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INTERNATIONAL FEDERATION
FOR THERAPEUTIC AND
COUNSELLING CHOICE

A Response to the UK Government's

Intended Ban on Therapeutic Choice

Dr Michael R. Davidson PhD, Dr Carys Moseley PhD and Dr Christopher H. Rosik PhD



It is ironic that a society that prides itself on individual liberty wants to enforce its values on others.

Mohammed (24 years)
Received counselling for unwanted same-sex attraction

Supporting people's freedom to choose how they live their lives using standard counselling and psychotherapeutic approaches

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People who have benefited from counselling for unwanted *same-sex attraction* **or** *transgenderism*

The reason for my transgenderism was the fact that I didn't feel like a man... doesn't a person have the right to actually go and seek help to change their orientation if it's causing them distress? Today it's good ... I feel secure in my masculinity. .... at this point in my life I'm happy being a man for the first time in a long time.
John/Jannine (formerly transgender)

I have the right to pursue truth and happiness as I understand it; and that is what this therapy has allowed me to do... I find it unacceptable that bigoted, intolerant people are seeking to disallow others their truth and their happiness, by seeking to ban this type of therapy.
Michael (40 years)

My gay affairs once worked for me like drugs work for an addict. I wanted to compensate my bad feelings .... Today I rather face my bad feelings... There are indeed people who are critical of my journey. They don't agree, and they don't believe in change. I, however, respond that my life is more honest now. **Emily**

They provide me tremendous assistance with unwanted same sex attraction and my mental, emotional and psychological health had improved remarkably.
Tzvii (32 years)

It's so unfortunate that it took me so long to get this ... therapy. It's just exactly what I would have loved to have had in my late teens. It would have been the answer to all my questions. **Denis (38 years)**

This therapy does not attempt to change an individual from being gay to being straight but rather it helps an individual heal from past hurts and fears.
Callum (41 years)

I wasn't born with these desires but they grew as a result of bullying and exclusion as a teenager. **David (45 years)**

My abuse had occurred at an age of ego formation .... negating my normal sexual evolution as a heterosexual male, to be replaced with a sense of non-being, genderless, neither male nor female. [I] sought in vain to find happiness in gay-affirming society and active gay life over the course of 20 years. **Phil (60 years)**

I found that people who have decided to live as a homosexual got all the support they needed but the people that decided [to] change their lifestyle had no real help. **Anon**

Paedophilia is illegal and individuals convicted can attract change-oriented therapies. ***We sanction therapy for these individuals, knowing to do so is right, and because it may help.*** *But we now want to* ***deny change-oriented therapies to those who request help with unwanted homosexual feelings****, because we say to do so is wrong. The real issue is the* ***rights of individuals to decide their own identity and destiny****.*

Dr Mike Davidson PhD

IFTCC CHAIRMAN

Better than mandating a globally affirmative approach to sexual orientation or sex identity distress would be ***educators and parents honestly working together and teaching students to show kindness for all****.*

Globally affirming same-sex sexuality may ***shame, stigmatize, exclude, and neglect the needs of students for psychological counselling*** *who feel their same-sex feelings or behaviours were* ***forced on them by trauma****.*

Dr Laura Haynes PhD

IFTCC SCIENCE AND RESEARCH COUNCIL

A word from the counselling professionals who see the benefits for clients with unwanted *same-sex attraction* or *transgenderism*

*"****Gay activists have created a caricature*** *of what they think conversion therapy is and then they talk these politicians into* ***passing a law against this caricature****."*

Dr Joseph Nicolosi

Clinical Psychologist

Past president of The Alliance for Therapeutic Choice and Scientific Integrity, (formerly NARTH)

Why the UK Government should not ban therapeutic and counselling choice

International Federation for Therapeutic and Counselling Choice (IFTCC) [1]

Foreword: Dr Christopher Rosik, PhD

IT IS FRANKLY DISTURBING to witness how many social scientists and politicians are eager to do away with the painstaking process of viewpoint diverse scientific inquiry in order to achieve their desired policy goals. The UK governments proposal to ban so called "conversion therapy" is a tragic illustration of how low the threshold has become for what now constitutes sufficient scientific evidence to justify the abolition of rights for a maligned minority group -- people who wish to explore with a therapist the fluidity of their same-sex attractions and behaviours in the context of determining their heterosexual potential.

From a genuinely humble and non-politicized scientific perspective, what has to be said about the research base referenced in the debate over sexual attraction fluidity exploration in therapy (SAFE-T) is that it is assuredly incomplete. It cannot credibly form the basis for public policy without the assistance of a politicized process whereby science follows rather than directs the formation of legislation. The socio-political commitments within organized psychology and among sexual orientation researchers in particular are essentially hegemonic and left-of-centre[2]. This viewpoint monopoly creates a serious problem for the scientific enterprise. As noted by Redding[3], "The kind of science that gets conducted, how findings are interpreted and received, and the degree of critical scrutiny such studies receive is dependent upon scientists' socio-political views" (p. 439).

In this environment, there is severe risk that the pressure of political agendas leads to the ignoring or suppressing of information that is inconvenient to the cause. I have outlined these concerns and their occurrence in recent ban legislation in California[4]. I mention here just a few aspects of the research into SAFE-T that has likely been hidden from a gullible public.

THREE PROBLEMS WITH RESEARCH IN THIS AREA

First, the research into such therapy in the modern era is completely reliant on convenience samples, which are unable to make causative statements. Studies relying on such samples cannot tell us if any purported harm derives specifically from therapy or whether such harm is actually pre-existing distress that accompanied clients into their therapy. In what is likely to be a sign of confirmation bias, the anecdotal evidence of harm is touted as broadly conclusive by researchers and politicians supportive of bans, but these same individuals dismiss the anecdotal evidence of benefit.

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[1] The IFTCC is Registered in England (10910877), (11th August, 2017). Core Issues Trust (Charity number NI 105095) has supported the incorporation of the IFTCC, together with a number of other organisations.

[2] Duarte, J. L., Crawford, J. T., Stern, S., Haidt, J., Jussim, L., & Tetlock, P. E. (2015). Political diversity will improve psychological science. Behavioral and Brain Sciences, 38, 1-13. http://www.rci.rutgers.edu/~jussim/Duarte et al, 2015, BBS, target, commentaries, reply.pdf

[3] Redding, R. E. (2013). Politicized science. Society, 50, 439-446. https://www.conservativecriminology.com/uploads/5/6/1/7/56173731/ssrn-id2344433.pdf

[4] Rosik, C. H. (2017). **Sexual orientation change efforts, professional psychology, and the law: A brief history and analysis of a therapeutic prohibition**. *BYU Journal of Public Law*, 32, 47-84. https://digitalcommons.law.byu.edu/jpl/vol32/iss1/3

Second, the research on SAFE-T is almost entirely conducted using participants who publicly identify as gay, lesbian, and bisexual recruited from GLB venues and social networks. This creates a bias in that those who may have benefited from such therapies are excluded from the onset as they often do not identify as gay or lesbian and do not generally associate with the gay community. Thus, these are studies that tend to vastly over sample accounts of harm. As I like to point out, this situation is akin to examining the harms and benefits of marital therapy by using a sample restricted to former marital therapy patients who have since divorced. No government agency would consider such research sufficient for creating legislation regarding the practice of marital therapy.

Third, there is simply no incentive and lots of disincentive for conducting research from a position sympathetic to SAFE-T. The cases of Robert Spitzer or Mark Regnerus in the United States are sobering examples[5]. Researchers who provide findings in any way supportive of such therapy are denounced, professionally marginalized, investigated, cut off from future grant monies, and risk career threatening damage to their academic livelihoods. In such an environment, it is a minor miracle that research countering the preferred political narrative can even get published, though fortunately rare occurrences do happen[6].

In the final analysis, what the UK government is proposing to ban is not a therapeutic practice but rather patients' self-determination should they desire to pursue their potential for fluidity and change in unwanted-same sex attractions and behaviour. As responsible and ethical clinicians, those of us who support patients' rights to choose such a goal would welcome the professional regulation and discouragement of the worst practices that are alleged, such as electroshock and other aversive techniques. But since there is no evidence that these kind of techniques are utilized in contemporary SAFE-T, it is hard to avoid the conclusion that what at heart is being targeted are the moral and religious worldviews which often motivate individuals who pursue such psychotherapeutic care. This is not the business of a democratic government, and it should remain that way.

Christopher Rosik, California
12th October, 2018

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[5] Wood, P. (2013). **The campaign to discredit Regnerus and the assault on peer review**. *Academic Questions*, 26, 171-181. https://www.nas.org/articles/the_campaign_to_discredit_regnerus_and_the_assault_on_peer_review

[6] Santero, P., Whitehead, N., & Ballesteros, D. (2018). **Effects of Therapy on Religious Men who have Unwanted Same-Sex Attraction**. *Linacre Quarterly, 85*, 1-17. https://dx.doi.org/10.1177/0024363918788559

UK government abandons the legacy of the Wolfenden Report

DR CARYS MOSELEY

In proposing a ban on therapy for unwanted same-sex attraction, the UK government has ripped up the moral compromise between the vast majority of people who disapproved of homosexual relations between men and those who not only tolerated them but approved of them, made by the Wolfenden Report in 1957 and then put on a statutory footing by the Sexual Offences Act 1967 [7]. The fact of the matter is that the Wolfenden Report's recommendation of the decriminalisation of homosexual acts between consenting adult men over the age of 21 was predicated upon acceptance of the therapeutic treatment of male homosexuality. Of the witnesses who appeared before the Wolfenden Committee, the psychotherapists were in favour, but most other professionals especially from the criminal justice system were against. The Conservative government of the day was not, and neither was the public.

The archives of the Wolfenden Committee clearly show that therapists as well as psychiatrists appearing as witnesses were asked many questions about change of sexual attraction from homosexual to heterosexual, and many were able to answer affirmatively in varying degrees[8].

EVIDENCE OF CHANGE FROM MENTAL HEALTH PROFESSIONALS AS WITNESSES BEFORE THE WOLFENDEN COMMITTEE

The witnesses were among the most eminent and well-regarded in the psychological professions in their day in Britain. The psychotherapists and psychiatrists who talked of change in sexual attraction in their own clients included H. V. Dicks (Tavistock Clinic), John Kelnar (Tavistock Clinic), Clifford Allen, Eustace Chesser, T. C. N. Gibbens (Institute of Psychiatry), William Gillespie (Institute of Psychoanalysis), Elliot Jacques (Institute of Psychoanalysis), Wilfrid Bion (London Clinic of Psychoanalysis), Dr Harris (Royal Medico-Psychological Society), Dr Hobson (Royal Medico-Psychological Society), Clifford Allen (private practice), Winifred Rushforth (Davidson Clinic, Edinburgh).

Sixty years later the UK government is unwilling to listen to any practitioners in psychotherapy dealing with these issues, having chosen instead only to listen to gay male activists preoccupied with criminalising therapy. This is despite the fact that evidence of the benefit of such therapies to clients has continued to be published internationally.

Dr Carys Moseley, London
12th October, 2018

[7] **Report of the Committee on Homosexual Offences and Prostitution**. *Home Office and Scottish Home Department*. London: HMSO, 1957.
[8] **The Wolfenden Committee on homosexual Offences and Prostitution, 1954-1957: Records**. *National Archives*: Kew. HO 345.

Analysis of UK Government's Intended Ban of Therapeutic Choice

DR MIKE DAVIDSON AND DR CARYS MOSELEY

On 3 July 2018, supported by the LGBT National Survey Report[9], the UK Government stated its intention, as one action point in its LGBT Action Plan[10], to ban "Conversion Therapy". Its Summary Report states that no definition of "Conversion Therapy" was provided[11], but the Research Report's working definition, (using inaccurate, misleading and defamatory language)[12] concludes that these are "techniques intended to change someone's sexual orientation or gender identity". In the ten points that follow, we argue 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. Footnotes provide information, endnotes further explanation.

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

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.
   Endnote 4

[9] **National Survey Report:** https://www.gov.uk/government/publications/national-lgbt-survey-summary-report
[10] **LGBT Action Plan 2018:** https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people
[11] **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
[12] **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

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. (See pp 20-22 "Final Thoughts" for further discussion).
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**[13] and the Minister for Women and Equalities the **Rt. Hon. Penny Mordaunt**[14] 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 supressing legitimate counselling and the choice of clients seeking therapy or counselling.
Endnote 10

[13] **ITV News**, 3 July, 2018: https://youtu.be/CNeaEosWxOk

[14] 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

The IFTCC Recommendations to the UK Government

The following recommendations are offered to the UK government:

1. Corrective **measures are undertaken to listen to those who have benefitted 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.
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.

Endnotes and further information

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".*

The fact is **there is no evidence of harm from sexual orientation change therapy** provided by qualified professionals, in the literature [15] [16] [17] [18] [19]. This is what advocacy science ignores. There are also a great **many studies supporting professional work in this area** [20] [21] [22] [23]. Change therapy is talk therapy led by qualified therapists working with willing and motivated clients.

The 'Science Briefing' (King, M., and Song R., 2017)[24] presented to the Church of England General Synod is an example of such 'Advocacy Science'. 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.[25]

Notably King and Song engage in what **Rosik**[26] has called the "reincarnation of **Shidlo and Shroeder (2002)**" or an attempt to supply an empirical foundation to oppose what the APA coined "SOCE" (sexual orientation change efforts).

By far the most concerning reference made by King and Song is in paragraph 12 of the Science Briefing in which they ignore the 'postnatal' contributors in the formation of homosexual identity and practices – (acknowledged by very large representative data samples such as that by **Frisch, Morten and Hviid, Anders**[27]) a factor which was the new reference point in the **2014 position statement on Sexual Orientation** by the Royal College of Psychiatrists[28].

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[15] Sexual Orientation Change Efforts Do Not Lead to Increased Suicide Attempts (Summary of excerpt from Whitehead, N.) (2010). Homosexuality and Co-Morbidities: Research and Therapeutic Implications. *Journal of Human Sexuality*, 2, 125-176).

[16] A.D. Byrd, Joseph Nicolosi, and R.W. Potts (February 2008), "Clients' Perceptions of How Reorientation Therapy and Self-Help Can Promote Changes in Sexual Orientation," *Psychological Reports,* 102, pp. 3-28.

[17] Nicolosi, Joseph, Byrd, D., Potts, R.W. (June, 2002). "A Meta-Analytic Review of Treatment of Homosexuality". *Psychological Reports* 90: 1139-1152.

[18] Nicolosi, J., Byrd, A. Dean, Potts, R.W. (June 2000), **"**Retrospective Self-Reports of Changes in Homosexual Orientation, A Consumer Survey of Conversion Therapy Clients". *Psychological Reports*, 86: 1071-1088.

[19] Essential Psychopathology and Its Treatment, Third Ed, Maxmen, War, and Kilgus (W.W. Norton & Co.)

[20] Karten, E. L., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies*, 18, 84– 102.

[21] Spitzer RL. **"**Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Arch of Sexual Behavior*, Vol. 32, No. 5, Oct. 2003, pp. 403-417.

[22] Homosexuality and the Politics of Truth, Jeffrey Satinover (Baker Books, 1996) pp. 179-195.

[23] Successful Outcomes of Sexual Orientation Change Efforts, James E. Phelan (Phelan Consultants LLC, 2014).

[24] http://www.thinkinganglicans.org.uk/uploads/Conversion%20Therapy%20-%20Science%20Briefing.pdf

[25] https://www.core-issues.org/UserFiles/File/CIT_Response_to_King_and_Song_s_Science_Briefing_Paper_4th_July_2017.pdf

[26] Rosik C.H. 2014. The reincarnation of Shidlo and Schroeder (2002): New studies introduce anti-SOCE advocacy research to the next generation. *Journal of Human Sexuality* 6: 22–48. https://docs.wixstatic.com/ugd/ec16e9_c09726fb6df1403dae082c92f3d3d4ef.pdf

[27] Childhood Family Correlates of Heterosexual and Homosexual Marriages: A National Cohort Study of Two Million Danes.

[28] Royal College of Psychiatrists Position Statement PS02/2014 April 2014 https://www.rcpsych.ac.uk/pdf/PS02_2014.pdf

A recent study by Santero, Whitehead and Ballesteros[29] is a much-needed quantitative investigation. It adds to the evidence that there is nothing inherently dangerous in using mainstream therapies and that they can lead to worthwhile results in feelings, identity and behaviours. The study consciously compares itself with Jones & Yarhouse (2011), a prospective study.

Among the **key findings of the study are:** (1) contrary to the null hypotheses, SOCE is neither ineffective nor harmful, conflicting with APA findings; (2) religious clients could be told that SOCE can make some degree of change likely, and (3) positive change were seen. There were moderate-to-marked decreases in suicidality, depression, substance abuse, and increases in social functioning and self-esteem. Almost all harmful effects were none to slight and about typical for therapy for other unwanted problems.

The authors argue that this therapy is not really exceptional but should be considered in the ranks of the conventional. They say that their study is "further evidence that the APA should reconsider their position of discouraging men from seeking SOCE for their unwanted same-sex attraction.

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 seems 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.*

In the UK two shared documents have wielded influence in opposing therapeutic support as practised by the IFTCC. The **Consensus Statement on Conversion Therapy** and the **Memorandum of Understanding**, (notably not signed by either NHS Northern Ireland or Wales, nor, in 2017, by Royal College of Psychiatrists) were both introduced during the office of then Minister of State at the Department of Health, Norman Lamb. Correspondence[30] with Minister Lamb indicates that at the time those collaborating on the documents were unwilling to interact with those holding alternative views. This follows the pattern of the compilers of the APA guidelines which also excluded any dissenting collaborators.

The Memorandum of Understanding (December 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.

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[29] **"Effects of Therapy on Religious Men who have Unwanted Same-Sex Attraction"** http://journals.sagepub.com/doi/abs/10.1177/0024363918788559

[30] Minister Norman Lamb to Dr M Davidson 20 January 2015 PO0000907979

In foregrounding controversy about so called 'conversion', 'reparative' or 'gay cure' approaches, the memorandum obscures the real issue: the freedom and rights of autonomous individuals to explore, with the help of professionals, the origins of their unwanted homosexual feelings and the degree to which these feelings may be subject to change, whether these are inborn, the result of abuse or acquired through behavioural patterning.

Where are the studies and research reports that show that such interventions are harmful on average, and/or more harmful than interventions for other challenges? Here lie the double standards which discredit the government's divide-and-rule gender policy designed to split society, the church and families to further the new faith of aggressive secularism. It is doomed to cause disaster because its premises are not based on fact or truth"

It is important also to note that this Memorandum of Understanding openly acknowledges an ideological basis for those associating with it, saying "it is informed by a position that efforts to try to change or alter sexual orientation through psychological therapies are unethical and potentially harmful". In its failure both to cite conclusive peer- reviewed scientific evidence to support these claims, and without admitting dissenting voices to debate contested areas, the Memorandum of Understanding remains a political statement uncritically promoting gay ideology.

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.*

Disingenuous definition of 'conversion therapies'
In the UK government's LGBT Survey Research Report[31] published on 3 July 2018, the following claim was made in Section 5.7:

> "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.** Respondents were asked whether they had ever undergone or been offered any such intervention and, if so, who had conducted or offered it."

[31] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

Discrepancy between Survey Report and original Questionnaire
The first problem here is that the Questionnaire to the LGBT Survey, which is published in Annex 2 of the Report, does not define 'conversion therapy' and does not claim that surgical and hormonal treatments or 'corrective rape' are types of therapy for unwanted same-sex attraction. (Questions 142-145 cover the topic.) Such a discrepancy between the content of survey questions for members of the public and the content of the official report based on the responses is disturbingly unempirical and ethically unacceptable. It suggests that respondents were misled as to the true motivations of the government in asking the questions. For when the Survey opened in July 2017 the government had not stated that it would ban therapy for unwanted same-sex attraction.

Most former clients were non-religious
There is table indicating the religion or belief of respondents who said they had had therapy. Although the table shows that Muslim and Hindu respondents were the most likely to have had therapy, the single largest group were those of no religion: 1.5% of the 63,690 non-religious respondents, which comes to 955 people. This was followed by Christians, of whom 3.9% of 17,070 respondents said they had had therapy, which comes to 666 people. This echoes the findings of the 2009 paper by Bartlett, Smith and King[32], which found that only 7% of clients were reported to be primarily motivated by religious concerns. Most were motivated by intrinsic concerns, with confusion about sexual orientation at the top of the list (57%). Only 15% were motivated by 'social pressures including family'. This scuppers the claim that therapy is inherently coercive.

Ex-gays presumed non-existent
In addition whilst the survey asked people's sexual orientation and gender identity, it provided no option for 'ex-gay' identity, even though many clients who have undergone therapy due to being unhappy with their same-sex attraction would subsequently call themselves 'ex-gays'.

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.*

Replacing imposed terms (SOCE) with terms we choose (SAFE-T)
In 2009 the American Psychological Association coined the term "SOCEs" (sexual orientation change efforts) to describe what they believed to be the work of reparative therapists. This was a generic term used to grab all change-oriented therapists. The term functioned pejoratively and sought to emphasise what was considered to be directive counselling approaches. SAFE-T has been coined by therapists in the United States who offer support for unwanted same-sex feelings and gender confusions.

[32] https://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-9-11

Rosik (2017)[33] explained the rationale by the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI) for promoting this new term, to replace terms such as 're-orientation therapy', 'change therapies' and 'SOCE':

- These terms imply that categorical change (from exclusive SSA to exclusive OSA) is the goal. This is a degree of change that is statistically rare and not demanded of any other psychological experience as a condition of legitimate psychological care.
- The current terms imply there is a specific and exotic form of therapy that is being conducted (not standard therapeutic modalities)
- These terms imply that sexual orientation is an actual entity (i.e., the terms all reify sexual orientation as immutable).
- The terms imply that change is the therapist's goal and not that of the clients (i.e. it's coercive rather than self-determined).
- These terms (especially SOCE) do not differentiate between professional conducted psychotherapy and religious or other forms of counselling practice.
- These terms have been demonized and/or developed by professionals completely unsympathetic to therapies that allow for change in same-sex attractions and behaviours.

In a statement to the media released 16th January 2015[34], Christine Braithwaite, Director of Standards and Policy at the Professional Standards Authority, said on release of the UK's (2015) Memorandum of Understanding:

> 'The Professional Standards Authority welcomes this Memorandum. The Memorandum clarifies the positions of the counselling and psychotherapy organisations and reinforces our decision, under our equalities duties, not to accredit any register which allows this therapy to be practised.'

The Equality Act of 2010 however, rejects discrimination against any sexual orientation, (past, actual or perceived) including those who experience or aspire to change orientation, as was established in a 2014 High Court appellate ruling[35].

The science behind the PSA's move "to ban" therapy for unwanted same sex attractions was provided by the Royal College of Psychiatrists who up to the time when the first same sex marriages were conducted in the UK (29 March 2014) claimed that "sexual orientation is biological in nature, determined by genetic factors and/or the early uterine environment. Sexual orientation is therefore not a choice" [36].

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[33] http://media.wix.com/ugd/ec16e9_1940a968273d47f5be4bdf9614d2dd0c.pdf

[34] PSA 16 January, 2015. Professional Standard Authority supports action by Accredited Registers on Conversion Therapy

[35] http://www.bailii.org/ew/cases/EWCA/Civ/2014/34.html
98: As Mr Squires says, it would be surprising if less favourable treatment because a person in the past was homosexual, but is now heterosexual, was not equally prohibited. This does not require that "ex-gays" are to be regarded as a separate category of sexual orientation. 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 that discrimination must relate to a person's current sexual orientation. All that is required is that the discrimination is "because of sexual orientation"

[36] RCPsych. http://www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/gaylesbian/submissiontothecofe.aspx

Since April 2014, however, following a robust challenge to their interpretation of the evidence (Beyond Critique, 2013) [37] the College website now admits: Orientation is caused "by a combination of biological and postnatal environmental factors," and "It is not the case that sexual orientation is immutable or might not vary to some extent in a person's life."

5. *Evidence is being ignored that sexuality is not innate, and is not immutable. This evidence includes population studies (see pp 20-22 "Final Thoughts"). The public is being denied right of access to counselling, based only on fears of "potential harm" and ideological preference.*

Public Opinion is more complex than the media admit
Public opinion on homosexuality is more complex and at times more conservative than the media are willing to admit. Polls are going unreported despite being published.

Most British people do not believe gay or lesbian people are 'born that way'.
In October 2016 the International Lesbian, Gay, Bisexual and Intersex Association (ILGA), one of the largest LGBT campaign coalition groups in the world, conducted what was to date the largest ever global survey on attitudes to LGBT issues[38]. The results were broken down by country and clearly show that only a third (35%) of people in the United Kingdom agree with the claim that 'people attracted to the same sex are born that way'. This is the highest ever level of belief in the 'born that way' theory.

Support for homosexuality has probably stopped growing in Britain
In 2018 social scientists at Manchester University admitted that Britain may have reached 'peak LGBT acceptance'[39]. They based this on the National Survey of Sexual Attitudes and Lifestyles, which is the largest random sample survey on attitudes to sexual behaviour that Britain has. It is no accident that every single LGB group and every single British newspaper was **completely silent** on these results when they were published.

Most British people accept the right to choose therapy
In 2014 ComRes conducted a public opinion poll on behalf of Core Issues Trust ahead of Labour MP Geraint Davies' private member's bill aimed at outlawing 'conversion therapy'[40]. The findings were not reported by the press, undoubtedly as they clearly showed the public did not share the LGBT lobby's view. Less than a quarter (24%) of British people supported a ban in 2014, and less than a third (31%) of adults under 25. Nearly two thirds of people (64%) and over half (55%) of adults under 25 supported a married man's right to receive help to reduce unwanted same-sex attraction in order to help keep his marriage together. Only 12% of the public thought such a man should be refused such help.

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[37] O'Callaghan, D and May, Dr P., 2013 'Beyond Critique: The Misuse of Science by UK Professional Mental Health Bodies'. https://www.core-issues.org/UserFiles/File/Downloadable_publications/BEYOND_CRITIQUE_2nd_edition_Inside_2clr_ART_13_1.pdf
[38] https://ilga.org/downloads/Ilga_Riwi_Attitudes_LGBTI_survey_Logo_personal_political.pdf
[39] https://www.manchester.ac.uk/discover/news/peak-acceptance-of-homosexuality/
[40] http://www.comresglobal.com/polls/core-issues-trust-therapy-poll/

Most British mental health professionals who had seen clients with unwanted same-sex attraction agreed with therapeutic choice

Evidence published by three academic gay activists back in 2009 in the British Journal of Psychiatry found 17% of mental health professionals in the UK had helped a client or patient diminish or change same-sex attraction.[41] The researchers had taken a random sample from the complete membership of the British Psychological Society, British Association for Counselling and Psychotherapy, United Kingdom Council for Psychotherapy and the Royal College of Psychiatrists. Roughly three quarters of questionnaires were returned, and of those 222 professionals (17%) said they had helped clients or patients deal with unwanted same-sex attraction. Together these 222 professionals described a total of 413 clients or patients. Interestingly 35% of these were referred by their GPs but the largest number – 45% - referred themselves. The survey found that 159 (72%) quarters of those mental health professionals who had seen clients for unwanted same-sex attraction agreed that such therapy should be available to them. **This is a very clear majority of those who had been approached.** Only 23 (13%) believed such therapy should not be available.

*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.***

THE PROPOSED BAN ON COUNSELLING AND PSYCHOTHERAPY WOULD VIOLATE THE EUROPEAN CONVENTION ON HUMAN RIGHTS

Sex discrimination - Violation of Article 14

Typically for someone to go down the path of an alternative gender identity means moving away from living and being known as a member of their sex. The Memorandum of Understanding on Conversion Therapy in the UK imposes no lower age limit on clients, and as such is a serious threat to vulnerable and impressionable children and young people, as well as vulnerable adults including those with undiagnosed psychiatric conditions and learning difficulties.[42] Such people could be manipulated into a transgender or non-binary identification through various forms of influence, and as such have their sex-based dignity and rights violated.

Discrimination against ex-LGBT people – Violation of Article 14 ('Other status')

Thanks to the legal casework of the Christian Legal Centre on behalf of Core Issues Trust, 'ex-gay' is a protected characteristic under the Equality Act 2010. Ex-gay is a sexual identity, meaning that it is a social descriptor used by the individual concerning him- or herself as regards leaving behind gay or lesbian identity, attraction and behaviour.

Attack on freedom of speech – Violation of Article 9 (thought, conscience and religion)

Therapeutic conversations are a private and confidential matter, though may occur either in

[41] https://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-9-11
[42] https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf

the public sector or the private sector. Banning therapy would violate freedom of speech of both clients and therapists, as well as third parties such as supervisors of therapists.

Attack on freedom of expression – Violation of Article 10
Restrictions on therapy would count as attacks on freedom of expression of the individual client, the counsellor or therapist, his or her supervisor, any course lecturers, tutors or facilitators, as well as the freedom of expression of family members of the client.

Attack on academic freedom – Violation of Article 10
This include the freedom to 'receive and impart information and ideas without interference by public authority and regardless of frontiers.' A ban on therapy would erode academic freedom regarding this entire field, affecting researchers, educationalists and students.

Attack on freedom of assembly and association – Violation of Article 11
Restriction of therapy is an attack on the freedom of assembly including organisation of conferences, training events, group therapy, educational events, press conferences, showings of films and plays.

Attack on freedom of conscience – Violation of Article 9
Many people choose to seek therapy to move away from LGBT identification for reasons of conscience. Many professionals in this field are also following their conscience in providing such services. Freedom of conscience protects non-religious clients and therapists.

Attack on the right to respect for private and family life – Violation of Article 8
The original intent of the right to respect for private and family life was to protect the individual from unwarranted state surveillance. Many counsellors and psychotherapists work from their own homes and maybe self-employed. Other therapists may work over the internet or the telephone, or use email. In order to be effective a ban on counselling and psychotherapy would have to entail restrictions on therapists' use of the internet, phone and all other means of electronic and remote communication, as well as interference with these to detect therapeutic activity.

Attack on the right to marry – Violation of Article 12
Some people want therapy in order to feel they are ready to pursue their personal life-goal of heterosexual marriage. As such any restriction on therapies for unwanted same-sex attraction and gender identities would constitute a violation of the client's right to marry.

Attack on religious freedom – Violation of Article 9
Some clients seeking out therapies of this kind are affiliated to or belong to a religion. Their religious beliefs and commitments may be of help to them in moving out of LGBT identities and they may seek out professionals who are willing to respect their religious commitment in the therapeutic relationship.

*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*

The Pilling Commission (2013) was an initiative by the Church of England to clarify its position regarding gay clergy and church members. It stated that homosexual people experience an "elevation of risk for anxiety, mood and substance-use disorders and for suicidal thoughts and plans ... [and, for men] high risk sexual activity" (para 205) and notes that the Royal College attributes this to "discrimination in society and possible rejection by friends, families and others" (para 207). The report states that:

> "On the other hand, the Core Issues Trust point out that the three scientific papers referred to by the Royal College of Psychiatrists at this point actually refuse to attribute the causation of mental health issues among gay and lesbian people to societal factors. For example, one paper cited states, 'It may be that prejudice in society against gay men and lesbians leads to greater psychological distress… conversely, gay men and lesbians may have lifestyles that make them vulnerable to psychological disorder.'"[43]

However the Report delicately refrains from noting the highly significant fact that both the Royal College's position and the contrasting cited scientific paper were written by the same person, Professor Michael King – the version submitted to the Church apparently being a purposeful distortion of the version published in the scientific community. Pilling continues:

> **209. Is there an issue about the durability and stability of same sex relationships?**
> There seems to be general agreement that, while there are undoubtedly examples of long-term, stable and sexually faithful relationships, gay, lesbian and bisexual relationships have tended to be less long-lasting than heterosexual ones ... and more promiscuous ...
>
> **210. There is disagreement about the cause of these tendencies**. As with the issue of health problems among gay and lesbian people, one explanation is the lack of social support until recently. Thus the submission from the Royal College of Psychiatrists suggests: "A considerable amount of the instability in gay and lesbian partnerships arises from lack of support within society, the church or the family for such relationships".

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(43) https://www.churchofengland.org/sites/default/files/2018- 01/GS%201929%20Working%20Group%20on%20human%20sexuality_0.pdf

> **211.** However as the Core Issues submission points out, the very paper which the Royal College cites to support its position sates: "We do not know whether gay male, same sex relationships are less enduring because of something intrinsic to being male or a gay male, the gay male subculture that encourages multiple partners, or a failure of social recognition of their relationships. The 'social experiment' that civil unions provide will enable us to disentangle the health and social effects of this complex question"[44].

But remarkably, as in the previous example, both the Royal College submission and the cited contrasting paper are written by the same Professor King. And once again, the Commission has refrained from pointing out the indelicacy of the gap between the Royal College's submission to the Church and the scientific evidence on which it is based. Whether this (and other) misinformation from the mental health establishment may have subconsciously influenced the overall shaping of the Pilling group's findings must remain unknown.

The IFTCC is grateful that the Pilling Commission has, however, recorded for history the fact that the Royal College of Psychiatrists has misled it, offering the Church gay science rather than good science and vindicating, at least in these two instances, the criticisms of the mental health professional bodies set out in the Core Issues Trust publications Beyond Critique[45] and Out of Harm's Way.[46]

*8. The Prime Minister, the **Rt. Hon. Teresa May** [47] and the Minister for Women and Equalities the **Rt. Hon. Penny Mordaunt** [48] 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.*

For some years Prime Minister Teresa May's government, previous governments and her party has made no attempt to be seen to be listening to people who have found help in fulfilling their life goals through standard counselling opportunities.

It is unacceptable to the community of ordinary formerly-gay British people that the Prime Minister chose the peak of Brexit to make this announcement about her government's intention to ban "Conversion Therapy". This was done without any attempt to speak to the people such a ban will directly impact. A formal request to meet with her was denied on the grounds that her diary could not allow it. The letter[49] said:

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[44] p.67. https://www.churchofengland.org/sites/default/files/2018-01/GS%201929%20Working%20Group%20on%20human%20sexuality_0.pdf
[45] Out of Harm's Way: Working ethically with same-sex attracted persons. Questions of harm, evidence and practice (2013)
[46] O'Callaghan, D and May, P. 2013. Beyond Critique. The Misuse of Science by UK Professional Mental Health Bodies. Core Issues Trust.
[47] July, 2018 https://youtu.be/CNeaEosWxOk
[48] https://www.gov.uk/government/news/new-government-action-plan-pledges-to-improve-the-lives-of-lgbt-people--2
[49] Letter from Communications Department, 10 Downing Street - August, 2018 to Ms Layla Moran in response to Core Issues Trust

> "As set out in the LGBT Action Plan, the Government will bring forward proposals to end the practice of conversion therapy in the UK. The intention is to protect people who are vulnerable to harm or violence, whether that occurs in a medical, commercial or faith-based context. It is not aiming to prevent LGBT people from seeking legitimate medical or spiritual support from their faith leader in the exploration of their sexual orientation or gender identity."

It is untrue that the population of individuals with unwanted same-sex and gender issues, from all over the UK, have access to Mental Health Services to attend to their needs. There has been a *de facto* ban on anything other than gay-affirming therapy by the political will of UK mental health bodies, for some time. Dissenting voices were actively excluded from participation in the development of the Memorandum of Understanding.

The same thinking that excluded once gay (those no longer identifying as LGBT) persons from participation in the 2018 National LGBT Survey, is evident in this response. The banning of "conversion therapy" it is claimed "will protect vulnerable LGBT people" but the question is who will protect the vulnerable formerly LGBT people? Who will support their needs? Legitimate medical advice is determined by the Memorandum of Understanding. So the political mono-culture that has consistently disallowed any dissent and has excluded any opposing opinion is the only legitimate means of supporting a group that is no longer owning the LGBT label. This is an appalling abuse of a minority population. LGBT identified persons attending such medical care will be affirmed in their homosexual practices. Those formerly LGBT identified will be similarly affirmed – or encouraged to follow practices they no longer wish to associate with.

This means that the political orthodoxy being promoted as 'scientific', may not be challenged. It is therefore the *goal* of the counselling these people seek that the Prime Minister wishes to ban, and thus to extinguish their identity as ex-gay persons.

In her press release on 3 July, 2018 when releasing the New Government Action Plan Pledges to Improve the Lives of LGBT People, the Rt. Hon Penny Mordaunt MP said this:

> "The Government will eradicate the abhorrent practice of conversion therapy in the UK as part of a new 75-point action plan, published today (Tuesday 3 July), to tackle discrimination and improve the lives of lesbian, gay, bisexual and transgender (LGBT) people in the UK."

The *must stay gay* culture

Both Prime Minster May and Minister Mordaunt have declined requests to meet with once-gay persons who have benefited from psychotherapy and counselling interventions. Recent historic collaborations which produced the Consensus Statement on Conversion Therapy and the Memorandum of Understanding (2015, 2017) refused input from those who cannot, in conscience, support the *must stay gay* culture and bans therapeutic and counselling support in this area.

*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.*

Many declare **"I don't want to see another young person take their life,"** and for this reason many want to see 'conversion therapy' banned. O'Callaghan argues that there are four propositions here: that (i) LGBT-identified people experience more depression than others; (ii) they likewise commit suicide more often; (iii) a major cause of this is what because of 'spiritual abuse' in the Church; and (iv) therapy makes matters worse, not better. Only the first of these propositions has scientific backing. Many studies have shown that depression and what are often called 'suicide *attempts'* are elevated among people who identify as gay - though it is difficult to judge what is a real suicide attempt as opposed to a cry for help, because it is a subjective judgement. In the case of completed suicides the judgement, tragically, is far from subjective – there is the undeniable evidence of a dead body. Somewhat counterintuitively, most studies have found completed suicides *not* to be higher among LGBT people (with the exception of two very small groups – people who undergo transgender surgery and men in same-sex 'marriages' in Denmark – one of the most sexually liberal countries in the world). In the words of researcher RM Mathy,[50]

> '… studies of sexual orientation and **attempted v. completed suicide** (emphasis added) have yielded different results. Nearly all studies of sexual orientation and attempted suicide have found that gay men and lesbians have higher rates of self-harm than heterosexuals. Conversely, all studies of sexual orientation and completed suicide have concluded that gay men and lesbians do not die by suicide at a higher rate than heterosexuals.'

Causes of Depression: 'spiritual abuse' or other things?

Given that there is a higher level of depression and mental illness in the LGBT population, is it due mainly to discrimination or to other factors? One respected study[51] says, 'the precise causal mechanism at this point remains unknown. Therefore, studies are needed that directly test mediational hypotheses to evaluate, for example, the relative salience of social stigmatization and of psychosocial and lifestyle factors as potential contributors.' In other words, it is wrong simply to blame society (or the Church).

Therapy: Help or Harm?

In 2004 Prof Michael King, a leading figure in the Royal College of Psychiatrists, carried out a survey of professionals in the field[52] and found that 'only a small minority believed that current practice denied people distressed by their homosexuality an effective means to change their sexual orientation.' This is a remarkable statement: as recently as 2004 most professionals – who had first-hand experience of therapies – believed that people unhappy with their same-sex feelings could find 'effective' ways to change.

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[50] *The British Journal of Psychiatry.* Mar 2004, 184 (4) 361-362; DOI: 10.1192/bjp.184.4.361-a

[51] Gilman SE *et al.* **Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey**. *Am J Public Health* 2001 June; 91(6):933-9.

[52] King M, Smith G, Bartlett A. **Treatments of homosexuality in Britain since the 1950s--an oral history: the experience of professionals.** *BMJ* 2004 February 21; 328(7437):429.

Yet anyone holding that view today is liable to be struck off by their professional body. Why? Has the evidence changed? No, the evidence has been overcome by ideology.

Only one study[53] has followed people through religiously mediated therapy using recognised scientific measures of distress (and thus 'harm'); it found that, far from the therapy being intrinsically harmful, people on average came out feeling rather better than when they went in.

What about the once-gay population?
What then, would be consequences of banning therapy and counselling for those with unwanted same-sex attractions? In its attempt to satisfy those who are offended by the suggestion that sexuality is fluid, changeable and in some cases is modified through psychodynamic talking therapies, the UK Government is prepared to force individuals to agree that sexual 'orientation' is both innate and immutable. The IFTCC will oppose the UK Government's intended ban because it's *must stay gay* culture has no regard for those who have a right to leave unwanted practices and feelings that they have found to be discordant with their own values.

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 supressing legitimate counselling and the choice of clients seeking therapy or counselling.*

Are counselling and therapy for unwanted same-sex attraction being treated as 'extremism'?
Speaking at the Pink News Awards on 27 October 2015, Nicky Morgan, the then Education Secretary, demanded that 'gay cure therapy', as she calls it, should be stamped out.[53] In the same breath she said that the Prime Minister promised to 'do more to tackle...non-violent extremism that encourages intolerance and hatred towards LGBT people.' This speech was delivered barely a week after the government launched the Counter-Extremism Strategy.

The Casey Review on Integration
The Casey Review published in December 2016 clearly framed traditional attitudes to homosexuality as extremist and as opposed to 'British values'. For example:
'There is evidence that some people in particular ethnic and faith communities have views around Lesbian, Gay, Bisexual and Transgender (LGBT) people that are at odds with mainstream modern British values and laws. **Such views are frequently ascribed to more hard-line and extreme individuals in those communities.'**[54]

'There are examples of inequality and intolerance in other ethnic and faith groups, with concerns expressed to us during the review about...newer Christian churches (with activists

[53] https://www.gov.uk/government/speeches/delivering-real-equality
[54] The Casey Review into Integration and Opportunity, Section 7.28. https://www.gov.uk/government/publications/the-casey-review-a-review-into-opportunity-and-integration

seeking to 'cure' people of homosexuality). **All such instances undermine integration and should be challenged.'**[55]

The Commission for Countering Extremism looks for 'victims of extremism'
On 20 September 2018 the Commission for Countering Extremism published the Terms of Reference for a study on extremism in the UK and how to challenge extremism more effectively. Alongside victims of terrorism, the Commission claimed that 'there are other victims of extremism' as follows:

> 'We heard about ... gay people forced to choose between living their lives as they want and their faith, and suffering abuse as a result, and the abuse faced by people countering extremism affecting their emotional and psychological wellbeing.'[56]

Given that Nicky Morgan and Louise Casey both attacked what they called 'gay cure' as 'extremism', it is reasonable to suppose that this is a covert reference to it here. It doesn't matter that counsellors **and therapists do not and cannot force anybody to do anything nor that they do not consider homosexuality a mental** illness. Government propaganda is clearly built upon the assumption that everybody who encounters counselling and therapy for unwanted same-sex attraction must be someone who actually willingly claims a LGB identity. **The government deliberately denies the very existence of ex-gays.**

Final Thoughts: Sexuality Patterns in Population Studies

Research around the world shows that some people naturally experience change in sexuality.[61] A ban on counselling in support of change towards heterosexuality will pathologize a natural process - and that is unjust.

Sexual identity, behaviour and attraction
Sexual orientation is often defined as identity, attraction and behaviour. However, these can be at variance from each other in the same person. Authoritative sources agree that homosexuality is not innate nor immutable. The Royal College of Psychiatrists[57] says: 'It is not the case that sexual orientation is immutable or might not vary to some extent in a person's life….. Bisexual people may have a degree of choice in terms of sexual expression in which they can focus on their heterosexual or homosexual side.' In October 2017, the Office for National Statistics (ONS) published a bulletin which illustrates how that can work out in people's lives.

ONS Statistical Bulletin, Sexual Identity, UK, 2016[58] is a population study which measures sexual identity. It does not ask about sexual attraction or behaviour, but it does ask about marital status and the sex of the person married to - and that suggests behaviour. The study shows that whereas most bisexuals do not marry, when they do, it is almost always to the marital status and the sex of the person married to - and that suggests behaviour. The study shows that whereas most bisexuals do not marry, when they do, it is almost always to the

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[55] The Casey Review, Section 8.34
[56] https://www.gov.uk/government/publications/study-into-the-current-picture-of-extremism-terms-of-reference
[57] Royal College of Psychiatrists Position Statement PS02/2014 April 2014
[58] ONS Statistical bulletin: Sexual identity, UK: 2016 'Experimental Official Statistics on sexual identity in the UK in 2016 by region, sex, age, marital status, ethnicity and National Statistics Socio-economic Classification'.

opposite sex. ONS Sexual Identity 2016 showed 24.9% of all bisexuals were married to an opposite sex partner. Only 0.3% had a same sex spouse. Only 0.9% had a civil partner. Clearly their identity remains bisexual, but the opposite sex marital partners indicate a quarter live heterosexual lifestyles. The same 2016 study also showed 4.9% of gays and lesbians were in opposite sex marriages.

Is it government policy to remove all support for this perfectly legal lifestyle choice? ONS Sexual Identity 2016 also showed that amongst those aged 16-34, there were a third more female bisexuals than male bisexuals[59]. So any policy preventing LGB access to heterosexual counselling will particularly affect young female bisexuals.

Since exclusive attractions are more prevalent amongst men than women,[60] [61], perhaps it is unsurprising that this is getting reflected in policy. The ONS study shows there are over twice as many male homosexuals than female homosexuals in both 16-24 and 25-34 age groups. Gay males dominate LGB proportions in all but the youngest 16-24 age range, where female bisexuals outnumber gay males[58] [59]. Should LGB policy favour the more numerous gay males to the disadvantage of the youngest female bisexuals, lesbians and other same sex attracted groups?

Sexual Fluidity and the 'Mostly Heterosexual'

Some people have a range of sexual attractions. Over time, many people gravitate towards heterosexual behaviour. This capacity for change in sexuality is referred to as sexual fluidity. In 2016 Clifford Rosky and Lisa Diamond[61] – the co-editor-in-chief of the American Psychological Association Handbook of Sexuality and Psychology – wrote:

> 'The best and most reliable data on "naturally occurring" change in sexual orientation come from studies that have longitudinally tracked large, population-based samples of heterosexual and sexual-minority individuals…… [they] unequivocally demonstrate that same-sex and other-sex attractions do change over time in some individuals.' ….. ' Given the consistency of these findings, it is not scientifically accurate to describe same-sex sexual orientation as a uniformly immutable trait. Although some sexual-minority individuals report consistent patterns of same-sex attraction over time, other sexual-minority individuals undergo changes.' ….. 'individuals with a capacity for bisexual attractions outnumber individuals with exclusive same-sex attractions'. ….. 'the single largest subgroup of individuals with same-sex attractions, among both women and men, is comprised of individuals who consider themselves "mostly but not completely heterosexual'.

Diamond and Rosky summarised the results of four major population studies - including one study from New Zealand – into a single table. Change was usually towards heterosexuality. Across the four studies, of the same sex attracted respondents, 26 – 64% report change in their sexuality. Of these 50-100% changed to heterosexuality.

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[59] ONS User requested data: Sexual orientation by age and sex, UK, 2016 https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/adhocs/008991sexualorientationbyageandsexuk2016

[60] Savin-Williams, R. C., Joyner, K., & Rieger, G. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. Archives of Sexual Behavior, 41, 103–110. doi:10.1007/s10508-012-9913-y

[61] Diamond LM and Rosky CJ, Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities, J. Sex Res. 2016 May-Jun;53(4-5):363-91 (Table 1)

However some people with exclusive same sex attraction also experienced change towards heterosexuality[60]. One of those studies summarised was Growing Up Today Study (GUTS), a US national prospective cohort. Calzo et al 2017[62] researched the 'mostly heterosexual' identity in 13,859 youth from GUTS. 'Three classes emerged: Completely Heterosexual (88.2%), Mostly Heterosexual (9.5%), and LGB (2.4%)'.

In Britain, Hayes et al 2011[65] recorded five types of sexual orientation in the Adult Psychiatric Morbidity Survey 2007. 'Entirely heterosexual' was most numerous at 94% - 94.9%. 'Mostly Heterosexual' was the second most numerous at 3.1% to 3.8% for men and 4% for women – outnumbering the bisexual, mostly homosexual and exclusively homosexual orientations. Britain's third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) bears out this pattern. Their tables in The Lancet[64] show the % of women with same sex partners 'in the last five years' exceed the % of women identifying as lesbians or bisexuals: ergo straight women were having gay sex. These studies show that in Britain as elsewhere, same sex attraction is frequently experienced in conjunction with other sex attraction. Some people who ordinarily identify as straight also feel same sex attraction.

For people with mixed attractions, counselling to support same sex attraction never seems to be questioned, but counselling to support heterosexual attraction encounters demands that it must eliminate other attractions.[61] Not only is this unequal, it applies non-standard criteria. In most counselling it is accepted that change happens along a continuum.[66] This should be applied in the context of sexuality too. Banning support for heterosexual attractions pathologizes the natural process of change towards heterosexuality evidenced in the population studies. It is an infringement of sexual-minority rights.

The pattern of heterosexual marriage amongst bisexuals and gays is a legitimate lifestyle. It illustrates how adverse, cruel and unjust the ban could be. If the law enforces that the same sex attracted can receive counselling support for their same sex attractions only, then their heterosexual attractions, behaviours or identity will be pathologized. Counsellors defying the law would be criminalised. Such a ban won't just affect the LGB, it will affect many heterosexuals too, because same sex attraction occurs in both LGB and heterosexuals.

Why should the government treat the support of a legitimate sexual attraction as a criminal offence?

The authoritative APA Handbook of Sexuality and Psychology (2014)[67] states that no gay gene has been found, unlike skin colour, same-sex attraction is not simply biologically

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[60] Savin-Williams, R. C., Joyner, K., & Rieger, G. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. Archives of Sexual Behavior, 41, 103–110. doi:10.1007/s10508-012-9913-y

[61] Diamond LM and Rosky CJ, Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities, J. Sex Res. 2016 May-Jun;53(4-5):363-91

[62] Developmental Latent Patterns of Identification as Mostly Heterosexual vs. Lesbian, Gay, and Bisexual Jerel P. Calzo, Katherine E. Masyn, S. Bryn Austin, Hee-Jin Jun, and Heather L. Corliss J Res Adolesc. 2017 March ; 27(1): 246–253. doi:10.1111/jora.12266. First published online 201

[63] Prevalence of Same-Sex Behavior and Orientation in England: Results from a National Survey.

[64] Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) Mercer, Catherine H et al. The Lancet , Volume 382 , Issue 9907 , 1781 – 1794

[65] Joseph Hayes, Apu T. Chakraborty, Sally McManus, Paul Bebbington, Traolach Brugha, Soazig Nicholson, Michael King Archives of Sexual Behavior 41(3):631-9 · October 2011 DOI: 10.1007/s10508-011-9856-8

[66]. The Alliance for Therapeutic Choice Response to the 2013 WMA Statement on Natural Variations of Human Sexuality Christopher H. Rosik, Ph.D. President.

[67] Mustaky, B., Kuper, L., and Geene, G. (2014). Chapter 19: Development of sexual orientation and identity. In Tolman, D., & Diamond,L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology.* Washington D.C.: American Psychological Association, *1* :598.

caused, that psychological causes are always present, (APA Handbook 2014 1:579) and childhood sexual abuse may lead to having same-sex partners. It based this conclusion on its review of research that includes a 30 year study of documented cases of childhood sexual abuse (APA Handbook 2014 1:609-610). **On what scientific or scholarly basis then, does the UK Government propose a ban on therapeutic, counselling or pastoral choice?**

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