

## **BRIEFING**

# **Banning “Conversion Therapy” – Freedom and equality under grave threat**

*Current Government proposals threaten to become one of the most serious attacks on religious liberty, and freedom more generally, to be seen in decades.*

### **What are the Issues?**

VfJUK believes that the Government’s proposals<sup>1</sup> to ban so-called “conversion therapy” are a hostile violation of fundamental freedoms, human rights<sup>2</sup> and equality law, for a minority who seek, of their own volition, to live according to their personal sense of identity and values. Other than for under 18s, the ban is not presented as having blanket coverage. Yet the effect of the Government’s current proposals covering England and Wales,<sup>3</sup> is to shine a searchlight on those engaged in so-called conversion therapy ‘practices’, which they call ‘abhorrent’.<sup>4</sup> Unhelpfully and dangerously, the Prime Minister has gone so far as to say such practice “has no place in a civilized society, no place in this country.”<sup>5</sup>

**Adult choice or State parenting?** The Government repeats its assertion that such “coercive” practices cannot be justified,<sup>6</sup> with an implied assumption that ‘conversion therapy’ is always “coercive”, that a person choosing it lacks autonomy and must therefore be protected by the State.<sup>7</sup> VfJUK believes the new proposed regime, a mix of criminal and civil measures, is a cruel, oppressive and discriminatory assault on personal choice, intruding not only on questions of personal identity (this is neither the business of government nor LGBT campaigners), but on what happens in the privacy of the bedroom, and how people choose to live their life-journey.

**Religious liberty?**<sup>8</sup> The new proposals place in doubt what exactly would be legal within church, and pastoral settings more generally. They are manifestly unjust and oppressive and must be vigorously resisted. While the Government claims that “everyday religious practice” and “expressing the teachings of a religion”<sup>9</sup> won’t fall foul of the new proposals, Government plans to introduce a host of other extreme measures could easily impinge on those who choose support for what is sometimes described as “unwanted same sex attraction” or issues of gender dysphoria and transgenderism.

For example, protection orders are planned,<sup>10</sup> so that ‘vulnerable’ adults deemed unable to consent, or any under 18s, are ‘protected’ from conversion ‘practices’. Of the more than 9500 words of text of the Government’s command paper on banning conversion therapy, less than 100 words are devoted to assurances protecting religious liberty and assuring parents that they can bring up their children in line with their faith. Since under 18s would be subject to a blanket ban for “talking” conversion therapy practices, the exercise of parental freedoms remains in serious doubt, because clear definitions have not been provided, so the net has been widely cast.

Private prayer, it is claimed, would not become a crime,<sup>11</sup> but what about ‘public prayer’? And how many people must be present, so that prayer is not deemed a criminal offence?

Would prayer groups be ‘public’ or ‘private’ under the new proposed offences? Would a pastor addressing a congregation on matters of homosexual practice become the object of police enquiries following an LGBT complaint, if some of those present are deemed ‘vulnerable’? Worryingly, the Government has left many crucial questions unanswered, and these evident omissions risk creating an atmosphere of uncertainty, fear and oppression among those who are peacefully practicing their faith.

VfJUK understands that the new proposals place in doubt the precious freedoms of churches to teach and preach on matters of sin, repentance, identity and sexual practice. It risks turning into acts of crime, not only prayer, but informal or formal biblical discipleship for those people struggling with their sexuality, who choose to live according to biblically-inspired values.

The Government’s ill-conceived interference into matters affecting Christian theology and Christian living is a stark reminder that this is one of the gravest attacks on Christian freedoms in decades. Its potential net effect is to legislate on theology, as the proposals appear capable of impinging on questions of human identity, the creation of male and female, the definition of sin, and whether Christian repentance is a cruel fiction or a non-negotiable pillar of the Christian faith. The one question hanging in the balance is how Christians may be at future risk of committing “crime”, merely for refusing to fall into line with the new militancy.

**State authorities** It also remains unclear how various State authorities, whether police, CPS or other agencies, will implement the proposed laws when deciding that a given person is unable to consent to talking therapies or counselling. In any event, numerous questions remain unanswered as to exactly which ‘practices’ will fall within the scope of the new criminal offenses being proposed. VfJUK understands that by placing this subject within the framework of the criminal law, it will likely attract futile police investigations into cases of suspected illegality, even where laws have not been broken. The police have already shown a zealous and disproportionate interest in cases involving LGBT complaints. For example, street preachers have been arrested for merely citing Bible passages<sup>12</sup> and, despite claims about offense caused to LGBT sensitivities, no laws have found to have been broken. In a democratic and free society, no one should live in fear of arrest, merely for exercising their basic human rights.

**Bans on payment, adverts and promotion** Payment of monies,<sup>13</sup> including advertising,<sup>14</sup> in the provision of conversion therapy “talking” practices would be prohibited too, according to the new proposals. Christian retreats or conferences, addressing issues of sexual brokenness, could therefore become a crime if the authorities deemed the content to be “conversion therapy”. The Government has so far failed to provide a definition of “conversion therapy”, but VfJUK understands this vagueness could give an unacceptably wide discretion to the police when deciding if a crime has been committed. As part of other legal measures being worked on, the Government states: “Tackling the online promotion of conversion therapy is key to the holistic approach we are taking to end the practice.”<sup>15</sup> Would an online religious talk addressed to teenagers on sexual ethics and homosexuality fall foul of the new regime? VfJUK believes this appears likely, as under 18s would be presumed unable to consent to “conversion therapy”. The vagueness of the term appears designed to include any practice that is perceived as not affirming of homosexual practice.

**Under 18s and questions of choice** The Government’s proposed ban would prevent all under 18s from accessing support in the form of therapy or counselling, even from

registered practitioners, in the UK, or abroad. Oddly, the Government believes children are too vulnerable to make decisions relating to their identity, yet these same young people can marry (from 16 with parental consent), and many are already receiving explicit sex education messages in school, as part of the new RSE regime.<sup>16</sup> In fact, according to a long established leading precedent from the 1980s,<sup>17</sup> children under 16, generally treated as ‘competent’, can receive contraception. Parental knowledge and consent are unnecessary. Oddly, children are legally assumed as ‘competent’ to make decisions on birth control, abortion, intimate sexual relationships and may even refuse medical treatment,<sup>18</sup> yet under the new Government plans, they are being denied the right to choose how they wish to live in accordance with their identity!

**Government promotion of stigma and hate** The proposed bans (which would explicitly include professional counselling and therapy) will lead to a gross inequality of mental healthcare provision for a sexual minority who have already been excluded and stigmatized from almost all public debate and consultation. With a *de facto* ban on ‘conversion therapy’ already in place by UK mental health bodies, ex-gay voices have been progressively silenced<sup>19</sup> and stigmatized by intolerant LGBT activists (and their self-professing equality supporters)<sup>20</sup> who seek to impose their own beliefs and values on others. VfJUK understands the proposed criminal offences currently on the table will further reinforce this stigma and easily lend credibility to hate platforms.

Historically, LGBT activists first sought societal respect, followed by legal equality. The Government, under relentless pressure from LGBT militants, are now stigmatizing a sexual minority with the same social and legal shaming, and censorship, that had previously victimized homosexuals before decriminalization in 1967. The voices of ex-gays and ex-trans<sup>21</sup> people must be heard and respected, if there is to be an honest, fair debate, yet the Government refuses to dignify the existence of these individuals, by omitting to name them in their Consultation text. Testimonies of ex-gays reporting on the positive, life-affirming changes they have experienced are publicly available for those seeking to hear the ‘other side’.<sup>22</sup> The Government’s description of so-called conversion therapy practices as ‘abhorrent’ is inflammatory and insults ex-gay and ex-trans people who have found peace in their newly discovered identities.

**Government refusal to recognize ex-gays & ex-trans** Throughout the Government’s Consultation text, in which they set out their plans for a ban, there is not a single reference to ex-gays or ex-trans people, the very groups of individuals who are largely the target of these new proposed offences. It is astonishing that the Government refuses, through this insulting omission, to recognise the existence of the very people who will become *persona non grata* under the new regime of offences. VfJUK understands this omission is driven by undue pressure from LGBT militants who are controlling the Government narrative.

Core Issues Trust, a Northern Ireland based charity that supports people on their journey away from unwanted same sex attractions/behaviours and gender conflicts, has in recent years attempted to secure meetings with the Government, so that other voices may be heard. Under Theresa May’s premiership, these requests were effectively ignored. One brief meeting – the first and only meeting ever to be held - was secured this summer.

**Government refusal to respect equality law** The evidence demonstrates that what underlies the equality narrative of “inclusivity” proves to be a sham and is insulting to those affected by these proposals. Following a landmark Court of Appeal ruling, ‘ex-gays’ were declared to be protected by the Equality Act, meaning that discrimination against them is illegal.<sup>23</sup> The Government-led string of proposals therefore not only ignores and

violates equality law, but will further facilitate attitudes of shame, alienation and hate towards this minority and those who speak and act in their defense. Legal protection and respect for all minorities in the UK has become an apparent pillar of modern British law and society, yet ex-gays have shockingly been airbrushed from the narrative peddled by the Government.

**Distorting the narrative** Increasingly, opponents who reject the right to self-determination for people choosing mental health support for unwanted same-sex attraction and/or behaviours, wrongly and deviously frame their narrative in terms of not coercing people to change their sexual orientation. No-one must ever be forced into any counselling or therapy, and Christian teaching would abhor this, not to mention all professional standards overseeing client-practitioner relationships.

The Government devotes some of its consultation to questions of ‘coercion’, apparently implying that such pressures are commonplace, while asserting that such “coercive” practices cannot be justified. This brings in the dangerous assumption that ‘conversion therapy’, if not always “coercive”, is the default in most cases. This overt error implies that people choosing it actually lack autonomy and must therefore be protected by the State,<sup>24</sup> an approach that is both patronizing and controlling, treating intelligent adults as if they were dependent children, incapable of choosing their own life-path.

Practitioners providing counselling or therapy in this area are urged by the Government to gain consent from clients, but this is not a not an unusual procedure.<sup>25</sup> Current proposals include the requirement that consent to therapy for over 18s must be “robust”,<sup>26</sup> which among other things, is understood to include a signed form. This measure is problematic. While a counsellor or therapist might choose to seek a signed consent form, making this a requirement within a pastoral, church setting introduces cumbersome red-tape into the church, and fosters suspicion.

**Protecting everyone?** The Government claims their proposals “protect everyone”. They state: “An attempt to change a person from being attracted to the same-sex to being attracted to the opposite-sex will be treated in the same way as the reverse scenario.”<sup>27</sup> In other words, it will be equally illegal to attempt to change someone who is heterosexual into being homosexual. This latter scenario is an unsubstantiated claim. When noted US psychiatrist Robert Spitzer MD, who was responsible for removing homosexuality from the listing of mental disorders, was asked whether there had ever been a case in the history of psychiatry of a heterosexual seeking professional help for feeling distress about their sexual orientation, and wanting to change to homosexual, his answer was an unambiguous ‘no’.<sup>28</sup>

One welcome measure among the Government’s proposals is that people would be protected from being “put on a clinical [transgender] pathway that is not right for them.”<sup>29</sup> It remains unclear how this would apply, given the current drive in schools to push ideas about transgenderism onto young children.

**Freedom and equality** VfJUK supports the inviolable rights of people who freely choose to seek professional, pastoral or prayer-based support for unwanted same-sex attractions or gender confusion, so that they can live in true alignment with their values. Society has reached a point where LGBT identities and experiences are accorded respect and showcased as examples of equality. The net effect of a ban on ‘conversion practices’, even if conditional, will be to further reinforce shaming attitudes towards ex-gay and ex-trans people, so that it embeds further discrimination and fear. It is a dangerous and retrograde step.

**Future of free speech** VfJUK believes that existing free speech protections relating to sexual orientation will be gravely imperiled, if not entirely removed, should a ban be implemented. The current law provides that: “discussion or criticism of sexual conduct or practices or the urging of persons to refrain from or modify such conduct or practices shall not be taken of itself to be threatening or intended to stir up hatred.”<sup>30</sup>

### **What is involved in “conversion therapy”?**

Most uses of this unhelpful term remain vague and indiscriminate, including its current usage by the Government. The first use of this term did not originate from the mental health practitioners to whom this designation is now pejoratively applied by the Government and LGBT activists.<sup>31</sup> The manner in which the term is used suggests a process designed to trigger a simple move from one state to another, rather like converting a file from one format to another. The reality is that outcomes in counselling or therapy are *never* clear-cut or predictable, as this simplistic notion suggests. Outcomes are as nuanced in this field, as for other issues for which people seek support.

The binary assumption, namely that ‘conversion therapy’ is merely about ‘converting’ one sexual orientation into that of another, shows unacceptable ignorance from opponents who disingenuously claim to understand what is involved. Typically, they dismiss the spectrum of positive, life-enhancing changes reported by people who received practitioner or pastoral help, regardless of the degree of sexual orientation change that may be experienced.<sup>32</sup>

One useful model applied by counsellors and therapists, supporting people with unwanted same sex issues, is known as Sexual Attraction Fluidity Exploration in Therapy (SAFE-T).<sup>33</sup> Famously, the pioneering Kinsey Scale of human sexuality that has gained wide recognition, though not without controversy, explains sexual behaviour as existing on a spectrum, ranging between “exclusively heterosexual” and “exclusively homosexual”.<sup>34</sup>

If there is any ‘certain’ strand of what is included by the term ‘conversion therapy’, it is this: professional mental health provision (counselling or therapy) for men and women who experience unwanted same sex attractions, and for people with gender dysphoria who may have previously identified as transgender or who are currently grappling with gender identity conflicts. For all such individuals, these attractions do not define them as individuals; pastoral support within religious settings should also, according to some, come under the term ‘conversion therapy’. An LGBT activist wrote in *The Independent*<sup>35</sup> about his concerns that those resisting a ‘conversion therapy’ ban “often resist the idea of a prayer or a pastoral conversation being subject to the scrutiny of law.” Astonishingly, he says: “The pernicious power of prayer must be dealt with.”<sup>36</sup>

Typically, but not in all cases, individuals seeking professional or pastoral support for issues relating to sexual orientation or gender identity conflicts do not designate themselves as “gay”, “lesbian”, “bisexual” or “transgender” since they believe their identity is more than their sexual attractions. Such terms often carry ideological overtones for those who hold a different concept of identity.

It was always an inviolable golden rule of mental health practice that the therapist, counsellor or mental health body must never impose their values on the client. While all contemporary charters of client health care claim to respect client self-determination, when it comes to this population, the principle no longer stands. If they want help to work on personal issues that commonly include identity, belonging, gender esteem, trauma, and ultimately seek to leave homosexual practice, they are patronized by being told they

are driven by “internalized homophobia” – the idea that one is guided by societal shame about homosexuality, so that heterosexuality becomes the desirable identity. There is nothing shameful about someone wanting to be married to the opposite sex, have a family of their own, while exploring with a professional what are often past (sexual or emotional) traumas and unresolved identity conflicts.

It is widely accepted that LGBT people suffer disproportionately higher rates of mental health issues<sup>37</sup> (anxiety, depression, suicidal ideation, predisposition to substance abuse, and so on). A subset of this population, albeit one choosing to designate itself differently with different life goals, is therefore at grave risk of discrimination, further stigmatization, and exclusion from mental health support.

Minority groups, whether based on ethnicity or sexual orientation, have long presented their narrative in terms of both their ‘lived experience’ and their own personal identity designation of ‘who they are’. Yet the lived experiences of people who have left homosexual or transgender identities are not accorded the same respect. Instead, they are patronized by the Government who merely parrot the dogma of activists.

### **The outdated “gay gene” theory**

No study has ever found a ‘gay gene’.<sup>38</sup> The “born that way” theory is an outmoded and simplistic view of sexuality that misses the numerous complexities that make up human identity, attractions and behaviours. It is worth noting that all sexual behaviours, whether heterosexual or homosexual are ‘learned’, in that their repetition serves to reinforce them as behaviours that become familiar to those practicing them.

### **Sexual fluidity**

It is now widely recognized among scientists, though at best given scant regard by LGBT activists that, for some people, their sexuality is ‘fluid’, meaning that that it is not fixed throughout their life, and may even fluctuate within a short time-frame. Dr Lisa Diamond, self-avowed lesbian, has produced many papers on the phenomenon of fluid sexual orientation. She is joint editor and contributor to the *APA Handbook of Sexuality and Psychology*,<sup>39</sup> produced by the authoritative American Psychological Association, whose own texts carry worldwide professional credibility. In her TED talk,<sup>40</sup> she explains that while she believes there are genetic contributions to sexual orientation (a view, it should be stated, that has never been proven or disproven), the ‘born that way’ is scientifically inaccurate.

Dr Diamond says that sexual development shows “a lot more variability than most people realize. And that variability often leads to change over time in sexual attractions.” She goes on to cite that there are studies from various esteemed universities who “have collectively tracked tens of thousands of individuals for five, ten, fifteen years. And guess what? Sexual attractions show a fair amount of fluidity. Some individuals start out exclusively attracted to one gender, and, over time, they find themselves attracted to both genders, or vice versa. Some bisexual individuals shift from being more drawn to one gender to being more drawn to the other. Now, what does this fluidity tell us about the innateness of sexual orientation? Nothing.”

While Dr Diamond recognises that sexual orientation can change spontaneously, her rejection of “conversion therapy” rests on the erroneous and baseless assumption that people who enter therapy, do so by force in order to “eliminate” same-sex attractions.<sup>41</sup> It should be emphasised that no self-respecting therapist or counsellor promises that certain goals *will* be accomplished, no more than a promise would comparatively be made for other issues, for which a person seeks professional support.

## **'Flawed' claims of harm<sup>42</sup>**

The Government claims: there is “no justification” for the coercive practice of conversion therapy, arguing, “the evidence is clear that it does not work: it does not change a person from being LGBT and can cause long lasting damage to those who go through it.”<sup>43</sup> The overall implication of the Government’s claim is disingenuous: it wrongly lumps two things together that should not be combined, namely, the provision of therapy, and the claim of it being “coercive”. Typically, registered practitioners who work in this field use standard techniques of talking therapy.<sup>44</sup> As in other areas of therapy or counselling, the practitioner can only work consensually with clients, and cannot “convert” someone from one state into another. Rather, a practitioner facilitates a person’s journey by helping them explore their issues.

Dr Christopher Rosik,<sup>45</sup> US psychologist and author of more than fifty peer-reviewed articles, is one of three people who gave an exclusive interview to VfJUK.<sup>46</sup> He believes there are serious methodological limitations to the research that claims there is harm for clients who enter ‘conversion therapy’. Dr Rosik explained that some instances of harm could not be entirely ruled out, in the sense that in “professional psychotherapy, we know that [for] somewhere in the vicinity of 10% of adult clients”, a person’s condition deteriorates over time. In other words, ‘harm’ is a possible outcome for *any* kind of therapy.<sup>47</sup> For example, where past sexual abuse is discussed, this may leave the person feeling pain that had previously been buried for years.

The Government recognizes that the quantitative evidence that attributes ‘harm’ to those who received conversion therapy (causation) must be treated with care when causal inferences are drawn; following this, the Government then claims qualitative studies have found those having undergone the therapy “attribute” poor mental health outcomes to the therapy.<sup>48</sup> The Government undermines its case of ‘harm’ when it states the evidence base for conversion therapy is “predominantly based on self-reporting.”<sup>49</sup> Failure to establish objective, rigorous scientific standards in support of claims about harm provides a poor and flimsy basis for the new proposed offences.

One highly cited study<sup>50</sup> making claims about harm resulting from what it calls “conversion interventions” is deeply flawed in its methodology, when measured by regular scientific standards. Its data draws on a diverse assortment of practitioners, some licensed, others not, and the selected respondents were drawn from adverts in gay periodicals, so the selection criteria had inherent bias. Initial respondent reports conveyed positive therapy outcomes, leading the researchers to reframe the project.

The Ozanne Foundation, led by activist and self-avowed lesbian, Jayne Ozanne, produced a survey,<sup>51</sup> purporting to show that people are harmed from conversion therapy. Its results have been carefully scrutinized, with findings that include a number of “data integrity” issues and sampling flaws distorting its conclusions.<sup>52</sup> The Ozanne Foundation’s more recent Cooper Report<sup>53</sup> raises the bar of intolerance to unprecedented levels, when it recommends surveillance of practices involving conversion therapy. Totalitarian in nature, this report recommends that the Government should arrange “intelligence gathering” on “repeat offenders”.<sup>54</sup>

UK mental health bodies, under heavy pressure from LGBT ideologues over recent years, oppose ‘conversion therapy’.<sup>55</sup> In an illuminating study, “What the Research Does and Does Not Say: Is Therapeutic Support for Unwanted Same-Sex Attractions Harmful?”,<sup>56</sup> a balanced and robust analysis is provided, with a series of endorsements from leading practitioners from around the world. Since 1973, the historical evidence indicates how

research matters relating to science and mental health questions of homosexuality, have increasingly been shaped by politics and militant ideology.<sup>57</sup>

### **Concerns within the UK**

A range of UK stakeholders who provide pastoral or counselling support for those who freely seek it, have expressed their concerns to VfJUK about the prospects of criminalizing conversion therapy ‘practices’.

Dr Mike Davidson, of Core Issues Trust,<sup>58</sup> a charity at the forefront of defending the rights of people who seek support, spoke to VfJUK<sup>59</sup> as part of a series of three exclusive interviews with leading figures. Core Issues is a “Christian ministry supporting men and women with homosexual issues who voluntarily seek change in sexual preference and expression.” The ministry “offers one-to-one support for individuals voluntarily seeking to leave homosexual behaviours and feelings and those working through transgender issues.”<sup>60</sup>

Dr Davidson first identifies why the client has come for support, as well as issues of confidentiality, and explores with them “what’s led to them specifically wanting to speak about their issues at this time.” The counselling offered is entirely talk-based. He asks: “What am I listening for? I’m listening for their awareness, their understanding of their own circumstances.”

Dr Davidson explains that every session is different, that not all clients are “aiming for the same thing”, but if they choose to bring up long term goals, then these are discussed. Some, though not all, have a “desire ultimately to be married to a person of the opposite sex” and also want their own biological children. Is celibacy a goal for some clients? Their aims may not be defined at the start, explains Dr Davidson: “they’re not happy with what they’re experiencing at that particular point ... So they haven’t really given thought, and not necessarily decided that they don’t want to marry. They just don’t know. They don’t know what the potential is. They just know what they have at the moment is not meeting their needs.”

LGBT ideology holds that those seeking professional support for issues of homosexuality are motivated by so-called “internalized homophobia”. This outdated theory implies that if society fully accepted homosexual practice as a healthy variant of sexual behaviour, no one experiencing same sex attractions would seek professional help for change. Dr Davidson rejects the theory and believes in individual client autonomy: “I believe that’s a very old and limiting theory that doesn’t do justice to intelligent individuals and individuals who very often have an enormous amount of experience.”

Many of Core Issue’s clients, he explains, “will tell you that they grew up in what is a very liberal understanding in the United Kingdom, or a very “progressive” understanding ... They don’t feel they were ever bullied or discriminated against, actively participating in gay relationships. So they just don’t witness with this idea of internal homophobia, because it didn’t happen in their family, it didn’t happen in their school. They are young enough to go to universities that are so ‘pro-gay’, and they were just not affected by those elements of society that were prejudiced against their lives.”

Other evidence, not discussed with Dr Davidson, is that in countries with a long established history of liberal laws and attitudes toward homosexuality, LGBT populations continue to have significant mental health problems, in markedly higher proportions to the rest of the population,<sup>61</sup> a demographic that is evident globally.<sup>62</sup>



There are apparent public perceptions appearing to suggest that those seeking support from mental health practitioners, or pastoral help for unwanted same sex attractions and/or behaviours, are only motivated by religion. It is certainly true that Judeo-Christian values, deeply felt by those seeking such support, directly informs them about their values, aspirations and life journey. Likewise, people happily identifying as LGBT, are similarly informed, by what are modern beliefs produced by 'progressive', secular society.

Of the people seeking support who have come to Core Issues Trust, included are individuals from diverse backgrounds and worldviews: Christians, Muslims, Jews and those from other faiths, as well as people adhering to no religion. The broad demographics of people approaching the Trust for help, in terms of religion or lack of it, have fluctuated over time. Prayer is offered as part of the counselling sessions, but, explains Dr Davidson, only for those wanting it, so the widest possible range of people are supported.

**Pastoral ministry concerns** In light of the Government's current plans, a pastoral ministry leader who was asked what concerns they might have, released this statement to VfJUK:

"As a ministry, we have Christians coming to find pastoral support and help to process their life experiences in the context of worship, biblical teaching and personal prayer. They come from a wide spectrum of backgrounds, some of which identify themselves as Lesbian, Gay or 'same sex attracted'.

"Our concern, in the light of a ban of "Conversion Therapy", is that those who wish to follow their own personal convictions regarding how they want to live out their sexuality and relationships, will not be able to find the support they seek. Particularly, those experiencing same sex attractions, who seek support to live by their own convictions to stay celibate as single Christians, or those in heterosexual marriages who want to honour their commitment to stay faithful for life to their spouse.

"Our concern is also that those who want to talk freely about their gender and sexuality, in their own way, are not free to speak and pray about their own personal experiences or receive the pastoral input they wish for, because pastors will not be able to provide the support that those seeking support want, out of fear of being criminalised."

**What are the key issues needing to be grasped?** "What are the key issues the Government needs to grasp in their consultation on banning so-called 'Conversion Therapy'?" This is the question that was put to Dr Peter May, retired GP, and former member of the Church of England General Synod (1985-2010), who currently serves on the Clinical and Medical Council of the IFTCC (International Federation for Therapeutic and Counselling Choice).<sup>63</sup> He responded:

"The LGBT community suffer increased mental, social and physical vulnerability, increased drug and alcohol use,<sup>64</sup> greater risk of STDs, less stable relationships and greater loneliness in old age. As a result, many long to break free from gay culture. This would be impossible if orientation was fixed at birth.<sup>65</sup> We now know there is no gay gene,<sup>66</sup> and sexual desires are commonly 'fluid' especially among adolescents,<sup>67</sup> whose neurological pathways are still developing.<sup>68</sup> Gender Dysphoria is often confused with orientation distress, and skilled counselling is needed to tease these apart. Freedom of speech must include freedom for Talk-Therapy." (Sources used provided by Dr May).

Dr Deborah Pitt, a retired psychiatrist who also serves on the Clinical and Medical Council of the IFTCC, was asked the same question above. She released this statement:

“My concern is that such a law would deny LGBT people certain basic freedoms:

“Freedom of religious practice, belief and conscience-- including personal, public and group prayer to resist temptation – in line with the tenets of faiths that forbid homosexual practice, e.g. Christianity and Islam.

“Freedom of speech and association: to confess, confide, discuss, anywhere or with anyone, without fear or shame, any topics, doubts and concerns about their lifestyle, such as sexual fluidity, abstinence, conversion from or to bisexuality or to explore their heterosexual potential.

“Freedom to have counselling. Homosexual practices have proven, increased or unique health risks, e.g. infections, trauma, cancer. Homosexuals may wish to modify behaviour and appetites. Much sexual activity is unpremeditated, coercive, regretted or compulsive. Counselling is available for heterosexuals, e.g. Sexaholics Anonymous. Counselling/therapy for homosexuals should be available too, as it is for drug addiction, alcoholism, bulimia, and OCD. However, negative counselling results cannot be ruled out (as in all counselling contexts), and confiding past sexual and other abuse will cause emotional distress.

“Ultimately the person volunteers to receive professional help and this should not be denied because of militant, biased activists. Because of the well-established phenomenon of sexual fluidity, counselling would be unworkable under this proposed ban.

“Freedom from coercive and cult-like behaviour of those who insist people are 'born gay' – for which there is no evidence – and who would forbid them any of the above freedoms.”

### **Warnings from Australia, Canada and the US**

In the Australian state of Victoria, the *Change or Suppression (Conversion) Practices Prohibition Bill 2020*<sup>69</sup> received royal assent in February 2021.<sup>70</sup> This oppressive law not only forbids professional counseling or therapy for unwanted same sex attractions, but shockingly, also proscribes the practice of prayer, whether done face to face or remotely.<sup>71</sup> Penalties for offenders who offer these “practices” include a jail sentence of up to ten years or a fine of \$198,264 Australian dollars, (approximately, £105, 000 sterling), or both.<sup>72</sup>

Providing a list of examples of what may fall under practices of “conversion therapy”, the bill’s sponsors explained that the examples given are only for illustrative purposes, and “do not narrow the definition”, “intended to capture a broad range of conduct, including, informal practices, such as conversations with a community leader that encourage change or suppression of sexual orientation or gender identity, and more formal practices, such as behaviour change programs and residential camps.”<sup>73</sup> Such a law violates some of the most precious freedoms of basic human rights, and sets a very dangerous precedent. Former Australian Deputy Prime Minister, John Anderson, said this law poses “the biggest threat to our democratic freedoms in Australia's entire legislative history”.<sup>74</sup>

Dr Anne Gilles,<sup>75</sup> the third of three practitioners who gave an exclusive interview to VfJUK, has worked as a Canadian counsellor, and is now a spokesperson for the rights of people to receive professional or pastoral support for unwanted same sex attractions/behaviours, including gender identity conflicts. In light of the Canadian Justice

Department's current proposals for a ban on 'conversion therapy',<sup>76</sup> which include jail terms of up to five years for offenders, she has expressed serious concerns about the curtailment of basic freedoms, whose full impact will, she says, "threaten our society". She explained that if a client sought help for addiction to heterosexual pornography, this would be permitted, but if the addiction was to homosexual pornography, counselling would be prohibited by the proposed law. She said the Canadian Government is saying: "you can't help these people."

The Canadian proposals in many ways mirror the basic measures proposed by the British Government. As important background to what is happening in Canada, it is worth noting that the Canadian Psychological Association states that 'conversion therapy', "can include prayer or religious rites, modification of behaviours, and individual or group counselling."<sup>77</sup>

In the US, attempts to ban "conversion therapy" practices have seen the prohibition enforced in 20 states for minors.<sup>78</sup>

## Sources

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029644/banning-conversion-therapy-PRINT.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029644/banning-conversion-therapy-PRINT.pdf)

<sup>2</sup> A number of fundamental human rights are at play. See relevant provisions in the Human Rights Act 1998, previously drawn from the European Convention on Human Rights: Right to Respect for Private and Family Life (Article 8), Freedom of Thought, Conscience and Religion (Article 9), Freedom of Expression (Article 10), Right to Marry (Article 12) and Prohibition of Discrimination (Article 14), [https://www.echr.coe.int/Documents/Convention\\_ENG.pdf](https://www.echr.coe.int/Documents/Convention_ENG.pdf)

<sup>3</sup> In the Equalities, Human Rights and Civil Justice Committee in Scotland, the public's views were sought on ending conversion therapy in a process that ended in August 2021 ; see: <https://yourviews.parliament.scot/ehrc/petition-end-conversion-therapy-views/>.

<sup>4</sup> In the Government's Open Consultation paper, the term "abhorrent" is used four times, once by the Minister for Women and Equalities, Liz Truss MP in her Ministerial Foreword. See also para. 1 and 3.

<sup>5</sup> <https://news.sky.com/story/boris-johnson-vows-to-ban-absolutely-abhorrent-gay-conversion-therapy-12032897?dcmp=snt-sf-twitter>

<sup>6</sup> Introduction, para. 1.

<sup>7</sup> In their consultation text, the Government's uses the term "coercion" or variants of it, (coercive, coercing, coerced).

<sup>8</sup> Prior to the Government consultation, legal advice was sought from the Christian Institute. See 32 pages of advice from Jason Coppel QC, "Human Rights Implications of Proposals to Ban "Conversion Therapy": <https://christian.org.uk/wpcontent/uploads/Christian%20Institute%20Conversion%20Therapy%20Advice%20-%20updated.pdf>

<sup>9</sup> Para. 25.

<sup>10</sup> See para. 67-78.

<sup>11</sup> Para. 34.

<sup>12</sup> For a range of cases, see: <https://christianconcern.com/>

<sup>13</sup> The Government states: ""Payment may be involved when conversion therapy is offered or takes place. Our proposal will impact the ability to profit from conversion therapy." (para. 88). This raises questions about conferences and retreats (both of which require attendance fees) that may address the wide spectrum of issues around sexuality; the context may be religious or not.

<sup>14</sup> Para. 62-64.

<sup>15</sup> Para. 65.

<sup>16</sup> For an introduction to some of the most explicit materials that are in circulation to children within schools, see VfJUK's own identification and analysis of some of these worrying resources: <https://vfjuk.org.uk/about/rse-unmasked/> It should be added that children lack the cognitive, emotional and sexual maturity to process decisions around practising sexual intercourse or other sexual acts, all of which may have lifetime consequences, be they medical and psychological.

<sup>17</sup> Gillick case, House of Lords, [1986] AC 112, <http://www.bailii.org/uk/cases/UKHL/1985/7.html>

<sup>18</sup> See: <https://www.uhs.nhs.uk/HealthProfessionals/Clinical-law-updates/Children-refusing-treatment.aspx>

<sup>19</sup> A documentary that gives a platform to people who talk about their experiences of unwanted same-sex attraction and the changes they have experienced, can be seen at: <https://www.voicesofthesilenced.com/>. A printed collection of stories can be read at: [https://www.core-issues.org/UserFiles/File/Downloadable\\_publications/CIT\\_VOS\\_Testimonies\\_2018\\_Edition\\_Jerusalem.pdf](https://www.core-issues.org/UserFiles/File/Downloadable_publications/CIT_VOS_Testimonies_2018_Edition_Jerusalem.pdf)

<sup>20</sup> For example, see Piers Morgan interviewing Dr Mike Davidson on *Good Morning Britain*. In this grossly offensive diatribe of shocking personal attacks on Dr Davidson and his work, Morgan tells Davidson to "shut up you old bigot". The raft of jibes and derisive comments coming from Morgan would be unthinkable if they had been

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directed at a gay-identified person, or at any minority group. The fact that Morgan was not disciplined for these actions only serves to facilitate and therefore validate attitudes of hate towards people offering counselling to individuals who are ex-gay. See: <https://www.youtube.com/watch?v=O77uc8VA02o>

<sup>21</sup> Sometimes known as 'detransitioners'. For links to numerous studies, writings and videos on this topic, see: <https://www.transgendertrend.com/detransition/>.

<sup>22</sup> Testimonies of personal change attributed to faith in Jesus Christ can be found at X-Out-Loud, <https://www.xoutloud.com/>. Under What we believe, the organization states: "We are passionate about our freedom! Our lives are living proof that Jesus is still transforming lives and that the gospel offers full hope to those voluntarily moving away from LGBT. We celebrate our identities by sharing our stories and supporting and giving a voice to those who no longer identify as gay, lesbian or trans." For a series of more testimonies rooted in the Christian faith, see *Such Were Some Of You* produced by Pure Passion Media, <https://www.youtube.com/watch?v=VTFq2OHZOH8>.

<sup>23</sup> *The Queen on the application of Core Issues Trust v Transport for London* [2014] EWCA Civ 34, This case was heard before the Master of the Rolls and Lord Justice of Appeal. See paragraph 98: <http://www.bailii.org/ew/cases/EWCA/Civ/2014/34.html>

<sup>24</sup> The Government uses the term 'coercion' or variants of it (coerced, coercing, coercive).

<sup>25</sup> <https://iftcc.org/standards/> (See Guideline 5).

<sup>26</sup> Para. 5 and 22.

<sup>27</sup> Para. 2.

<sup>28</sup> Cited in *Reparative Therapy of Male Homosexuality: A New Clinical Approach*, by Dr Joseph Nicolosi, Jason Aronson Inc, New Jersey, p. 9 (1997).

<sup>29</sup> Para. 2.

<sup>30</sup> <https://www.legislation.gov.uk/ukpga/1986/64/section/29JA>

<sup>31</sup> VfJUK online interviews with Dr Mike Davidson (20 July 2021) and Dr Christopher Rosik (27 August 2021). For more details on the history of this terminology, see a submission from the International Federation for Therapeutic and Counselling Choice (p. 1). This was a response to a Call for Evidence from the UN Human Rights Office for the High Commissioner:

[https://www.ohchr.org/\\_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/Issues/SexualOrientation/IESOGI/C/SOAJ/The International Federation for Therapeutic.docx&action=default&DefaultItemOpen=1](https://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/Issues/SexualOrientation/IESOGI/C/SOAJ/The International Federation for Therapeutic.docx&action=default&DefaultItemOpen=1)

<sup>32</sup> Of many studies reporting change, two important ones deserve special attention. "Can Some Gay Men and Lesbians Change Their Sexual Orientation?: 200 Subjects Reporting a Change from Homosexual to Heterosexual Orientation." Written by Robert Spitzer MD, Archives of Sexual Behavior volume 32, pp 403–417 (2003). Towards the end of his life, he was bullied into retracting his work, as his research had disappointed LGBT activists. Dr Spitzer was responsible in 1973 for the removal of homosexuality from the world-renowned US manual of mental disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM). Another significant study is: *Ex-Gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation*, by Stanton L. Jones and Mark A. Yardhouse, IVP, 2007.

<sup>33</sup> For an overview of what this includes, see: <https://www.core-issues.org/change-oriented-therapy>

<sup>34</sup> <https://kinseyinstitute.org/research/publications/kinsey-scale.php>

<sup>35</sup> <https://www.independent.co.uk/voices/lgbt-conversion-therapy-ban-mental-health-b1805080.html>

<sup>36</sup> See also a report from the Christian Institute: <https://www.christian.org.uk/news/lgbt-activist-calls-for-uk-ban-on-prayer-for-unwanted-same-sex-attraction/>

<sup>37</sup> <https://www.nhs.uk/mental-health/advice-for-life-situations-and-events/mental-health-support-if-you-are-gay-lesbian-bisexual-lgbtq/>

<sup>38</sup> Of the most recent work in this field, see the article from the world-renowned magazine, *Nature* on the *Ganna* study involving nearly half a million genomes, [https://www.nature.com/articles/d41586-019-02585-6?%3Futm\\_source=fbk\\_nnc&sf218349136=1](https://www.nature.com/articles/d41586-019-02585-6?%3Futm_source=fbk_nnc&sf218349136=1)

<sup>39</sup> <https://www.apa.org/pubs/books/4311512> . For a detailed overview of some of the relevant matters connected to contributions from Dr Lisa Diamond, see, *Protecting the Right to Therapy in the United Kingdom*, by Laura Haynes PhD, (2018). [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2018/10/IFTCC\\_London\\_2018-10-15\\_Haynes\\_Keynote\\_UK.pdf](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2018/10/IFTCC_London_2018-10-15_Haynes_Keynote_UK.pdf)

<sup>40</sup> *Why the "Born This Way" argument doesn't advance LGBT equality*, Dr. Lisa Diamond, TEDx Salt Lake City [https://www.ted.com/talks/dr\\_lisa\\_diamond\\_why\\_the\\_born\\_this\\_way\\_argument\\_does\\_not\\_advance\\_lgbt\\_equality/transcript](https://www.ted.com/talks/dr_lisa_diamond_why_the_born_this_way_argument_does_not_advance_lgbt_equality/transcript)

<sup>41</sup> She says: "So, let there be no misunderstanding: although sexual attractions may fluctuate on their own, trying to forcibly eliminate same-sex attractions is ineffective, harmful, and unethical."

<sup>42</sup> For a rigorous and detailed set of arguments and evidences showing why therapy is not harmful, written within the American context, see: <https://www.therapyequality.org/wp-content/uploads/2019/01/Harms-of-Therapy-Bans-General-2021-7-8-National-Task-Force-for-Therapy-Equality.pdf> . Also see: Sexual Orientation Change Efforts (SOCE) reduce suicide : Correcting a false research narrative by D. Paul Sullins, Ph.D, Catholic University of America, Ruth Institute 2021, [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3729353](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3729353) (VfJUK wishes to thank Dr Christopher Rosik for directing us to this latter paper).

<sup>43</sup> Para 1.

<sup>44</sup> VfJUK online interview with Dr Christopher Rosik. 27 August 2021.

<sup>45</sup> <http://linkcare.org/about/christopher-rosik>

<sup>46</sup> VfJUK online interview with Dr Christopher Rosik (27 August 2021).

<sup>47</sup> See also: *Protecting the Rights to Receive and Provide Professional Care for Unwanted SSA*, International Federation for Therapeutic Choice, 2014 (see p. 5 for details).

<sup>48</sup> Para. 14.

<sup>49</sup> Para. 15.

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- <sup>50</sup> Shildo, Ariel and Schroeder, Michael, *Changing Sexual Orientation: A Consumer's Report*, Professional Psychology: Research and Practice, 33 (3): 249-259 (2002).
- <sup>51</sup> [https://drive.google.com/file/d/1CzY3fcar74T\\_8eJiURL-ioV9g7koKAob/view](https://drive.google.com/file/d/1CzY3fcar74T_8eJiURL-ioV9g7koKAob/view)
- <sup>52</sup> See: "Responding to the Ozanne Foundation: A critical analysis of the Faith and Sexuality Survey 2018", IFTCC, (2019), [https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response\\_web.pdf?x86708](https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/06/FSS-Response_web.pdf?x86708)
- <sup>53</sup> [https://www.ozanne.foundation/cooper\\_report/](https://www.ozanne.foundation/cooper_report/)
- <sup>54</sup> For an analysis of this Report, see: <https://christianconcern.com/comment/ozanne-foundation-wants-state-surveillance-of-christian-ministries/>
- <sup>55</sup> <https://www.bacp.co.uk/media/13265/memorandum-of-understanding-on-conversion-therapy-in-the-uk-september-2021.pdf>
- <sup>56</sup> [https://www.core-issues.org/UserFiles/File/Downloadable\\_publications/What\\_the\\_research\\_does\\_and\\_does\\_not\\_say.pdf](https://www.core-issues.org/UserFiles/File/Downloadable_publications/What_the_research_does_and_does_not_say.pdf)
- <sup>57</sup> For an excellent overview of this history, read the analysis by distinguished psychiatrist, Dr Jeffrey Satinover, past president of the C. G. Jung Foundation: <http://factsaboutyouth.com/wp-content/uploads/TheTrojanCouchSatinover.pdf> Dr Satinover is the author of *Homosexuality and the Politics of Truth*, (Grand Raids, MI, Baker Book House Company, 1996). His study was lauded during a US congressional debate: "The best book on homosexuality written in our lifetime" (cited on book cover)
- <sup>58</sup> <https://www.core-issues.org/>
- <sup>59</sup> VfJUK online interview with Dr Mike Davidson (20 July 2021).
- <sup>60</sup> <https://www.core-issues.org/about>
- <sup>61</sup> For example, despite increased acceptance of homosexuality in the Netherlands, one study concluded that "Sexual orientation continues to be a risk factor for psychiatric disorders, stressing the need for understanding the origins of these disparities." (Sandfort T, et al, *Same-sex sexuality and psychiatric disorders in the second Netherlands Mental Health Survey and Incidence Study (NEMESIS-2)*, LGBT Health. 2014 Dec 11; 1(4): 292–301). Full study: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4655175/>. Sweden, another country with a long history of liberal attitudes and laws is another illustration. According to the Public Health Agency of Sweden, "LGBTQ persons report worse mental health compared to heterosexual and cisgender persons." <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/mental-health/> (Accessed: November 8, 2021).
- <sup>62</sup> "US and international studies consistently conclude that LGBT youth report elevated rates of emotional distress, symptoms related to mood and anxiety disorders, self-harm, suicidal ideation, and suicidal behavior when compared to heterosexual youth ..." (*Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth*, Russell et al, *Annu Rev Clin Psychol*. 2016 March 28; 12: 465–487). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4887282/pdf/nihms-789458.pdf> (p. 5)
- <sup>63</sup> <https://iftcc.org/>
- <sup>64</sup> King M et al. *A systematic review of mental disorder, suicide and deliberate self harm in lesbian, gay and bisexual people*. *BMC Psychiatry* 2008;8:1471-224.
- <sup>65</sup> RCPsych statement 2013.
- <sup>66</sup> Ganna A et al. *Science* 365 eaat7693, 2019.
- <sup>67</sup> Ipsos MORI Poll January 2021.
- <sup>68</sup> Voss P. et al. *Dynamic Brains and Changing Rules of Neuroplasticity: Implications for Learning and Recovery*. *Frontiers in Psychology*, 04 October 2017.
- <sup>69</sup> See the Bill Brief, February 2021, *Change or Suppression (Conversion) Practices Prohibition Bill 2020*, Department of Parliamentary Services, Parliament of Victoria: <https://www.parliament.vic.gov.au/publications/research-papers/send/36-research-papers/13979-change-or-suppression-conversion-practices-prohibition-bill-2020>
- <sup>70</sup> For all parliamentary references, speeches and stages of the bill's passage, see: <https://www.legislation.vic.gov.au/bills/change-or-suppression-conversion-practices-prohibition-bill-2020>
- <sup>71</sup> See p. 17 of the Bill Brief, February 2021, *Change or Suppression (Conversion) Practices Prohibition Bill 2020*, Department of Parliamentary Services, Parliament of Victoria: <https://www.parliament.vic.gov.au/publications/research-papers/send/36-research-papers/13979-change-or-suppression-conversion-practices-prohibition-bill-2020>
- <sup>72</sup> See p. 19, *ibid*.
- <sup>73</sup> See p. 5, Explanatory Memorandum, *Change or Suppression (Conversion) Practices Prohibition Bill 2020*, <https://content.legislation.vic.gov.au/sites/default/files/bills/591143exi1.pdf>
- <sup>74</sup> *Why an anti-conversion therapy Bill in Australia is a huge threat to churches*, David Robertson, 15 December 2020: <https://www.christiantoday.com/article/why.an.anti.conversion.therapy.bill.in.australia.is.a.huge.threat.to.churches/136077.htm>
- <sup>75</sup> Her website is a useful and informative resource on matters about sexuality and gender, as seen within the wider context of assaults from militant LGBT ideology: <https://restoringthemosaic.ca/about/>
- <sup>76</sup> <https://www.canada.ca/en/department-justice/news/2020/09/federal-government-reintroduces-legislation-to-criminalize-conversion-therapy-related-conduct-in-canada.html>
- <sup>77</sup> <https://cpa.ca/docs/File/Position/SOGII%20Policy%20Statement%20%20LGB%20Conversion%20Therapy%20FINALAPPROVED2015.pdf>
- <sup>78</sup> VfJUK online interview with Dr Christopher Rosik, 27 August 2021.