

Scottish Parliament Citizens' Participation and Petitions Committee call for evidence on 'conversion therapy' petition

Evidence provided by Christian Concern. July/August 2021

Christian Concern is an NGO which campaigns to safeguard human dignity and human rights from a Christian perspective in accordance with the European Convention on Human Rights.

Q1. What are your views on the action called for in the petition?

There are two basic problems with the petition's call to ban so-called 'conversion therapy' in Scotland. The first is that it would be based on the petition's serious mishandling of the available evidence. The second is that it would undermine accepted human rights norms enshrined in the European Convention on Human Rights, to which the Scottish Government is bound.

1a. 'Conversion therapy' ban would be based on mishandling of evidence

The two studies referenced in the petition as evidence in favour of a 'conversion therapy' ban are referenced in an overly selective, intentionally distorting and misleading manner. The Scottish Parliament and government are being misled by this mishandling of evidence.

The petition misrepresents the contents of the 2009 study on therapy for unwanted same-sex attraction¹

The petition complains that the 2009 study by Michael King and colleagues found that a minority of mental health professionals had at some point seen clients dissatisfied with their same-sex attraction. The petition deliberately omits to say what was clear in the study, which is that it was clients who approached mental health professionals of their own accord for help. This was not a case of professionals 'offering conversion therapy' to clients who had no intrinsic motivation to move away from same-sex attraction. In reality, most mental health professionals agreed with clients' freedom of therapeutic choice.

The petition ignores most clients' intrinsic motivations for seeking therapy

The authors of the petition have ignored relevant evidence recorded in the 2009 study regarding the motivation of clients for seeking therapy. The 2009 study 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 undermines the claim often made that therapy for unwanted same-sex attraction is inherently or predominantly conducted so as to reinforce social pressure and coercion upon the individual.

¹ Michael King, Annie Bartlett and Glenn Smith, The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation, BMC Psychiatry 9(11): 2009
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-9-11>

Most British health professionals who had seen clients agreed with therapeutic choice

The survey found that 159 (72%) – nearly three 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. Interestingly, a further 35 (15%) gave no answer, perhaps smelling a rat, as the survey was subsequently used to argue for banning therapy. Eventually this resulted in the publication of the [Memorandum of Understanding](#) on the subject.

Undue reliance on flawed 2018 Faith and Sexuality Survey

The call to ban ‘conversion therapy’ in Scotland also relies heavily for justification on the 2018 Faith and Sexuality Survey conducted by the Ozanne Foundation.² At the time of publication, we produced a critical analysis of this survey demonstrating its unreliability for policymaking.³ To summarise, it is not based on a reliable random representative sample of relevant individuals, basic variables such as sex and religiosity are poorly defined thus making the answers well-nigh unintelligible, and the term ‘conversion therapy’ is never used in the questionnaire or in the Executive Report.

Questions 21 and 22 of the Faith and Sexuality Survey are the crucial ones; they do not ask respondents whether they actually saw therapists or counsellors. Question 20 asked “*Have you ever considered, been advised or been forced to go through attempts to change your sexual orientation (please tick all that apply)?*” Question 21 asks primarily by whom the respondent was advised to change sexual orientation, and Question 22 asks primarily by whom the respondent was forced to do so. The options given for both questions are “*parent*”, “*other family member*”, “*religious leader*”, “*religious friends*”, “*secular friends*”, “*prefer not to say*”, and “*other*” with a box to specify who was responsible.

Therapists do appear in the optional answers to Question 26, “*Who (if anyone) did you talk to for advice [on changing sexual orientation]?*” One of the options is “*NHS Psychotherapist*”. Again, however, it is very odd that there is no option for “*private practice psychotherapist or counsellor*”. Confusingly, there is an option for “*Professional psychotherapy (private)*” in response to Question 28, “*What form(s) did this attempt to change your sexual orientation take?*” Inconsistencies like this tend to mar the quality of the survey.

No questions are asked about the age at which individuals started any of the specified options to try to change sexual orientation, or how long such attempts lasted. Likewise, the survey results include no breakdown of types of change attempts in relation to the options listed under results in Question 31, or the options listed under impact in Question 32 and mental health problems in Question 33.

The International Federation for Therapeutic and Counselling Choice has produced a comprehensive rebuttal of the Faith and Sexuality Survey which can be [read here](#).⁴

² <https://www.ozanne.foundation/faith-sexuality-survey-2018/>

³ <https://christianconcern.com/comment/press-outlets-should-beware-the-ozanne-foundation-faith-sexuality-survey/>

⁴ <https://iftcc.org/resource/critical-analysis-of-the-ozanne-foundations-faith-and-sexuality-survey-2018/>

No objective evidence of former clients' support for criminalization

There is no objective statistical evidence available for the petition's claim that there is 'broad support for criminalisation' of 'conversion therapy' by 'those who have been subjected to it', as there exists no random representative sample of individuals who have voluntarily undertaken therapy for unwanted same-sex attraction. The authors of the petition are probably referring to responses to questions in the Faith and Sexuality Survey.

Question 31 of the Faith and Sexuality Survey included among the answers two options: "*It did not work for me but I do believe it does work for others*", and "*It did not work for me and I do not believe it works for others*".⁵ These are not 'results' in the objective sense. They should have been included in a separate question on respondents' outlook. Question 35 of the Faith and Sexuality Survey asks why respondents think that 'Sexual Orientation Change Therapy' should be made a criminal offence. The list of options for responses makes for interesting reading. It includes the following: "*It is damaging to a person's mental health*"; "*It causes self-hate*"; "*It undermines a person's religious faith*"; "*It costs a lot of money*".

These are very poor reasons to criminalise a form of therapy, as the first three options are essentially undefinable. Mental health is not well-defined any more in our western culture. Many things that in the past would have been considered signs of mental ill-health, such as hearing voices, are being normalised. Banning anything individuals believe in undermines their beliefs. Freedom of religion and belief would therefore be undermined.

Petition ignores historical evidence of ethical therapy with clients in Scotland

Both the petition and various social media outlets where its authors have spoken publicly betray no knowledge of the historical evidence of ethical therapy for unwanted same-sex attraction with clients in Scotland. This is unacceptable as a crucial part of Scottish history is being ignored in favour of a goal suddenly imposed by unscientific lobby groups.

The Davidson Clinic in Edinburgh had numerous clients with unwanted same-sex attraction during its existence. Its staff presented evidence about therapy for clients with unwanted same-sex attraction to the Wolfenden Committee on Homosexual Offences and Prostitution in 1956-1957. We have consulted this evidence, available in the archives of the Home Office at the National Archives in London, and in the Davidson Clinic's archives at the University of Edinburgh. Dr Winifred Rushforth, the founder and director of the clinic, provided written evidence to the Wolfenden Committee which sets out the basic ethical principle of intrinsic motivation and consent for therapy on the client's part which stand to this day:

"Success in psycho-therapy depends a) on the desire of the patient to be treated and in his co-operation with the analyst.

*b) on the devotion of the analyst, his optimism and ability to encourage the patient to undergo a thorough treatment. These qualities, together with a thorough training in his profession, make for a successful analyst."*⁶

⁵ The questionnaire can be viewed here <https://drive.google.com/file/d/1aU00wogF-EuJVeNmGb6GqrQagdU7ApKs/view>

⁶ This written evidence also set out the psychological evidence for the roots of same-sex attraction in both men and women as understood by the mental health profession at the time and outlined what successful therapy entailed. See HO 345/7, National Archives. For convenience this evidence is also quoted in full in Brian

Recent academic scholarship in Scotland has shown that there has been a close historical relationship between psychotherapy, counselling and Christianity in Scotland. This is hardly unique to Scotland. What is important here is that it provides a framework for understanding the campaign to ban ‘conversion therapy’ as in reality being an anti-Christian campaign, aimed at undermining Christian pastoral care for both married and unmarried people, and further undermining Christian social norms that have historically governed western society.⁷

It is significant that the Scottish Government has chosen to ignore this evidence from Scotland in first signing up to the Memorandum of Understanding on Conversion Therapy and second in promising to ban ‘conversion therapy’. Indeed, in a Freedom of Information Request response dated 15 September 2020 the Scottish Government admits that it has no real evidence about the practice of so-called ‘conversion therapy’ in Scotland.⁸ In addition, it appears not to have conducted or commissioned new research before it decided to become a signatory to the Memorandum of Understanding on Conversion Therapy in the UK.

1b. ‘Conversion therapy’ ban would undermine basic human rights

The call to ban what is misleadingly called ‘conversion therapy’ is unwarranted and would violate many key articles of the European Convention on Human Rights, including freedom of expression as enshrined in section 9(a) of the Hate Crime and Public Order (Scotland) Act 2021. This protects discussion or criticism of matters regarding sexual orientation and transgender identity.

Who is affected by the current ‘conversion therapy’ ban

It is worth pausing here to understand who is already negatively affected by the current professional ban on ‘conversion therapy’ enshrined in the Memorandum of Understanding on Conversion Therapy. Already, clients who do not wish to experience same-sex attraction or act on it cannot get help to diminish it. Nor can they access therapy or counselling that is known to allow for change in sexual attraction towards the opposite sex.

Such clients come from all walks of life. They may be male or female, adults or teenagers, single, in a relationship, married, divorced or widowed. Many are Christians, but some are from other faiths or no particular faith.⁹ Many are survivors of child sexual abuse, childhood sexual exploitation, or sexual assault or rape as adults.¹⁰ Others struggle with addiction to

Lewis, Wolfenden’s Witnesses: Homosexuality in Postwar Britain. London: Palgrave Macmillan, 2016: 174-176. See also Rushforth and Dr W. P. Kreamer, Medical Director of the Davidson Clinic, transcript of meeting held at St Andrew’s House, Edinburgh before the Departmental Committee (Home Office) on Homosexual Offences and Prostitution, 10th April 1956. HO 345/16, National Archives.

⁷ See Liz Bondi, ‘Between Christianity and secularity: Counselling and psychotherapy provision in Scotland’, *Social and Cultural Geography*. 2013:668–688. Jane Darroch (ed.), *The Davidson Clinic 1939-1973*. Edinburgh: Bishop & Sons, 1973. The most comprehensive Gavin Miller, *Miracles of Healing: Psychotherapy and Religion in Twentieth-Century Scotland*. Edinburgh: Edinburgh University Press, 2020.

⁸ <https://www.gov.scot/publications/foi-202000062067/>

⁹ See the generic reference to faith of clients by the International Federation for Therapeutic and Counselling Choice https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/11/IFTCC_Postconference_Statement_2019_English.pdf?x91403. This is not dissimilar to pro-life counselling or palliative care, which is based on Christian Ethics, but is available to people of all faiths and none.

¹⁰ Of particular relevance is the following study, quoted by the Independent Inquiry on Child Sexual Abuse in the UK : ‘Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of

pornography or sexual addictions.¹¹ If the government strengthens the existing ban, and especially if it goes down the criminal route, these kinds of people will be further harmed.

In addition, no therapist or counsellor can offer these people adequate help. Anybody known to do so risks being the target of undercover reporting by intrusive gay activists, and denounced to their professional body.¹² This heightens the risk of being struck off and unable to continue working.

Activists deny validity of consent to therapy

The Petitions Committee also links to written evidence [it received last September](#) from all four Scottish LGBT organisations campaigning for a ban.¹³ This document makes it clear that they want a legislative ban which would deny the validity of both children's and adults' prior consent to therapy and also to pastoral care in faith communities.

“There should be no restrictions on who is protected by the ban. Children and adults, deemed vulnerable or not, must be protected, including those who ‘consented’.”

This suggests that they want the law to be used retrospectively to punish therapists, counsellors and Christian clergy for helping people who say they have unwanted same-sex attraction and gender confusion.

Who would be affected by a further legal ban

Should the Scottish Government enact a further legal ban on top of the Memorandum, many more people would be adversely affected. Pastors of all kinds involved in teaching Biblical sexuality, abstinence, prayer ministry, healing ministry, marriage preparation and enrichment, men's ministry or women's ministry would be affected. Chaplains to all kinds of institutions would be affected. There is a precedent for this in the case of Rev. Barry Trayhorn. Trayhorn was a volunteer chaplain in a sex offenders' prison in England, when he was dismissed for preaching on repentance for various sins including homosexual behaviour.¹⁴ He was preaching on the verse 1 Corinthians 6: 9 when a sex offender attending the prison chapel complained that this was 'homophobic'. Trayhorn lost his employment tribunal appeal case.¹⁵

Parents and families would be adversely affected. A formal legal opinion found that criminalisation of 'conversion therapy' for minors could lead to criminalisation of conscientious parents or other relatives who discourage their children from questioning their gender.¹⁶ It could also lead to conscientious parents being reported to social services, with the

same-sex sexual relationships and cohabitation? A prospective 30-year follow-up.' *Archives of Sexual Behavior*, 39(1), pp.63-74.

¹¹ See the resources available here <https://www.restoredhopenetwork.org/recommended-resources>

¹² Patrick Strudwick, 'The ex-gay files: The bizarre world of gay-to-straight conversion', *The Independent* Monday 1 February 2010 <https://www.independent.co.uk/news/uk/this-britain/ex-gay-files-bizarre-world-gay-straight-conversion-1884947.html>

¹³ https://archive2021.parliament.scot/S5_PublicPetitionsCommittee/Submissions%202020/PE1817_B.pdf

¹⁴ <https://www.cambridge-news.co.uk/news/local-news/littlehey-barry-trayhorn-gays-repent-13419741>

¹⁵ <https://christianconcern.com/ccpressreleases/christian-prison-worker-loses-appeal-over-quoting-bible-in-chapel-service/>

¹⁶ <https://www.telegraph.co.uk/news/2021/04/10/conversion-therapy-ban-would-criminalise-christian-parents-stopping/>

risk of children being taken away from their parents. This would follow the precedent set by the removal of children from parents who refuse to use preferred pronouns.¹⁷

Street preachers would almost certainly not only be affected by criminalisation, but be targeted deliberately. Churches and Christian organisations would come under suspicion and be attacked for ‘heteronormativity’. They would be pressurised to amend doctrine, ethics and workplace guidelines to accommodate LGBT ideology. Schools, colleges and universities would be adversely affected, at the level of teaching, research and pastoral care for students. Likewise, authors, publishers and broadcasters would also be affected.

In summary: Ten good reasons not to restrict therapy

1. Restriction is an attack on sex-based rights and dignity

Article 14 of the ECHR prohibits discrimination on grounds of sex.

Sex is biological; we are all either male or female. There is a clash between the concept of gender identity and the protected characteristic of sex. Usually 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.

2. Restriction discriminates against ex-LGBT people

Article 14 of the ECHR prohibits discrimination on grounds of ‘other status’.

Thanks to our legal casework, ‘ex-gay’ is a protected characteristic under the Equality Act 2010. In one of our cases on this issue, the then Minister for Women and Equalities intervened in favour of non-discrimination.¹⁸

Just as with being straight without ever having experienced same-sex attraction or acted upon it, ex-gay can be a sexual orientation or also a sexual identity, meaning that it is a social descriptor used by the individual concerning him- or herself.

3. Restriction is an attack on freedom of speech

Article 9 protects freedom of thought, conscience and religion, and is used to protect freedom of speech.

Therapeutic conversations are a private and confidential matter, though may occur either in the public sector or the private sector. Restricting therapy would violate freedom of speech of both clients and therapists, as well as third parties such as supervisors of therapists. A situation would arise whereby a state had prohibited free speech on human sexuality, behaviour and feelings in private and confidential conversations as well as public settings, essentially because LGBT activists consider the words that might be said to be offensive.

Many counsellors and psychotherapists work from their own homes and maybe self-employed. Other therapies may work over the internet or the telephone, or use email. Restricting therapy would also effectively entail restrictions on therapists’ use of the internet, phone and all other means of electronic and remote communication.

¹⁷ <https://christianconcern.com/comment/lgbt-rights-extremism-treating-children-as-state-property/>

¹⁸ Core Issues Trust, R (on the application of) v Transport For London & Anor [2014] EWCA Civ 34 (27 January 2014) <http://www.bailii.org/ew/cases/EWCA/Civ/2014/34.html>

4. Restriction is an attack on freedom of expression

Article 10 protects freedom of expression.

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.

Freedom of expression includes freedom to share one's life story, hopes, goals and feelings with others. It includes freedom to create and produce artistic material as well as sharing online content of all kinds.

5. Restriction is an attack on freedom to receive and impart information

Article 10 protects freedom of expression.

This includes the freedom to 'receive and impart information and ideas without interference by public authority and regardless of frontiers.' Topics related to the therapies in question could not be discussed in public in a way that is comprehensive and takes different viewpoints seriously. Publications and material on this topic, especially those favourable to such therapies, could not be accessed online or offline.

Restricting therapy would effectively mean that no independent academic research conducted by those not agreeing with the views accepted by government could be conducted on the subject or related fields. Course material based on such research could not be published or taught. Thus, the freedom to access education would be violated. People today in the United Kingdom are having to hide their desire to work in this field of therapy in order not to be thrown off training courses.

6. Restriction is an attack on freedom of assembly and association

Article 11 protects freedom of assembly and association.

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.

In February 2018, Core Issues Trust's freedom of assembly was violated when the British LGBT news site Pink News managed to cancel the world premiere of the Trust's feature-length documentary, 'Voices of the Silenced', featuring numerous therapists and clients.¹⁹ The film actually illustrates the restrictions already put in place by the UK government in the Memorandum of Understanding in that most clients and therapists interviewed are not British citizens or residents.

7. Restriction is an attack on freedom of conscience

Article 9 protects freedom of conscience.

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.

¹⁹ <https://www.bbc.com/news/uk-42974961>

It is important to state that not all of these clients or professionals would be religious. In recent years the misleading impression has arisen in the media that conscientious objection to same-sex sexual behaviour and transgender identification is only held by religious people, whereas in fact survey evidence suggests objections are more widely held.

To restrict access to therapies and the right to practice professionally to those affiliated with a religion would be to violate the rights of people of no religion, possibly a very large number of current and prospective clients.

8. Restriction is an attack on the right to respect for private and family life

Article 8 protects the individual's right to respect for private and family life.

Private life includes a person's sexuality. This links to the fact that 'ex-gay' is now a protected characteristic under the Equality Act 2010.

The original intent of the right to respect for private and family life was to protect the individual from unwarranted state surveillance. Any restriction on therapy would violate this right. Already, the Memorandum of Understanding has effectively imposed a system of quasi-surveillance in that it threatens professionals in this area with exclusion from the workforce if detected. This could easily lead to detection of clients.

9. Restriction is an attack on the right to marry

Article 12 protects the right to marry.

Some people want therapy in order to feel they are ready to pursue their personal life goal of marriage. Therapy for issues around sexual identity, feelings and behaviour is a normal part of life in the western world today. Any restriction on therapies for unwanted same-sex attraction and gender identities would constitute a violation of the client's right to marry.

Restriction might also have an allied negative effect on the prospective spouses and relatives of the individual in question. It could also affect the production, publication and dissemination of material for marriage preparation courses.

10. Restriction is an attack on the freedom of religion

Article 9 protects freedom of thought, conscience and religion.

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.

Most of the world's religions operating in the United Kingdom only recognise marriage between one man and one woman. The law allows religious groups not to solemnise same-sex marriages.

Conclusion

Banning therapy for unwanted same-sex attraction would violate human rights in all these ways. It amounts to a "must stay gay" law. Therapy is not clearly defined, which makes for bad law. Individuals who are unhappy with same-sex attraction should be free to access adequate therapy or religious pastoral care. They should not be put in a situation where gay-

affirmative therapy is their only choice. Pastors, therapists and counsellors should be allowed to help people move away from same-sex attraction.

Q2. What action would you like to see the Scottish Government take, within the powers available to it?

The Scottish Government should take great care not to misuse its powers. It should refrain from criminalising any kind of talking therapy or religiously-based pastoral care. It should not give into anti-Catholic sectarianism either, which rears its ugly head in the petition singling out the Catholic Diocese of Paisley for attack.

Protect the biological sex of all Scotland's inhabitants

The Scottish Government needs to use its power to protect the biological sex of all Scotland's inhabitants. This is because the lack of clear commitment to protect biological sex is part of the same mentality as seeking to ban 'conversion therapy' for same-sex attraction and gender identity. It displays a lack of regard for fundamental human dignity as exhibited in the irreducible sexual differences between men and women. 'Conversion therapy' bans are always an attack on sex-based dignity and rights because they prohibit therapists and religious pastoral caregivers from helping people live as members of their sexes. This includes pretending that all 'gender identities' are equal regardless of whether they fit the human body, and privileging non-heterosexual sexual orientation and attraction even when it goes against the form of the human body.

We note that some of the provisions in the UNCRC (Incorporation) (Scotland) Bill are currently being disputed by the UK government in the UK Supreme Court.²⁰ However as that case is about the precise limits of devolution and does not dispute the Scottish Government's right to legislate to incorporate the UNCRC into Scottish law, our comments on this matter stand as they refer to the need to prioritise the plain meaning of 'sex' in the interpretation and application of the UNCRC.

Subject to the forthcoming UK Supreme Court judgment on this case, the Scottish Government should use its powers to step in and safeguard the biological sex of every child in Scotland as a fundamental component of children's identity under the UNCRC. This follows on from our response to the Scottish Government's consultation on reforming the Gender Recognition Act in Scotland, drawing attention to the inadequacy of the current UNICEF Implementation Handbook for the UN Convention on the Rights of the Child.²¹

Regarding adults, it is important for the Scottish Government to adhere to the judgment in favour of Maya Forstater at the UK Employment Appeal Tribunal.²² This protects gender-critical belief that there are only two sexes, which is based on scientific fact. This is vital for medical and other professionals to be able to carry out their work with integrity to the highest standard.

Whilst the Bell vs. Tavistock case does not apply legally to Scotland, the overall moral and policy questions are highly relevant and should not be avoided. We note that soon after the

²⁰ <https://www.supremecourt.uk/cases/uksc-2021-0079.html>

²¹ See our response to question 5 of the 2019/2020 consultation. <https://christianconcern.com/wp-content/uploads/2018/10/Cc-Resource-Consultation-Response-Scottish-Gender-Recognition-Reform-200313.pdf>

²² Forstater v CGD Europe & Ors [2021] UKEAT 0105_20_1006. https://assets.publishing.service.gov.uk/media/60c1cce1d3bf7f4bd9814e39/Maya_Forstater_v_CGD_Europe_and_others_UKEAT0105_20_JOJ.pdf

High Court judgment, the Sandyford Clinic in Glasgow doubled down on the use of puberty blockers in response.²³ This was despite the extensive scientific evidence presented in court by international experts throwing this experimental ‘treatment’ into question. We note that the review date for this guidance was June 2021, therefore it is time the review was conducted in light of international scientific evidence.

In light of this the Scottish Government could consider setting up independent monitoring of how professionals deal with people’s of sex-based characteristics in NHS Scotland, private medical practice, social work and education in order to protect vulnerable people from being misdiagnosed as having gender dysphoria or other gender identity disorders and then taken through gender reassignment treatments. The current Independent Review into gender identity services for children and young people in England and Wales chaired by Dame Hilary Cass provides a precedent here.

Withdraw from Stonewall Workplace Equality Index and Stonewall Diversity Champions Programme

The available evidence clearly shows that the Scottish Government pushed for liberalising the Gender Recognition Act in Scotland in order to get a higher ranking in the Stonewall Top 100 Employers Index.²⁴ This was based on its membership of the Stonewall Diversity Champions Programme. This means the Scottish Government entered into a scheme which aimed to undermine sex-based rights, freedom of speech and religious freedom in Scotland without consulting the inhabitants of Scotland. The Scottish Government should refrain in future from making submissions to the Stonewall Workplace Equality Index until and unless Stonewall Scotland rescinds its goal of getting a ‘gender identity’ law passed in Scotland.

The overall evidence shows that when organisations have joined the Stonewall Diversity Champions Programme they have been increasingly influenced to undermine recognition of sex-based rights in existing law. The Scottish Government should withdraw from the programme as it is undermining basic sex-based rights enshrined in human rights law.

Withdraw funding from organisations campaigning for a ‘conversion therapy’ ban

The campaign for a ‘conversion therapy’ ban in Scotland is completely biased in that all four LGBT organisations campaigning for it receive funding from the Scottish Government. No organisation opposed to a ban receives Scottish Government funding. The organisations campaigning for a ban are Stonewall Scotland, Scottish Trans Alliance, LGBT Youth Scotland and the Equality Network.²⁵ This means that any Scottish Government consultation on the topic is highly likely to be biased in their favour, and may even get drafted with input from these groups. All this goes against fundamental principles of the impartiality of the civil service as well as distorting the democratic process.

None of these LGBT organisations have ever commissioned or produced professional, peer-reviewed scientific research on therapy for unwanted same-sex attraction, and therefore they

²³ <https://www.ngicns.scot.nhs.uk/wp-content/uploads/2019/05/Sandyford-YP-Gender-Service-Information.pdf>

²⁴ <https://www.thetimes.co.uk/article/stonewall-equality-list-bullies-bosses-and-silences-dissent-cz6k7klf5> We note the original documents are available here <https://www.gov.scot/publications/foi-20200083724/>

²⁵ <https://www.gov.scot/policies/lgbti/lgbti-funding-and-partners/>

should not be provided funding whilst campaigning for a ban, as they have no expertise in the area. Due to obtaining funding, and also due to the Scottish Government's membership of Stonewall's programme, it is inappropriate for these organisations to be consultants to a ban as well as consultees. This tendency towards favouritism and collapsing the distance between NGOs and government has already been noted regarding Stonewall's influence on the Law Commission's consultation on reforming hate crime law in England and Wales.

Protect therapists and religious bodies from fake claims of 'conversion therapy'

The available evidence shows that the authors of the petition wish to see a serious investigative journalist to look into 'conversion therapy' in Scotland as they claim it is happening underground.²⁶ In reality what this would most likely amount to would be an undercover journalist who is gay attending a Christian church and voluntarily undergoing pastoral care for unwanted same-sex attraction, then releasing secret recordings of the sessions. We can say this because this has been the *modus operandi* of gay activists working as journalists in the UK for the last twelve years, as well as internationally. Every one of these journalists has promoted the recordings as fake 'evidence' of the supposed 'trauma' endured by 'survivors of conversion therapy'.²⁷

There is no means of verifying whether such 'trauma' was real or just invented. What is understood by professionals is that if clients and therapists or religious pastoral caregivers are not aligned in their values, then clients may well come away dissatisfied. Clients are adults who are responsible for their own approach to therapists. Dishonest and fake 'clients' are in no way reliable in their 'testimonies' of 'harm' from 'conversion therapy'. It is worth quoting in full the criticism of psychotherapist J. F. Miller, criticising gay activist Patrick Strudwick for entrapment of Christian counsellor Lesley Pilkington (who has been one of our legal clients) in this respect:

“Third, artificial political orthodoxies inevitably result in an atmosphere of suspicion and fear where, increasingly, people are afraid of being prosecuted, vilified, or losing their livelihood if they say the wrong thing. The kind of witch-hunt which results is illustrated by the case of the Christian counsellor Lesley Pilkington (see Chapter Fifteen), who, in January 2011, was approached by Patrick Strudwick, a journalist and gay activist, who pretended to be a client wanting to give up his homosexual lifestyle. Patrick repeatedly told her he wanted her to help him to give up his homosexuality, but secretly recorded her counselling attempts to comply with this request, and then reported her for unprofessional behaviour as a result of which she was eventually struck off (Doughty, 2011). Although Christian counselling does seem to be, ipso facto, evangelical, to go and ask for it and then make a complaint because it is Christian does seem to be rather like going to an acupuncturist and then filing a complaint that they abused you by sticking needles into you! Quite apart from the fact that Lesley Pilkington was manifestly the victim of entrapment, the most disturbing aspect of the case is that the disciplinary body of the Association

²⁶ <https://uk-podcasts.co.uk/podcast/being-lgbtq/episode-131-end-conversion-therapy-scotland>

²⁷ See footnote 12 above. Also <https://www.itv.com/news/2018-11-13/itv-news-undercover-the-christian-charity-that-claims-you-can-change-your-sexuality>; <https://www.theguardian.com/commentisfree/2018/aug/31/gay-conversion-therapy-the-miseducation-of-cameron-post>

for Counselling and Psychotherapy concluded that Lesley had been guilty of imposing her 'bigotry' on her client. If a woman goes to a priest and pretends to feel guilty about cheating on her husband, can she get the priest disciplined for bigotry if he tells her that adultery is wrong?"²⁸

Each of these undercover journalists have acted as if only their own personal approach to their same-sex attraction is morally valid and acceptable in society, completely disregarding the mostly Christian values and beliefs held by members of churches intrinsically dissatisfied with their own same-sex attractions. As such these LGBT activists working as undercover journalists can be said to have intentionally set out to lie and deceive sincere professionals and religious leaders in order to diminish the rights of others enshrined in the European Convention on Human Rights set out above. It is reasonable therefore to say that they have been working against the values of Article 17 of the European Convention on Human Rights which prohibits the abuse of convention rights thus:

"Nothing in this Convention may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms set forth herein or at their limitation to a greater extent than is provided for in the Convention."²⁹

²⁸ J. F. Miller, *The Triumphant Victim: A Psychoanalytical Perspective on Sadomasochism and Perverse Thinking*. London: Karnac Books, 2013, reprinted London: Routledge, 2018: 138-139.

²⁹ <https://www.legislation.gov.uk/ukpga/1998/42/schedule/1/part/I/chapter/14>

Q3. Do you have suggestions on how the Committee can take forward its consideration of the petition? For example:

who should it talk to?

who should it hear from?

In light of the fact that the UK government is considering a ban in England and Wales, and that the Northern Ireland government is similarly occupied, as well as bans either being considered or having already been passed in other countries, we suggest that the Committee talk to and hear from a range of organisations and individuals adversely affected or at risk from ‘conversion therapy’ bans in the relevant jurisdictions.

Individuals who have benefitted from therapy for unwanted sexual attractions

The Committee should talk to individuals who have benefitted from therapy for unwanted sexual attractions. They should hear their evidence and listen to their stories. Individuals can be contacted via the various organisations that are opposed to a criminal ban on such therapy.

UK-based organisations opposed to a ban

The Committee should talk to and hear from organisations and individuals who are opposed to a ban on what is deemed ‘conversion therapy’. It needs to do so in order to gain a balanced, objective and comprehensive understanding of the issues appropriate for an open and democratic society. In this respect, it should hear from Christian Concern, Core Issues Trust and the International Federation for Therapeutic and Counselling Choice. We as Christian Concern would welcome the opportunity to provide written and oral evidence to the Scottish Parliament and its constituent committees, and to meet with Scottish Government officials to discuss these matters further. The committee may be interested to know that the IFTCC has recently published a document outlining Evidence of Serious Harmful Implications of Therapy Bans.³⁰

Organisations in Commonwealth countries adversely affected by a ban

We also believe that the committee should talk to and hear from organisations and individuals in other countries who are being or have been adversely affected by their governments’ plans and/or existing legislation and policies to ban ‘conversion therapy’. We can provide details to the committee on request.

Canada

We specify Canada in particular because the wider social media evidence shows that the petitioners want Scotland to pass a law similar to Bill C-6 tabled by the Canadian government recently. Canada is also important because organisations have become increasingly concerned about the scope and effect of Bill C-16, the gender identity bill passed recently.

Australia

We also recommend that the Committee should talk to and hear from organisations and individuals adversely affected by bans in three Australian territories, two of which (Australian Capital Territory and Victoria) have enacted prohibitions on taking children or mentally impaired adults out of those territories to receive ‘therapy’ covered by the

³⁰ <https://iftcc.org/resource/evidence-of-serious-harmful-implications-of-therapy-bans/>

legislation.³¹ The reason for saying this is that the petitioners want Scotland to impose similar travel bans in law.

Malta

Finally, we recommend that the Committee should talk to and hear from individuals adversely affected by the criminal ban passed by the government of Malta in 2016, which led to government ministers slandering and verbally humiliating an ex-gay Christian man for simply sharing his beliefs about marriage and his personal testimony on national television in 2018.³² This behaviour fell far short of what is acceptable and expected for government ministers and is a sign of the contempt in which citizens opposed to ‘conversion therapy’ bans and most closely affected by them are held by many in ‘progressive’ governments.

Conclusion: The importance of wider engagement

We wish to thank the Citizens’ Participation and Petitions Committee for organizing this call for evidence on the petition calling for a ‘conversion therapy’ ban. This is to be commended especially in contrast to the House of Commons Petitions Committee’s backtracking on a similar survey in 2020 after an aggressive Twitter campaign by LGBT activists including Stonewall, Mermaids and Gendered Intelligence demanding its censorship on grounds of alleged offensiveness. Our Freedom of Information request to the House of Commons regarding email correspondence on this matter unearthed an internal conflict between staffers wishing to uphold impartiality and freedom of expression and those improperly siding with activists.³³ It also showed concern about media interest in the matter including from CNN. The evidence also showed that the House of Commons Petitions Committee, led by its chair, pulled its initial survey, thus infringing on freedom of expression and excluding the general public from being able to respond. Its proposed new survey was never published. The Scottish Parliament’s Petitions Committee can and should do better than this. We hope that the committee will undertake the wider engagement with both UK-based NGOs and those based in other countries in order to gain a more balanced and comprehensive picture of the controversy at hand.

³¹ Sexuality and Gender Identity Conversion Practices Act 2020, Australian Capital Territory; Change or Suppression (Conversion) Practices Prohibition Act 2021, Victoria, Australia.

³² <https://christianconcern.com/comment/x-factor-malta-silences-ex-gay-singers-christian-testimony/>;
<https://timesofmalta.com/articles/view/equality-is-maltas-beacon-helena-dalli.693648>

³³ <https://christianconcern.com/comment/criminalising-conversion-therapy-will-backfire/>