



INTERNATIONAL FEDERATION FOR
THERAPEUTIC & COUNSELLING CHOICE

170 Wimpole Street
London
W1G 8AX
2nd May 2021

Doug Beattie, MLA
103 Bridge Street
Endenderry
Portadown
BT63 5AA

Dear Doug Beattie,

Therapeutic coercion in law is religious and viewpoint discrimination

In your speech before the Northern Ireland Assembly on Tuesday 20th April 2021 you accused Core Issues Trust of conducting conversion therapies and you suggested that the IFTCC part-funds Core Issues Trust. Both of these statements are untrue and you misinformed the Assembly. We regret that you did not give either organisation the opportunity to respond to your allegations. I am particularly concerned that you appear not to have taken advice from any individual who has benefitted from counselling or therapeutic interventions. Lawyers representing the Trust have written separately to you about these remarks you gave to the N.I Assembly.

You also claimed that the IFTCC teaches that by “witnessing domestic violence” and by “suffering sexual abuse”, people are turned “gay”.

I write on behalf of the Science and Research Council² of the IFTCC to tell you that the IFTCC recognises several legitimate reasons for persons seeking help -all reflected in the *modus operandi* of Core Issues Trust, which you appear to have ignored or to be unaware of:

(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.

¹ Correspondence address: 102 Kinedale Park, Ballynahinch, BT248YS, UK

² <https://iftcc.org/people/>

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.

Contrary to your public statement and criticism of the IFTCC, 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.

Your statement contradicts the American Psychological Association’s authoritative³ *APA Handbook of Sexuality and Psychology* (2014) which states sexuality is not biologically based like skin pigmentation, as you claim in reference to your own sexuality. It says psychological influences are always present⁴. The same document states that childhood abuse may lead to taking same-sex partners in some cases⁵. These statements are linked to a 30-year study of documented cases of childhood sexual abuse referred to in the APA publication⁶ 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.

Your disdainful comment directed at the IFTCC concerning 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.”⁷

(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*.

³ 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>

⁴ *APA Handbook of Sexuality and Psychology* 2014, 1. Rosario and Schrimshaw 1:157

⁵ *APA Handbook of Sexuality and Psychology*, 2014, Rosario and Schrimshaw 1:583, Kleinplatz & Diamond 1:256-257

⁶ *APA Handbook of Sexuality and Psychology*, 2014, Mustanski, Kuper & Grene 1:609-610.

⁷ *APA Handbook of Sexuality and Psychology*, 2014, Rosario and Schrimshaw 1:583.

Your privileged position when speaking in the chamber at Stormont allowed you to express what you recognise as your personal beliefs about being born a heterosexual man and belief that people are born gay. Your 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. Despite this privilege, you deny the same right to freedom of belief to those who seek assistance from Core Issues Trust and the IFTCC.

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 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 you, 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 you have your way but must conform to yours. 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 heritability⁸) is virtually equivalent to such influence on same-sex behaviour (32 percent genetic heritability^{9 10 11 12}), 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^{13 14 15}. Conformity to LGBT activist ideology is not required. Banning therapy by law would be to legalise coercion on the basis of viewpoint discrimination.

⁸ 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

⁹ 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)

¹⁰ 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>

¹¹ 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>

¹² 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

¹³ 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

¹⁴ 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>

¹⁵ 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>

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 you wish to read the material.

According to the UK's National LGBT survey faith organisations and groups are the largest providers (51%) of what you deem "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*¹⁶, and reinforced by a recent Ipsos MORI poll¹⁷ 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.
- 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 attraction¹⁸. Several additional robust studies also have now established internationally that change toward and to heterosexual attraction can and does take place^{19 20 21 22}. 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

¹⁶ *APA Handbook of Sexuality and Psychology*, 2014, Diamond, 1:633.

¹⁷ 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

¹⁸ 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/>

¹⁹ Ott et al., 2011, <https://link.springer.com/article/10.1007%2Fs10508-010-9691-3>

²⁰ Moch & Eibach, 2012. <http://midus.wisc.edu/findings/pdfs/1153.pdf>

²¹ Dickson, Paul, & Herbison. 2003, <https://pubmed.ncbi.nlm.nih.gov/12639578/>

²² Dickson et al., 2013. <https://link.springer.com/article/10.1007/s10508-012-0063-z>

over time.²³ “Over the course of life, individuals experience the following: ...changes or fluctuations in sexual attractions, behaviours, and romantic partnerships....²⁴”

- 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 ONS²⁵ found that 31 percent of LGBT 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.²⁶

If your motion, accepted by the Northern Ireland Assembly 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 Association²⁷ and a review by change-affirmative researchers in the professional association in the U.S. for change-affirmative therapists²⁸, 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 behaviour in

²³ *APA Handbook*, 2014, Diamond, 1:636.

²⁴ *APA Handbook*, 2014, Mustanski et al., 1:619.

²⁵ Office for National Statistics (ONS) Sexual Orientation, 2017.

²⁶ 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>

²⁷ 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>

²⁸This 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>

order to decrease risk of HIV transmission.^{29 30 31 32} 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 recent³³ 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.³⁴ 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

²⁹ 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>

³⁰ 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>

³¹ 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>

³² 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>

³³ Nyamathi, A., Reback, D.J., Shoptaw, S., Salem, B.E., Zhang, S. & Yadav, K. (2017)

³⁴ 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>)

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.”³⁵

- 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 said they don’t recognize his mandate. Further, there is no binding U.N. agreement regarding sexual orientation or gender identity at all³⁶.

(6) A note from those against whom you discriminate

X-Out-Loud is a Core Issues Trust project which supports Christian persons moving out of unwanted same-sex attractions and gender confusion, internationally. The group has a strong following in the United Kingdom. Earlier this year, X-Out-Loud released seven testimonies of those willing to share their stories. Many are unable to do so in the UK because of the sustained hostility towards them being created by remarks such as yours. I urge you to give time to their stories at the link provided³⁷.

An Invitation to watch the X-Out-Loud Broadcast this week

Finally, on **Thursday 6th May, at 6.30 pm BST** a group of X-Out-Loud members from the UK, about whose lives decisions are being made without consultation with people like them, will share. They will be responding to politicians’ and activists’ demands to ban counselling and pastoral care choices for support. **The broadcast will be on the X-out-Loud Facebook³⁸ page and its YouTube channel³⁹.** They would be honoured if you would listen to their stories and views. A playback of the session will be available on the homepage of Core Issues Trust the following day.

The IFTCC’s Science and Research Council looks forward to your response to the issues we have raised with you. Should you have time to meet representatives from the IFTCC resident in Northern Ireland, we would be happy to meet you. Should you wish to meet this group in full, I would be willing to facilitate an online meeting.



Dr Mike Davidson
IFTCC Chairman

For: *IFTCC Science and Research Council*

Belfast May 4th 2021

³⁵ Sullins, Rosik, & Santero, 2021.

³⁶ 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. 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.

³⁷ <https://www.xoutloud.com/the-uk-heroes/>

³⁸ <https://www.facebook.com/Xoutloudglobal/>

³⁹ <https://www.youtube.com/channel/UCUOYSoz4zGq4XJon4ExLQTw>