparative therapies, are techniques intended to change someone’s sexual orientation or gender identity. These techniques can take many forms and commonly range from pseudo-psychological treatments to spiritual counselling. In extreme cases, they may also include surgical and hormonal interventions, or so-called ‘corrective’ rape.” <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

<sup>25</sup> Pages 7-20: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

4. In UK society, ideological fault-lines separate those who conflate gender and sexual fluidity, from those who view sexuality as fluid and gender mostly as fixed. **Sexual Attraction Fluidity Exploration in Therapy (SAFE-T) is a valid and ethical response** to the extreme practices highlighted by the government's grab-all definitions.

5. **Evidence is being ignored that sexuality is not innate and is not immutable.** This evidence includes population studies. The public is being denied right of access to counselling, based only on fears of "potential harm" and ideological preference. (..) . Endnote 5

6. Neither the Research Report of the National LGBT Survey, nor the LGBT Action Plan pay any attention to **questions of personal autonomy nor to the implications of the proposed ban implied in the European Convention on Human Rights.** Endnote 6

7. The state church, the Church of England, has urged the government to impose this ban. Using anecdotal evidence of only one type, and claiming spiritual abuse, they have done so without presenting evidence of harm or malpractice. **The church has actively refused audiences to listen to the testimonials of once-gay and ex-gay persons.** Neither have they shown discernment of legitimate counselling practice. Endnote 7

8. The Prime Minister, the **Rt. Hon. Teresa May**<sup>26</sup> and the Minister for Women and Equalities the **Rt. Hon. Penny Mordaunt**<sup>27</sup> have referred to the "abhorrent practice of 'Conversion Therapy'". They have nevertheless **actively declined to meet individuals who claim to have benefited from counselling support for unwanted same-sex attractions and gender confusions**, thereby denying their identities. Endnote 8

9. **The UK government's documentation does not appear to be aware that the unintended consequences of banning** counselling for unwanted same-sex attractions and gender confusion, will be increased suicidal ideation for this population group. Endnote 9

10. **Labelling Therapeutic Choice "Extremism"**. Government officials have made the link between counselling which supports unwanted homosexual feelings and gender confusions as "non-violent extremism" as a means of suppressing legitimate counselling and the choice of clients seeking therapy or counselling. Endnote 10

Given the concerning misuse of data and poor research methodology that was not representative of the UK population by excluding former LGBT persons, the following recommendations are offered to the UK government:

1. **Corrective measures are undertaken to listen to those who have benefited from therapeutic and counselling support** for unwanted same-sex attractions and gender confusions. The National LGBT Survey deselected any individuals positively helped by counselling and therapy, unlikely to retain an LGBT identity.

2. **Support, via the Professional Standards Authority, for practitioners operating according to agreed practice guidelines** is given to those offering counselling and therapeutic support for unwanted same-sex attractions and gender confusions. The IFTCC is an emerging organising provider of such professional standards.

---

<sup>26</sup> ITV News, 3 July, 2018: <https://youtu.be/CNeaEosWxOk>

<sup>27</sup> 4 July, 2018 Launch Event LGBT Action Plan: "The plan's commitments range from a national lead on healthcare, to banning the abhorrent practice of conversion therapy, to action on hate crime and combating bullying in our schools" <https://www.gov.uk/government/speeches/launch-event-lgbt-action-plan-2018>

**3. Recognition and development of case law highlighting “other” sexual minorities** such as “ex-gay” or those once gay or previously transgendered so that they are actually and not theoretically protected under the Equality Act of 2010 so that discrimination is unlawful.

**4. Acknowledgement that under-radar and clandestine operations are the product of bans.** Training, collegiality and accountability in cross-disciplinary learning environments are the best investment if harm is genuinely the government’s concern.

**5. Resources are deployed to support this minority group** to access suitably trained practitioners who historically are denied access (because of the de facto ban) to professional certification, supervision, collegiality, continuing professional development and professional indemnity insurance.

This critical analysis was provided to all Cabinet members and to the majority of MPs at the time but was ignored. In our view The Equalities, Human Rights and Civil Justice Committee in Scotland would do great service to the former LGBT communities across the United Kingdom to pay attention to this analysis. In our view there are serious credibility issues in the UK Government’s reliance on the “National LGBT Survey” and the resultant LGBT Action Plan. The work is methodologically flawed and cannot represent serious scientific endeavour for the reasons given above.

#### **CONCERN 4: Misuse of data and over-reliance on the Faith and Sexuality Survey**

For the purpose of this submission, the Faith and Sexuality Survey, cited by and extensively relied upon by PE1817: “End Conversion Therapy” and widely sanctioned by the UK media provides an example of problematic data collection and usage in respect to the LGBT and gender theory initiatives in the UK.

According to Schumm,<sup>28,29</sup> the Faith and Sexuality Survey produced by the Ozanne Foundation<sup>30</sup> is clearly an example of advocacy science:

The FSS needs to be interpreted in a larger, historical context of the “weaponization” of science conducted in order to promote certain political or legal objectives. Science, *per se*, should ideally be neutral, an attempt to determine facts, including how concepts are related to each other. But to serve policy interests, science needs to be of the highest quality.

He proceeds to clarify the quality of data that should be used to inform public policy, and clearly missing in this study:

First, data should be made freely available to the general public so results can be independently replicated, as Professor Regnerus (2012)<sup>31</sup> did with his controversial data set. Second, data should be derived from random samples whose results can be compared to known population parameters. Non-random data may provide interesting results or suggest ideas for future research with random samples but, in my opinion, is so subject to selection bias, if not confirmation bias, that it should seldom be used to inform public policy or law. Another way of looking at that problem is that if you want to apply law or policy to all citizens, then the research should be representative of all citizens, not an unknown select few who most likely hold some strong pre-existing biases that may have inspired them, in the first place, to participate in a survey. Survey design should be strong so that skip patterns are clear and so that respondents answer all the questions with high completion rates for all questions that are applicable. Solicitation of respondents should not be designed to encourage those who will be most likely to support the political goals of the research. Research results should include standard deviations and effect sizes, without which trivial differences (in large samples) may be found to be statistically significant or strong effects (in small samples) may be found non-significant statistically. Questions should be symmetric. That is, if you want to ask about criminalizing change

---

<sup>28</sup> **Walter R. Schumm, PhD** is a professor of Applied Family Science in the College of Health and Human Sciences at Kansas State University. He is a retired colonel (U.S. Army) and a recipient of the Legion of Merit. His most recent book was Same-Sex Parenting Research: A Critical Assessment by Wilberforce Press.

<sup>29</sup> In FSS 2019 [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response\\_web.pdf?x88743](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response_web.pdf?x88743) pp4-5

<sup>30</sup> <https://ozanne.foundation/faith-sexuality-survey-2018/>

<sup>31</sup> Regnerus, M., How Different Are the Adult Children of Parents Who Have Same-Sex Relationships, *Social Science Research*; 41: 752-770.

from gay to straight, what about change from straight to gay? Asking questions about only one direction of change, when there are at least two, suggests implicit bias. Statistical analyses should consider intersectionality, that is how various combinations of factors predict outcome variables rather than relying upon simplistic analyses. As this report will explain in much more detail, such requirements were not met with the FSS. Furthermore, basing changes in public or church policy on one study (equally valid argument with respect to the Regnerus study) is very risky as initial studies are often found to be incorrect (Ioannidis, 2005<sup>32</sup>). For example, a great deal of early research indicated that same-sex parents were not more likely to raise children who would grow up to become lesbian, gay, or bisexual; however, more recent research contradicts that conclusion (Schumm, 2018<sup>33</sup>).

The IFTCC Report (2018<sup>34</sup>) on the FSS provides the following summary of the issues found with the collection and use of data in a widely publicised report promoted uncritically by the UK media: (footnote references remain as the original displays them and may be found in the original IFTCC report on pp 37-38<sup>35</sup>).

1. **The ONS<sup>5</sup> estimates LGB are 2% of the UK population - an estimated 1,100,000 people aged 16+. In stark contrast, the FSS found 52% of its sample was LGBQ+.** In Q23 11.37% (458 people) said yes, they had actual experience of attempting to change their sexual orientation. Yet only 368 people gave any evidence of this experience in the subsequent branch of questions: too few to adequately examine something that could affect the lives of 1.1 million people<sup>4</sup>.
2. **The sample was also over-represented by a third in the age group 35-64 compared to the 2017 Office for National Statistics<sup>3</sup> estimates of the UK population,** and it was heavily biased towards Anglican Christians (41%). Taken together, these factors suggest that there is an 'Ozanne brand' which attracts a certain type of person who is motivated to respond in a particular way.
3. **FSS is partisan, and has errors in its design, with the effect that some key claims were not proven by the data.** Question 1 allowed 18-year-olds to put themselves into either category of 16-18 or 18-24. This limited the examination of data by age. Some data items are listed twice in one table - with different values. There were significant issues of missing data and data integrity: the FSS appears to have used both complete and incomplete survey responses and data are presented as a % of those answering each question, with a different denominator for each question. This means that, as presented, data from different tables cannot be accurately compared to each other. The possible routes through the survey seem to have had failures. Key questions were missed by most participants (Q27, Q29 - 'How long ago was this?') People were routed into questions without explanation, swelling numbers (Q21, Q22, Q33).
4. **Most respondents were teenagers last century: 72.08% of the respondents were over 35 years old.** 511 respondents were aged 16-25. Just 67 people were 16-18 years old.
5. **Data from Q20-22 are the basis of a serious allegation that religious leaders forced people to attempt to change their sexual orientation.**<sup>6,7</sup> FSS fails to clarify when this happened, not even if this is a current problem or one of last century. The responses from Q22 contradict Q20 indicating a problem in data collection. It would be unjust to change church and society based on these flawed data.
6. **No data were presented to indicate the chronological year, decade or century wherein any attempt to change sexual orientation occurred, or the form of attempt used, or its impact - not even for teenage respondents.** Therefore, current harm and the need for more safeguarding are not proven.
7. **Some of the 16 cited 'forms of attempt' to change sexual orientation used to be practised by the NHS.**<sup>8,9,10,11,12,13,34</sup> Some of these practices – abandoned for this purpose last century as unethical -

<sup>32</sup> Ioannidis, JPA., Why Most Published Research Findings Are False, PLoS Medicine 2005; 2(8): e124.

<sup>33</sup> Schumm, W., 2018. Same-Sex Parenting Research: A Critical Assessment.

<sup>34</sup> [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response\\_web.pdf?x28941](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response_web.pdf?x28941)

<sup>35</sup> bid: pp 37-38. [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response\\_web.pdf?x88743](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response_web.pdf?x88743)

could only ever have been practised by a registered doctor or psychiatrist.<sup>13</sup> Professional psychotherapy with the goal of sexual orientation change was banned in 2014 by public policy<sup>14,15</sup>, so the youngest are unlikely to have experienced this either. Also cited was forced sex – which is already addressed by the laws on rape. Other ‘forms of attempt’ included spiritual practices such as prayer, fasting, and healing with religious ministry, family or friends. To conflate all these 16 together was misleading and unhelpful. The implication that prayer and personal relationships should be controlled raises serious issues of religious and personal freedom.

8. **The reported figures for mental health are within the range seen in similar volunteer online LGBQ surveys not predicated on therapy.**<sup>20,21</sup> Degrees of self-harm, eating disorders, and suicidal thoughts/actions are comparable to the survey ‘Life in Scotland for LGBT Young People’ 2018<sup>20</sup>. Owing to survey design, the FSS fails to show an exclusive link between attempts to change sexual orientation and suicidal ideation and self-harm. Representative studies have shown that all LGB are at increased risk of poor mental health and low wellbeing.<sup>16, 17, 19, 22, 23, 24</sup> Several studies in several countries show that for some, sexuality can change with or without therapeutic help.<sup>23,24,27,28,29,30,31,32,33</sup>
9. **FSS Q31 (answered by 361 respondents) reports 13 people who said their attempt to change sexual orientation worked completely, and another 60 who said ‘It seemed to work for a while’.** Bisexuals were the second largest sexual minority in the FSS and yet they were ignored in the analysis of results. FSS fails to address the conflict between banning therapy to support LGB people’s heterosexual capacities,<sup>22,35</sup> and the heterosexual relationships of bisexually attracted people<sup>25</sup> – despite public data showing that when bisexuals marry, it is almost always to the opposite sex.<sup>5</sup>

**That the majority (51.1%) of respondents to the FSS were in favour of criminalising therapy is a weak result for such a biased sample.** It was the youngest - who were the least likely to have experienced any therapy - who were the most likely to want it banned. This therefore is a prevailing point of view irrespective of experience. The FSS is demanding criminalisation and additional safeguarding, and implicitly seeks an end to religious ministry or even prayer in support of opposite sex marriage and attraction. Yet counter to the claims made, no harm was been demonstrated to be happening now. The FSS demands are not supported by its data as presented. It would be a seriously retrograde step if science were to be decided by majority vote.

Unlike the National LGBT Survey, the Faith and Sexuality Survey did not prevent former LGBT persons from responding to the survey. However, the fact that data was captured from the former LGBT survey participants, yet ignored, is a serious flaw that the Equalities, Human Rights and Civil Justice Committee will hopefully acknowledge.

### **CONCERN 5: Non engagement with the literature about change-allowing therapies**

The PE1817: “End Conversion Therapy” petition briefing cites a paper by Bartlett, Smith and King, (2009) *The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation*. The paper appears to be used in a way that creates the impression that a minority of mental health workers were acting to change sexual orientation in patients. The reality is that patients were seeking help of their own volition and health workers supported their autonomous goals.

However, of greater consequence is the fact that when referring to the action of the health workers offering treatments to assist those seeking help, the final line of the abstract states: “Given lack of evidence for the efficacy of such treatments, this is likely to be unwise or even harmful.” But where is this evidence, and to wherein have the writers of the PE1817: “End Conversion Therapy” petition engaged critically with this evidence? We offer the following five reasons why seeking counselling and psychotherapeutic help for unwanted same-sex attractions and/or gender confusions is legitimate:

#### **(1) Dissatisfaction, not only disorder, is an ethical basis for counselling.**

Having adopted an LGBT identity, some individuals ultimately have found gay or transgender experiences to be unsatisfying and regret the identity they took on. Some de-transition back to their birth gender. Many recognise their sexuality is fluid, and no longer wish to prioritise their homosexual feelings, choosing instead to maximise their heterosexual side. For bisexual people planning to marry, this is a choice they have to make. We believe that only those individuals, rather than politicians,



LGBT activists or clinicians, have the right to decide their sexuality and gender. A therapy ban will introduce a policy that forces individuals to remain LGBT identified against their will. This will require the state to micro-manage their sexuality and gender identity.

Such individuals should be given therapeutic support if they request it, not because their dissatisfaction is “disordered”, but because they do not wish to remain LGBT identified. Counselling for dissatisfaction with a marital relationship, or following bereavement or other life crises are equivalent, and are entirely legitimate reasons to seek change with counselling support. Counselling support offered by CIT addresses client dissatisfaction with LGBT identity and expression. As individuals address behaviours linked to dissatisfaction, these desires may dissipate, enabling them to live differently. Even patterning, which has become entrenched, can still change.

**(2) Sexual abuse and trauma is an ethical basis on which to seek counselling.**

Sexual abuse is clearly implicated in the development of homosexual identity in many cases. The life-stories of individuals who suffered by the impact of domestic abuse in their childhood homes, leading to alienation from the abuser as a role model, is commonly heard in the counselling room. It is entirely legitimate that individuals who find that their sexuality or gender identity confused following such traumatic experiences should be able to seek counselling.

The American Psychological Association’s authoritative<sup>36</sup> *APA Handbook of Sexuality and Psychology* (2014) states sexuality is not biologically based like skin pigmentation. It says psychological influences are always present<sup>37</sup>. The same document states that childhood abuse may lead to taking same-sex partners in some cases<sup>38</sup>. These statements are linked to a 30-year study of documented cases of childhood sexual abuse referred to in the APA publication<sup>39</sup> and which the association claims is exemplary. The Handbook claims that childhood sexual abuse has “associative or potentially-causal links” with having same-sex partners for some. In fact, it claims that the 30-year documented research indicates men so indicated are 6.75 times more likely to take on same-sex partners.

Claims that the causality of sexual difficulties and exposure to domestic abuse might be reconsidered in the light of the same *APA Handbook of Sexuality and Psychology*. It states that “Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies are evident as main effects [meaning standalone factors] or in interaction with biological factors.”<sup>40</sup>

**(3) Personal beliefs are a valid reason to reject counselling or therapy offered by those associated with UK mental health bodies controlled by the *Memorandum of Understanding on Conversion Therapy in the UK*.**

Writers of the PE1817: “End Conversion Therapy” petition seem to imply that homosexuality and gender confusion is innate and immutable. Such beliefs, nevertheless, are shared by no other mental health body in the UK - all of which recognise the little understood interaction between biology and postnatal or environmental factors. Such beliefs cannot be used to deny autonomous individuals the freedom and right to access help. *The Memorandum of Understanding on Conversion Therapy in the UK* however, has imposed a *de facto* ban of providing such help.

Many individuals who come to us express dissatisfaction with the “must stay gay” culture which denies their personal autonomy to pursue the therapeutic choice open to them. Gay Affirming therapies are imposed on persons who hold fundamentally different values and understanding around sexuality. Core Issues Trust<sup>41</sup> (working closely with the IFTCC) and the IFTCC have interacted with clients from Jewish, Muslim, Sikh and Hindu backgrounds as well as with individuals from no-faith backgrounds. In common among those across many faiths has been their insistence on prioritising their faith values over their sexuality. These individuals, like the writers of The PE1817:

---

<sup>36</sup> Vandeboss, G. (2014), Series Preface, in Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, 1: xvi, Washington D.C.: American Psychological Association, <https://www.apa.org/pubs/books/4311512>

<sup>37</sup> *APA Handbook of Sexuality and Psychology* 2014, 1. Rosario and Schrimshaw 1:157

<sup>38</sup> *APA Handbook of Sexuality and Psychology*, 2014, Rosario and Schrimshaw 1:583, Kleinplatz & Diamond 1:256-257

<sup>39</sup> *APA Handbook of Sexuality and Psychology*, 2014, Mustanski, Kuper & Grene 1:609-610.

<sup>40</sup> *APA Handbook of Sexuality and Psychology*, 2014, Rosario and Schrimshaw 1:583.

<sup>41</sup> <https://www.charitycommissionni.org.uk/charity-details/?regId=105095&subId=0>



“End Conversion Therapy” petition, hold to a specific belief, in their case, that they were not born gay. The difference is they will not be allowed to hold their belief if such a petition is affirmed so that the former LGBT population must conform to the beliefs of the petition writers. Respecting the individuals who hold to these different tenets of faith means that they should be given the freedom to pursue the life goals they chose, rather than those that politicians impose on them. Since the genetic influence on religion and spirituality (31 percent genetic heritability<sup>42</sup>) is virtually equivalent to such influence on same-sex behaviour (32 percent genetic heritability<sup>43 44 45 46</sup>), there is no genetic reason for assuming a person’s religious self is any less their core self than their sexual behaviour. National and population-based studies and research by an ideologically diverse team of LGBT-affirmative and change-affirmative researchers have found that those who live according to the beliefs of their traditional faiths are no less happy, mentally healthy, satisfied with life, and flourishing than those of liberal faith or no faith<sup>47 48 49</sup>. Conformity to LGBT activist ideology is not required. Banning therapy by law would be to legalise coercion on the basis of viewpoint discrimination.

Members of the Science and Research Council of the IFTCC have critiqued the *Memorandum of Understanding on Conversion Therapy in the UK* and see it is an LGBT advocacy document that is misaligned to the professional literature on the fluidity of human sexuality. Fluidity implies choice. We are happy to provide that detailed analysis with all the relevant scientific data should the committee wish to read the material.

According to the UK’s National LGBT survey faith organisations and groups are the largest providers (51%) of what are deemed “conversion therapy” which in practice amounts to the provision of an understanding alternative to the imposition of LGBT gay-affirming viewpoints. Imposing gay-affirming support models without alternatives is a significant overreach by the state and is an attack on the freedoms of belief and conscience, even before being an attack on the freedoms of religion and speech.

#### **(4) Saving Marriage and Family is a valid reason to seek support to change unwanted and intrusive sexual feelings.**

- a. Contrary to conventional wisdom, both sex attraction is indisputably the ‘norm’ and those with exclusive same-sex attractions are the exception. This is accepted by the APA Handbook of Sexuality and Psychology<sup>50</sup>, and reinforced by a recent Ipsos MORI poll<sup>51</sup> conducted in Britain and the USA. Next to heterosexuality, the largest identity group, ‘mostly heterosexual’, is a larger identity group than all other non-heterosexual identities combined.

---

<sup>42</sup> Find .31 here: <http://match.ctglab.nl/#/specific/plot1> ; Under “All Traits” choose “Subchapter;” under “Acquired Absence of Organs...” choose “Religion and Spirituality;” scroll down to “h2 all = 0.31. “h2 all” = genetic contribution or heritability for all; “ss” = “same sex;” “m” = “male;” and “f” = “female.” (Polderman, no date). Based on

<sup>43</sup> Find .32 here: <http://match.ctglab.nl/#/specific/plot1> ; Under “All Traits” choose “Subchapter;” under “Acquired Absence of Organs...” choose “Psychological and behavioural...sexual development and orientation;” scroll down to “h2 all = 0.32.” “h2 all” = genetic contribution or heritability for all; “ss” = “same sex;” “m” = “male;” and “f” = “female.” (Polderman, no date)

<sup>44</sup> Match links based on: Polderman, T., Benyamin, B., Leeuw, C., Sullivan, P., Bochoven, A., Visscher, P., & Posthuma, D. (2015). Meta-analysis of the heritability of human traits based on fifty years of twin studies, *Nature Genetics*, 47, 702–709. <https://www.nature.com/articles/ng.3285>

<sup>45</sup> Genetics of Sexual Behavior: A website to communicate and share the results from the largest study on the genetics of sexual behavior (2019), <https://geneticsexbehavior.info>

<sup>46</sup> Ganna, A., et al. (2019), Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior, *Science*, 365, 882. DOI: 10.1126/science. aat769

<sup>47</sup> Barringer, M., Gay, D. (2017). Happily religious: The surprising sources of happiness among lesbian gay, bisexual, and transgender adults, *Sociological Inquiry*, 87, 75–96, DOI: 10.1111/soin.12154

<sup>48</sup> Cranney, S. (2017). The LGB Mormon paradox: Mental, physical, and self-rated health among Mormon and non-Mormon LGB individuals in the Utah Behavioral Risk Factor Surveillance System, *Journal of Homosexuality*, 64:(6), 731-744. <https://doi.org/10.1080/00918369.2016.1236570>

<sup>49</sup> Lefevor, G., Beckstead, L., Schow, R., Raynes, M., Mansfield, T., Rosik, C. (2019). Satisfaction and health of *Sex and Marital Therapy*, <http://www.tandfonline.com/action/showCitFormats?doi=10.1080/0092623X.2018.1531333>

<sup>50</sup> *APA Handbook of Sexuality and Psychology*, 2014, Diamond, 1:633.

<sup>51</sup> Gender identity and sexual orientation differences by generation Fewer younger Americans say they are only attracted to the opposite sex when compared to older cohorts <Accessed 4 May 2021> [https://www.ipsos.com/sites/default/files/ct/news/documents/2021-02/topline\\_gendersexuality\\_identity\\_022321\\_0.pdf](https://www.ipsos.com/sites/default/files/ct/news/documents/2021-02/topline_gendersexuality_identity_022321_0.pdf)

- b. Individuals attracted to both sexes commonly experience changes in sexual attraction, mostly towards or to heterosexual attraction. Over a six-year study, three-quarters of bisexuals (those equally attracted to both sexes) experienced change in sexual attraction. More bisexual and mostly heterosexual attracted young adults of both sexes moved towards heterosexuality than towards homosexuality. More than a fourth of exclusively same sex attracted women changed, about half of these to exclusively heterosexual attraction, and one in twelve to thirteen of exclusively homosexually attracted men also changed, mostly to exclusively heterosexual attraction<sup>52</sup>. Several additional robust studies also have now established internationally that change toward and to heterosexual attraction can and does take place<sup>53 54 55 56</sup>. The APA Handbook accepts, "...research on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviours, or identities over time.<sup>57</sup>" "Over the course of life, individuals experience the following: ...changes or fluctuations in sexual attractions, behaviours, and romantic partnerships....<sup>58</sup>"
- c. Research in the UK has pointed out that same sex attracted individuals are commonly in opposite sex relationships. In its definitive 2017 document, the ONS<sup>59</sup> found that 31 percent of LGB identified people in the U.K. are married, mostly to the opposite sex. A nationally representative study in the U.S. found in 2010 that 86% of bisexual men and 73% of bisexual women in a relationship were with the opposite sex, most of them married.<sup>60</sup>

If the PE1817: "End Conversion Therapy" petition is sustained, persons who are not exclusively heterosexual, and who do not accept an LGBT identity, would be denied assistance to move away from unwanted behaviours with the help of a professional – as the Memorandum of Understanding on Conversion Therapy confirms. The fact is, if a married man falls in love with a woman other than his wife, he is free to seek professional support to help change his behaviours. But if a married man falls in love with another man, he is prevented from doing so under your proposal.

#### **(5) A century of research reports people changed same-sex attraction or behaviour.**

- a. The two most comprehensive research reviews on therapy that is open to change in sexual attraction and behaviour, including a review by LGBT-affirmative researchers in the American Psychological Association<sup>61</sup> and a review by change-affirmative researchers in the professional association in the U.S. for change-affirmative therapists<sup>62</sup>; agree that research participants reported they changed sexual attraction and behaviour through therapy. They also agreed there is no research meeting scientific standards that shows change-exploring therapy is unsafe or ineffective.
- b. Gay affirmative researchers have published several articles in peer-reviewed journals reporting replicated, randomized, controlled trials documenting that men reduced unwanted same-sex behaviour through standard therapies provided by gay-affirmative therapists and gay peer counsellors. These therapies helped men reduce drug use and casual same-sex

<sup>52</sup> Saviin-Williams, R. Joynes, K and Rieger, G, 2012. Prevalence and stability of self-reported sexual orientation identity during young adulthood. Calculations taken from figure 1. <https://pubmed.ncbi.nlm.nih.gov/22302504/>

<sup>53</sup> Ott et al., 2011, <https://link.springer.com/article/10.1007%2Fs10508-010-9691-3>

<sup>54</sup> Moch & Eibach, 2012. <http://midus.wisc.edu/findings/pdfs/1153.pdf>

<sup>55</sup> Dickson, Paul, & Herbison. 2003, <https://pubmed.ncbi.nlm.nih.gov/12639578/>

<sup>56</sup> Dickson et al., 2013. <https://link.springer.com/article/10.1007/s10508-012-0063-z>

<sup>57</sup> *APA Handbook*, 2014, Diamond, 1:636.

<sup>58</sup> *APA Handbook*, 2014, Mustanski et al., 1:619.

<sup>59</sup> Office for National Statistics (ONS) Sexual Orientation, 2017.

<sup>60</sup> Herek et al., 2010. Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. <https://link.springer.com/content/pdf/10.1007%2Fs13178-010-0017-y.pdf>

<sup>61</sup> American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009). Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

<sup>62</sup>This organization is now the Alliance for Therapeutic Choice and Scientific Integrity. Phelan, J., Whitehead, N., & Sutton, P.M. (2009). What research shows: NARTH's response to the APA claims on homosexuality: A report of the scientific advisory committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality*, 1, 1-121. <https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>

behaviour in order to decrease risk of HIV transmission<sup>63 64 65 66</sup> The therapy ban in the Memorandum of Understanding forbids this proven-effective and potentially life-saving therapy to men if they do not hold the Memorandum’s approved viewpoint on sexuality. The largest and most recent<sup>67</sup> of these studies found men who most successfully reduced their unwanted same-sex behaviour were men for whom same-sex behaviour conflicted with their views on same-sex sexuality—hence the UK mental health bodies would prohibit their having this potentially life-saving therapy—and the possibility of having children. These men may represent two of the most common reasons for desiring change-exploring therapy—a desire to live according to their faith they hold dear and/or a desire to protect their marriage to the person they love and their family.

- c. The most recent publication of change-exploring therapy found that 41 percent of men who obtained such therapy were married, most of these with children—3 children each on average. The clear majority, 88 percent, attended religious services at least once per week. The percent of married men who engaged in same sex behaviour plummeted from 71 percent before therapy to 14 percent after therapy. What this means to the lives of these men, their marriages, and their families can hardly be expressed. Nearly 70 percent (69 percent) significantly reduced same-sex attraction, enabling them to live the life they desire more easily and joyfully. Sexual behaviour, ideation, desire for intimacy, and kissing changed significantly from homosexual and to heterosexual. Depression decreased for 72 percent of the men, and 22 percent decreased suicidal thoughts or attempts. Few reported negative effects from the therapy.<sup>68</sup> In this research sample, participants safely experienced significant change in sexual attraction and behaviour.
- d. The authors of this most recent research pointed out that studies claiming harm look solely or dominantly at LGBT identified individuals who were solicited through LGBT specific networks. Individuals who have changed are not generally in these networks, hence are omitted by research design. Such studies can say nothing about those who safely changed. These studies are like studying divorcees to find out if marital therapy is safe or effective. Studies showing safe and effective change generally study individuals who experience same-sex attraction or behaviour but reject an LGB identity. The large majority of them attend religious services weekly, while LGB identified individuals largely do not attend weekly religious services. These researchers concluded, “The polarization within organized psychology over SOCE [sexual orientation change efforts] appears to have led to insular research that treats one subgroup of sexual minorities as representative of the whole population, with detrimental consequences for accurately comprehending the complexities of sexual orientation change among these individuals.<sup>69</sup>
- e. The report of the independent expert individual that you quoted does not represent the views of United Nations. Member States, in fact many, opposed his appointment and have

---

<sup>63</sup> Nyamathi, A., Reback, D.J., Shoptaw, S., Salem, B.E., Zhang, S. & Yadav, K. (2017). Impact of Tailored interventions to reduce drug use and sexual risk behaviors among homeless gay and bisexual men. *American Journal of Men’s Health*, Vol. 11(2) 208–220. <https://journals.sagepub.com/doi/abs/10.1177/1557988315590837>

<sup>64</sup> Reback, C. J., & Shoptaw, S. (2014). Development of an evidence-based, gay-specific cognitive behavioral therapy intervention for methamphetamine-abusing gay and bisexual men. *Addictive Behaviors*, 39, 1286-1291. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf>

<sup>65</sup> Shoptaw, S., Reback, C.J., Larkins, S., Wang, P., Rotheram-Fuller, E., Dang, J., & Yang, X. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *Journal of Substance Abuse Treatment*, 35:285-293. <https://asu.pure.elsevier.com/en/publications/outcomes-using-two-tailored-behavioral-treatments-for-substance-a>

<sup>66</sup> Shoptaw, S., Reback, C.J., Peck, J.A., Yan, X., Rotheram-Fuller, E., Larkins, Sh., Veniegas, R.C., Freese, T.E., & Hucks-Ortiz, C. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. *Drug and Alcohol Dependence*, 78, 125-134. See Table 1 and p. 132. <https://ucdavis.pure.elsevier.com/en/publications/behavioral-treatment-approaches-for-methamphetamine-dependence-an>

<sup>67</sup> Nyamathi, A., Reback, D.J., Shoptaw, S., Salem, B.E., Zhang, S. & Yadav, K. (2017)

<sup>68</sup> Sullins, D.P., Rosik, C.H., and Santero, P. (April 27, 2021). Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men. *F1000Research*, 10:222, 1-20. (<https://doi.org/10.12688/f1000research.51209.1>)

<sup>69</sup> Sullins, Rosik, & Santero, 2021.

said they don't recognize his mandate. Further, there is no binding U.N. agreement regarding sexual orientation or gender identity at all<sup>70</sup>.

## **CONCLUSION: Question 1**

- 1.** We ask the Scottish Government to recognise the dangers of confirmation bias when it has taken steps on the matter of banning conversion therapy to date based on submissions from Stonewall Scotland, the Equality Network, the Scottish Trans Alliance and LGBT Youth Scotland.
- 2.** We ask the Scottish Government to avoid the viewpoint discrimination that is bound to emerge when advocacy science, which opposes ideological diversity is allowed to take hold of research approaches and methodologies.
- 3.** We ask the Scottish Government to review the status of the former LGBT members of our populations with respect to their legal status under the Equality Act of 2010 by paying careful attention to the findings of Core Issues Trust versus Transport for London <sup>71</sup>.
- 4.** We ask the Scottish Government to review the UK Government's neglect of serious methodological flaws in the National LGBT Survey (2017) which precluded any persons identified as formerly LGBT who had benefitted from therapeutic or counselling interventions but not allowed to complete the survey.
- 5.** We ask the Scottish Government to give serious attention to the appalling methodological flaws of the Faith and Sexuality Survey that overestimated on a range of levels important data and ignore the input of a valid group who had benefitted from counselling interventions, which they ignore.
- 6.** We ask the Scottish Government to recognise that they don't appear to have paid attention to the literature and scholarship concerning the field of change-allowing therapies from the last 20 or 30 years. These cannot simply be dismissed as the view point of one group of researchers.

---

<sup>70</sup> The creation of this 'independent expert' was adopted by a vote of 23 in favour, 18 against and 6 abstentions see [https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm\\_res\\_cs\\_en.pdf](https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm_res_cs_en.pdf). Also search for "sexual orientation" to observe the difficulty with which the Arab States are able to support initiatives within the UN around LGBT ascendancy via UN initiatives [https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm\\_res\\_cs\\_en.pdf](https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm_res_cs_en.pdf).

<sup>71</sup> Wherein Mr Squires argued that ex-gay functions like a protected characteristic and cannot be discriminated against <https://www.bailii.org/ew/cases/EWCA/Civ/2014/34.htm> cf paragraph 98

## QUESTION 2: What action would you like to see the Scottish Government take, within the powers available to it?

Thus far, attempts to understand issues around therapeutic and counselling choice have been from the point of view of harm. The evidence that is presented for this, with rare exception, is anecdotal evidence from those claiming harm. The problem with this is that such claims cannot usually be supported with reference to reports of harm (to a medical practitioner, mental health organisation, a general practitioner or to the police). Normally such claims are presented only via the media, with no investigation other than 'Investigative journalism' which is a euphemism for undercover reporting. There have been many such incidents in the UK media, usually initiated by LGBT activists posing as aggrieved clients<sup>72,73,74,75</sup>.

### Studying Marriage using Divorcees only

But looking at therapeutic choice only through the lenses of those claiming to be harmed is analogous to studying marriage using only the perspective of divorcees. This is a serious problem for research is the product of the monocultures that have now become entrenched in UK culture that disallows any ideological diversity. The Scottish Government should pay attention to the *Consensus Statement on Conversion Therapy* and the *Memorandum of Understanding on Conversion Therapy* as the primary instruments by which research has been stunted and viewpoint discrimination guaranteed.

We ask the Scottish Government to Review the Memorandum of Understanding on Conversion Therapy in the UK, administered by the MOU Coalition Against Conversion Therapy.

## CONCERN 1: Monocultures that cannot challenge LGBT+ Ascendancy

### 1. Main mechanism for challenging resistance to LGBT ascendancy in the UK:

**The *de facto* ban on Therapeutic Choice, the Consensus Statement on Conversion Therapy and the Memorandum of Understanding on Conversion Therapy.**

#### 1.1. The Consensus Statement on Conversion Therapy - Background and context

When in February 2014 the Consensus Statement on Conversion Therapy (CSCT)<sup>76</sup> was published in the UK Core Issues Trust<sup>77</sup> (established and in existence before the IFTCC) noted:

It is very noticeable that in the three main paragraphs of the statement set out below, the controlling principle is expressed not in scientific terms, but in terms of what "we believe". Of course when so many august bodies express such beliefs in unison, the general public is bound to be impressed. But the scientific community should protest that science is based not on what we believe, but on what we can demonstrate in practice.

Herein lies the chief objection to LGBT ascendancy promoted on the grounds of science. The plain fact is, no substantial science is evident in this document. This important document promotes an ideological aspiration. When in November 2015 the Memorandum of Understanding on Conversion Therapy<sup>78</sup> (MOU 2017 Version 2)<sup>79</sup> was released, the weak scientific basis of the statement was again apparent<sup>80</sup>:

<sup>72</sup> <https://www.theguardian.com/world/2011/may/27/gay-conversion-therapy-patrick-strudwick>

<sup>73</sup> <https://www.liverpooecho.co.uk/news/liverpool-news/echo-goes-undercover-gay-cure-13468107>

<sup>74</sup> <https://www.itv.com/news/2018-11-12/an-itv-news-undercover-investigation-exposes-the-uk-church-that-claims-you-dont-have-to-be-gay>

<sup>75</sup> <https://www.thetimes.co.uk/article/gay-conversion-therapy-my-undercover-investigation-kdhm38pg7>

<sup>76</sup> <https://www.secularism.org.uk/uploads/uk-council-for-psychotherapy-consensus-statement-on-conversion-therapy.pdf?v=1502895374> Feb 2014.

<sup>77</sup> [https://www.core-issues.org/UserFiles/File/Statements/Statements\\_2014/CIT\\_Statement\\_3\\_March\\_2014\\_UKCP\\_Consensus\\_Statement\\_Feb\\_2014\\_FINAL\\_1.pdf](https://www.core-issues.org/UserFiles/File/Statements/Statements_2014/CIT_Statement_3_March_2014_UKCP_Consensus_Statement_Feb_2014_FINAL_1.pdf)

<sup>78</sup> November 2015. <https://www.psychotherapy.org.uk/media/nbjy1cw/memorandum-of-understanding-on-conversion-therapy.pdf> October 2017 <https://www.bacp.co.uk/media/6526/memorandum-of-understanding-v2-reva-jul19.pdf>

<sup>80</sup> [https://www.core-issues.org/UserFiles/File/Statements/Statements\\_2014/Statement\\_by\\_Core\\_Issues\\_Trust\\_18th\\_December\\_2014.pdf](https://www.core-issues.org/UserFiles/File/Statements/Statements_2014/Statement_by_Core_Issues_Trust_18th_December_2014.pdf)

The Memorandum of Understanding (2014) purports to ensure inter alia that “The public are well informed about the evidence (of harm) and risks of conversion therapy”. In support of this intention however, the document provides no such evidence, merely citing literature reviews such as Serovich (2008) et al and the APA Task Force (2009) neither of which provides replicable, longitudinal, or conclusive evidence that therapeutic interventions for unwanted same-sex attractions are harmful. Once again the APA’s warning that “there is little in the way of credible evidence whether SOCE does or does not work” to substantiate such claims of effectiveness or otherwise, has been ignored. The document also cites the UKCP Consensus Statement which misleadingly appeals to the absence of ‘gold standard’ randomised controlled trials to assess talking therapies - knowing that such trials using a placebo to study sexual orientation change efforts (SOCEs) are both unethical and unachievable. Such trials have never been undertaken, not even to disprove the effectiveness of such interventions

## **1.2. The Memorandum of Understanding on Conversion Therapy: the main mechanism for challenging resistance to LGBT ascendancy in the UK**

Since 2014, following release of the Consensus Statement and later the Memorandum of Understanding on Conversion Therapy, a *de facto* ban on therapeutic choice with respect to receiving professional help for unwanted sexual behaviours, feelings and attractions has been in place in the UK. In June 2014, Core Issues Trust published a Com Res<sup>81,82</sup> poll asking the following questions, seeking public opinion on the matter:

**Q.1** An MP is trying to change the law in order to ban therapists from offering verbal (talking) therapy to people who are attracted to people of the same sex but who want to reduce feelings. This therapy has not been shown to be harmful. In principle, would you support or oppose such a ban?

**Q.2** Please imagine a scenario in which a married man with wife and children would like a therapist who offers ‘talking therapy’ to try to help him reduce his feelings of sexual attraction towards other men, in order to hold his family together. Do you believe that he should be permitted such help, or should he be refused it?

At the time, the poll (n= 2003) found that 64% - nearly two thirds - supported the right of people to seek therapeutic help to change, with 12% saying such help should be denied and 24% declining to offer a view. Or, put another way, the poll showed 2 to 1 opposition to a ban on therapy to change unwanted same-sex attraction but opposition climbs to 5 to 1 in the case of man seeking help to ‘hold his family together’.

In 2020 as announced by its sponsor, the Ozanne Foundation, a poll found of British respondents (n=1671) agree there should be a ban on conversion therapy. Only 14% believe there should not be a ban. Tellingly, the YouGov<sup>83</sup> poll defined ‘conversion therapy’ as “where people seek to change someone’s sexual orientation, sexual behaviour or gender identity”. The Question asked was:

Do you think ‘Conversion Therapy’, where people seek to change someone's sexual orientation, sexual behaviour or gender identity, should or should not be banned?

Clearly these surveys asked very different questions. The ComRes poll surveyed to the *right to access help* from a client’s perspective, the YouGov poll *surveyed the right to conduct interventions* that aimed to change sexual orientation. The first is about client rights, the second is about *ethical correctness of some people attempting to change other people’s sexual orientation*. Although 6 years lapsed between the two polls, it is not surprising that the results show that significant numbers in the Com Res poll disagree with preventing (client) rights and that the second YouGov poll agrees with preventing rights (of the ‘therapist’) to try to change. It is clear that the YouGov poll cannot be used to show a shift in public opinion in the matter since very different questions are asked.

---

<sup>81</sup> [https://2sijwunnql41ia7ki31qqub1-wpengine.netdna-ssl.com/wp-content/themes/comres/poll/Core\\_Issues\\_Trust\\_Therapy\\_Poll\\_April\\_2014.pdf](https://2sijwunnql41ia7ki31qqub1-wpengine.netdna-ssl.com/wp-content/themes/comres/poll/Core_Issues_Trust_Therapy_Poll_April_2014.pdf)

<sup>82</sup> **ComRes** surveyed a representative sample of 2003 GB adults online on 9-10 April 2014. Data were weighted to be representative of all adults. ComRes is a member of the British Polling Council and abides by its rules.

<sup>83</sup> [https://docs.cdn.yougov.com/ws6xam57wg/Ozanne\\_ConversionTherapy\\_200715.pdf](https://docs.cdn.yougov.com/ws6xam57wg/Ozanne_ConversionTherapy_200715.pdf) **YouGov** Sample Size: 1671 Adults in GB Fieldwork: 14th - 15th July 2020



The juxtaposition of the two surveys usefully indicates a simple difference in approach that remains unresolved in the UK debate around sexual orientation, and therapeutic support interventions. This has to do with the question of agency. This is why the Consensus Statement on Conversion Therapy and Memorandum of Understanding on Conversion Therapy fail as instruments or protocols when addressing the issue of change allowing therapies. Both raise ethical objections to the agency of some 'people' who want to change other people's sexual orientation, but neither represents the agency of those persons who seek help and wish to change sexual orientation.

### **The circuitous argument and the critical need for ideological diversity**

The argument is like this. **Side A** states that 'Conversion Therapy' is morally wrong, is categorically harmful and doesn't work. All formerly LGBT (ex-gay or -trans persons) are deluded or worse; therapeutic interventions should be criminalised, even where the recipient requests help. LGBT is innate and immutable; a leopard can't change his spots. **Side B** states that sexuality is fluid, gender is not. Therapeutic interventions should be available to persons who are free agents of their own sexual identity and trajectory, both of which may change in a person's lifetime. Those supporting such persons should have access to professional training and collegiality. Such providers should be regulated, not criminalised.

Clearly both sides of the argument have ideologically diverse perspectives and both should be amenable to scientific inquiry and method to controversial issues. These might be the genetic contribution to sexuality, the role of agency and the fact that the by-product of some interventions is change resulting from change-allowing therapies known to be effective for some who are motivated. But this is where the narrative is unresolvable and is kept polarised, to the detriment of all, in the UK. Side B has been actively marginalised via the CSCT and MOU initiatives. The problem is the lack of ideological diversity at the negotiating table.

### **Mono-cultures opposing ideological diversity**

Space and time preclude recounting of the emergence and histories of the CSCT and MOU suffice to say that Side B has never been allowed to participate in discussion around these issues except in superficial ways. For example, in the case of the emergence of the MOU, conservative viewpoints were blocked by the United Kingdom Council of Psychotherapy:

Correspondence in 2015 from then Minister of State for Care and Support, the Rt. Hon. Norman Lamb said<sup>84</sup> when developing public policy for responding to "Conversion Therapy", that the lead organisation, the UK Council for Psychotherapy "has not included Core Issues Trust to date because the collaborative work – beginning with the development of a consensus statement... and the subsequent work on the Memorandum of Understanding – was between organisations that had each independently come to a position opposed to conversion therapy". This is evidence that in the UK, policy for this issue was generated by one ideological position and diversity of opinion was and is ignored.<sup>85</sup> Core Issues Trust (Charity NI 105095) calls for diversification of viewpoint when examining efficacy of professional psychotherapeutic and pastoral interventions and developing public policy. This will help to avoid confirmation bias. Consideration of multiple viewpoints and the encouragement of inter- and cross-disciplinary discussion will help to facilitate checks and balances in reporting findings and setting public policy that avoids ideological dominance of any group.

### **1.3. The UK's *De facto* Ban illustrated in context with reference to the Professional Standards Authority (PSA)**

Quoting at length from a recent submission to the UK's Gender Equalities Office (GEO) it is important to review the role of the PSA in entrenching the polarised view on managing sexual politics in the UK.

In February 2015, Core Issues Trust made a complaint against the PSA on the basis that the Authority, following a press statement entitled "The Professional Standards Authority Supports Action by

---

<sup>84</sup> Correspondence from Minister Lamb (Department of Health) to Dr Mike Davidson (Core Issues Trust), date 20 January 2015.

<sup>85</sup> See O'Callaghan's (2017) analysis: Conversion Therapy: A Briefing Note by Prof. M. King. and Prof. R. Song (June 2017) Some comments on two of the cited studies. [https://www.core-issues.org/UserFiles/File//CIT\\_Response\\_to\\_King\\_and\\_Song\\_s\\_Science\\_Briefing\\_Paper\\_4th\\_July\\_2017.pdf](https://www.core-issues.org/UserFiles/File//CIT_Response_to_King_and_Song_s_Science_Briefing_Paper_4th_July_2017.pdf)



Accredited Registers on Conversion Therapy”<sup>86</sup> closed the door to accreditation for any persons accused of “Conversion Therapy”. The substance of the complaint read as follows:

**(1)** that by this statement the **PSA contributes to discrimination against individuals** who voluntarily seek support for aspirations to reduce homosexual feelings and/or practices and who are unwilling to identify as homosexual...The PSA’s discriminative action represented in this statement **(2) closes the door** to those organisations seeking a register, who do not share values denying autonomous individuals the right to explore change or try to reduce orientation using the support of registered professionals...The PSA’s statement **(3) is misleading to the public** because it fails to acknowledge the fact that what it calls ‘conversion’ therapy – most likely the application of standard therapeutic modalities to explore change on a continuum – is not illegal in the United Kingdom.

After a lengthy review, the PSA did not support the complaint. In correspondence dated 1 June 2015 the PSA’s CEO Harry Cayton informed us:

After carefully reviewing the response that was sent to you by Suzanne Dodds I can see that she has explained to you that the Authority has taken the view that gay conversion therapy is not compatible with our responsibilities under the Equality Act as being gay or lesbian is a protected characteristic

This summary indicates how the philosophy of “protected characteristics” and the collusion between the PSA, the Department of Health under Norman Lamb MP, and the CEOs of the UKCP et.al., ensured that any independent applications or complaints submitted by the IFTCC including why we were not consulted in the formation of the Memorandum of Understanding, were doomed to failure.

## **CONCLUSION: Question 2**

- 1.** We request the Scottish Government to thoroughly review the scientific basis of the Memorandum of Understanding on Conversion Therapy in the UK and to note that this is an ideological manifesto advocating a viewpoint that will allow no dissent or inquiry.
- 2.** We ask the Scottish Government to note that those who identify as Former LGBT persons have not been allowed access to provide information about their experience, including the damage done to them when LGBT affirming therapies have been imposed on them.
- 3.** We ask the Scottish Government to note the role of the media in promoting viewpoints that dissuade any criticality being applied to LGBT issues, and to documents such as the Memorandum of Understanding on Conversion Therapy.
- 4.** We ask the Scottish government to regulate, rather than to ban therapeutic choice. Poor therapy should always be actionable. But banning all change-allowing therapies, under any circumstances, and describing these as “conversion therapy” is inappropriate.
- 5.** We ask the Scottish Government to consider protocols and procedures such as those administered by the Professional Standards Authority (PSA), to create national registers of practitioners who will not subscribe to the Memorandum of Understanding’s refusal to allow signatory members to offer therapeutic choice in the matter of unwanted same-sex attractions, because of conscience or professional misgivings. This will contribute to public accountability in the field.

---

<sup>86</sup> PSA Press release dated 16th January, 2015 <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2015/01/16/professional-standards-authority-supports-action-by-accredited-registers-on-conversion-therapy>

**QUESTION 3: Do you have suggestions on how the Committee can take forward its consideration of the petition?** For example: (1) who should it talk to? (2) who should it hear from?

It is clear from the documentation provided that the Scottish Government appear to be heading towards banning “conversion therapy (therapeutic and counselling choice) following the campaigning efforts of diverse organisations with a common goal: the normalisation of homosexual practices and gender identities which have yet to show how they will accommodate those formerly LGBT persons who have or who wish to move away from such practices and beliefs.

**1. A Thorough Review of the Available Research – on both sides**

We suggest that rather than simply taking as received the UK’s LGBT Survey (2017) and the LGBT Action Plan, the Scottish Government thoroughly review these foundations paying attention to the critical analysis we have provided. If such a task is outsourced, care should be taken that a balance of researchers, with different ideological points of view are accommodated so that the current ideological monoculture is challenged.

**2. A Thorough Review of the Memorandum of Understanding on Conversion Therapy in the UK (MOU-UK)**

Rigorous research has established that sexual preferences in attraction and behaviour are not innate and may change. Research claiming that interventions are always or potentially harmful are ideologically biased and fail to meet scientific standards. Failure to do this will ensure that sexual attraction fluidity exploration in therapy and counselling is prevented. The Scottish Government should be aware that trainees with different perspectives and viewpoints are being prevented from entering training based on this document, which we believe is discriminatory and essentially an advocacy document. Organisation such as the IFTCC which uphold clear ethical and practise guidelines<sup>87</sup> should be consulted and included in new iterations of such documents.

**3. Exploration of a National Practise Register for Professionals who Disagree with the “Born Gay” Premise of the MOU-UK**

We urge the Scottish Government to think how it might recognise qualified practitioners who do not support the view that change -allowing therapies are always harmful or may not ever be used. We ask them to ensure that ideological preferences and gate-keeping exercises by LGBT activists are not used when recruiting professionals for training in the mental health services and those that seek to support the development and training of counsellors and psychotherapists.

**4. What is the nature of the “conversion practices” being conducted in Scotland, and who is offering these?**

It would be helpful if the Scottish government would provide research data that indicates when, where and who in Scotland is offering and promoting “Conversion Therapy”

---

<sup>87</sup> <https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2018/08/About-the-IFTCC-English.pdf?x28941>

### **CONCLUSION: Question 3**

We request the Scottish Government to consult with:

1. Professionals currently engaging in change-allowing therapies, with experience in working with clients seeking help, or who are now formerly LGBT identified. These would be individuals currently licensed, (USA) or qualified in the UK although sometimes retired. This would include medics, psychotherapists counsellors and pastoral care workers
2. The victims of “conversion therapy” bans in Germany and Malta and Australia
3. Those excluded from professional bodies because of viewpoint discrimination in the UK
4. Those actively sharing their stories, publicly, such as X-Out-Loud which offers these 7 stories for your consideration:

<https://www.xoutloud.com/the-uk-heroes/>

The IFTCC takes the opportunity to thank the Equalities, Human Rights and Civil Justice Committee for inviting submissions on the petition PE1817: “End Conversion Therapy”. We are grateful for the opportunity to share our views and will assist the committee and Scottish Government in any way we can to help them in their deliberations.