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A rapid review of the Coventry University research on “gender identity conversion therapy”

Is there evidence to support the proposal to criminalise people who engage in talking therapies “aiming to change someone from being transgender”?

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Sex Matters is a human rights organisation campaigning for clarity about sex in law, policy and language

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Executive summary

This paper reviews the evidence presented in the Coventry University research commissioned by the Government Equality Office (GEO) to make the case for banning "gender identity conversion therapy".

The Coventry study sets out to show that "conversion therapy" in relation to gender identity is similar to religiously motivated attempts to "pray the gay away" or to pseudo-scientific therapies.

1. **No robust evidence is presented for this.** The entirety of the evidence presented consists of four articles based on three datasets, and limited highlights from six one-hour interviews with individuals. The studies are weak, and the report relies heavily on a single question in a self-selected survey run by a US transgender advocacy organisation.

   The three datasets:

A single question from a self-selected US online survey associated with incidence symptoms of serious mental disorder.

A study involving 400 people in the US watching a 6 minute video

4 published papers covering 10 patients in total

2. **In mapping legislation in other countries** the report does not distinguish between sexual orientation and gender identity legislation.
3. **The report is strongly embedded in transgender orthodoxy to the exclusion of other perspectives and principles of evidence.** This can be seen for example in its glossary, the wider references that it includes (and excludes), and its ignoring of people who have desisted from cross-sex identity. Based on the doctrine of self-identity the study concludes that two people interviewed who had serious mental health issues were the victims of "conversion therapy" because they report that their psychiatrists explored other potential causes and course of action than transition.

4. **The review misrepresents the findings of the research.** The high-level conclusions do not reflect the underlying evidence considered. In particular, the report states that "there is increasing evidence that attempts to change a person's [..] gender identity can cause serious harms."

   This is a misrepresentation of the findings of the underlying survey from the US, which did not demonstrate causality and could equally well indicate that individuals presenting with serious mental illness are not suitable subjects for medical intervention based on gender medicine. Moreover, the research ignored the harm inflicted on individuals given interventions who regret or detransition.

5. **What this study demonstrates is that the framework of "conversion therapy" is ill-suited to understanding the complexity of questions concerning the treatment of people with gender dysphoria, particularly the rapidly growing cohort of young people.** In contrast, the ongoing Cass Review on Gender Identity Services for Children and Young People is taking an approach without pre-determined outcome and is undertaking a much more intensive and wide-ranging evidence review.
6. **Based on our rapid review of the Coventry studies we conclude:**
   - **It provides no evidence for banning what it terms "conversion therapy"** in relation to transgender identity. The concept and the practice remain poorly defined.
   - **Writing the simplistic 'affirmation' versus 'conversion' binary into criminal and civil law risks doing harm** to children and parents, vulnerable people, therapists and other professionals, and to the relationship between them, without any evidence of the harm it purports to be addressing.
   - **Rushing through any legislation concerning children and young people before the Cass Review is published would be irresponsible** and counterproductive to evidence-based policy making.
7. **It is concerning that the Government Equalities Office would commission such a biased piece of work, and then hold it from publication for four months before releasing it just in time for a rushed six-week consultation.**

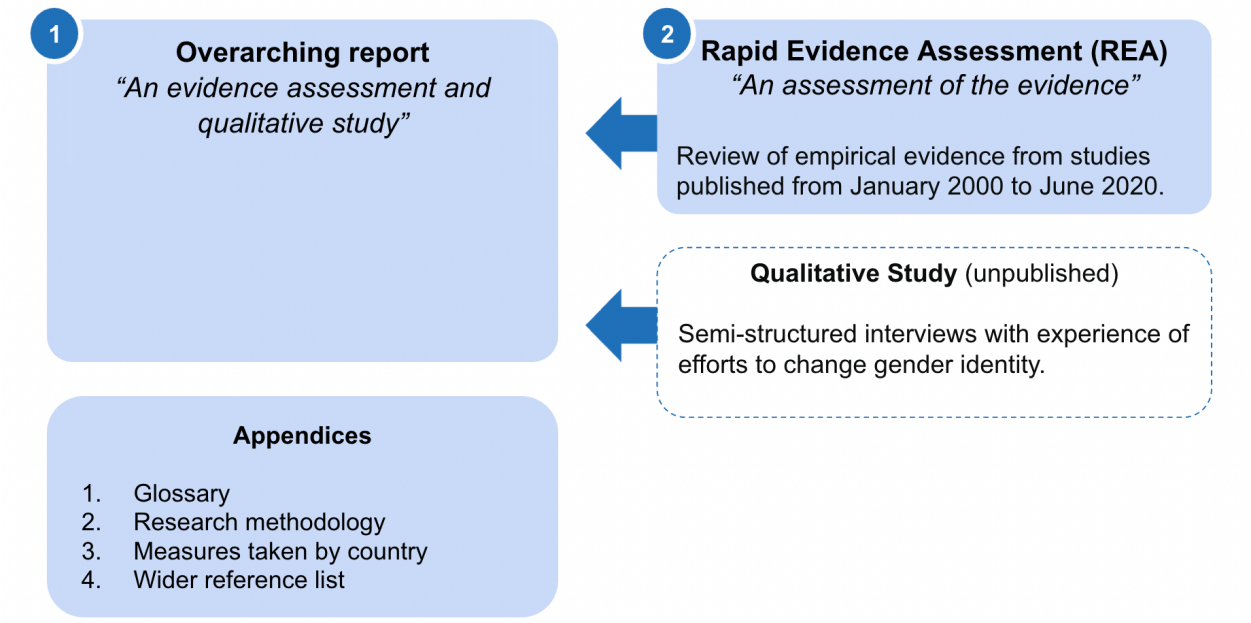
1. Introduction

The UK government recently published a consultation document on the proposal to criminalise 'conversion therapy' and launched a six-week consultation on it.[1] At the same time it published a pair of research publications: *Conversion therapy: an evidence assessment and qualitative study*[2] and *An assessment of the evidence on conversion therapy for sexual orientation and gender identity*.[3]

The studies were commissioned by the Government Equalities Office (GEO) and delivered by a team at Coventry University made up of Adam Jowett, Geraldine Brady, Simon Goodman, Claire Pillinger and Louise Bradley. They are dated June 2021.

The papers have similar names which is somewhat confusing. The first is an **Overarching Report** which draws on and includes the findings of the second, which is a **Rapid Evidence Assessment** (REA). We will refer to them collectively as the 'Coventry University studies' and individually as the overarching report and the REA.

Figure 1: The Coventry University research papers for GEO



[1] https://www.gov.uk/government/consultations/banning-conversion-therapy

[2] https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study

[3] https://www.gov.uk/government/publications/an-assessment-of-the-evidence-on-conversion-therapy-for-sexual-orientation-and-gender-identity

The reports define "conversion therapy" as

> "any efforts to change, modify or suppress a person's sexual orientation or gender identity regardless of whether it takes place in a healthcare, religious or other setting."

The stated aim of the research was to answer four questions:

1. What forms does conversion therapy take?
2. Who experiences conversion therapy and why?
3. What are the outcomes of conversion therapy?
4. What measures have been taken to end conversion therapy around the world?

The reports are based on a conceptual framework, as set out in the glossary in which gender identity is fixed and self-identified at any age and people are either *cis* or *trans*. Being homosexual (gay or lesbian) is defined as having "an emotional, romantic or sexual attraction towards someone of the same sex or gender."[4]

The research views any therapy which does not affirm a person's transgender identity as "conversion therapy". It frames any treatment for gender dysphoria that does not immediately affirm a transgender identity – and support endocrinological and surgical interventions if desired – as a direct parallel with religiously motivated or pseudoscientific attempts to change a person's sexual orientation. This approach is also reflected in the selection of wider literature referenced.[5]

While the report sets out findings relating to sexual orientation separately from those relating to transgender identity, it often recombines the two into generalised conclusions, suggesting that patterns of observations relating to attempts to alter sexual orientation (on which there is significant research) can be read across to attempts to explore the reasons why an individual feels distress about his or her body and the gender stereotypes associated with their sex (where there is little research).

There is no empirical or therapeutic justification for this approach.

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[4] https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/appendix-1-glossary

[5] https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/appendix-4-references

The broader context for this is a political organising tactic which has linked sexual orientation and gender identity into "the LGBT[QI+] community". This movement calls for same sex-attracted (LGB) people to stand in solidarity with people who identify as transgender, as expressed in slogans such as "No LGB without the T" and "L with the T". The characterisation of people as "LGBT" and talk of "LGBT conversion therapy" reflects this political coaltion.

While solidarity between groups is legitimate as a political axis for organising, it is not a defensible approach to analyse evidence about people with different characteristics, experiencing different phenomena.

This paper, therefore, reviews the evidence presented in the Coventry University reports ***only in relation to gender identity / transgender***. It is concerned with the first three research questions which make the case for banning "conversion therapy".

The aim is to scrutinise the evidence and the way the conclusions are presented, in order to support evidence-based debate (including media debate) of the current proposal in relation to criminalising "gender identity conversion therapy".

1.1 How was the Coventry research carried out?

To answer questions 1 to 3, a 'rapid evidence assessment' (REA) of research was carried out. This is a standard methodology for identifying, assessing, and distilling findings from existing research to answer a question for public policy makers.

The research team carried out a search of empirical research papers published in academic journals or by professional organisations or government bodies from January 2000 to June 2020. A standard framework (the Mixed Methods Appraisal Tool) was used to rate the quality of the articles.[6]

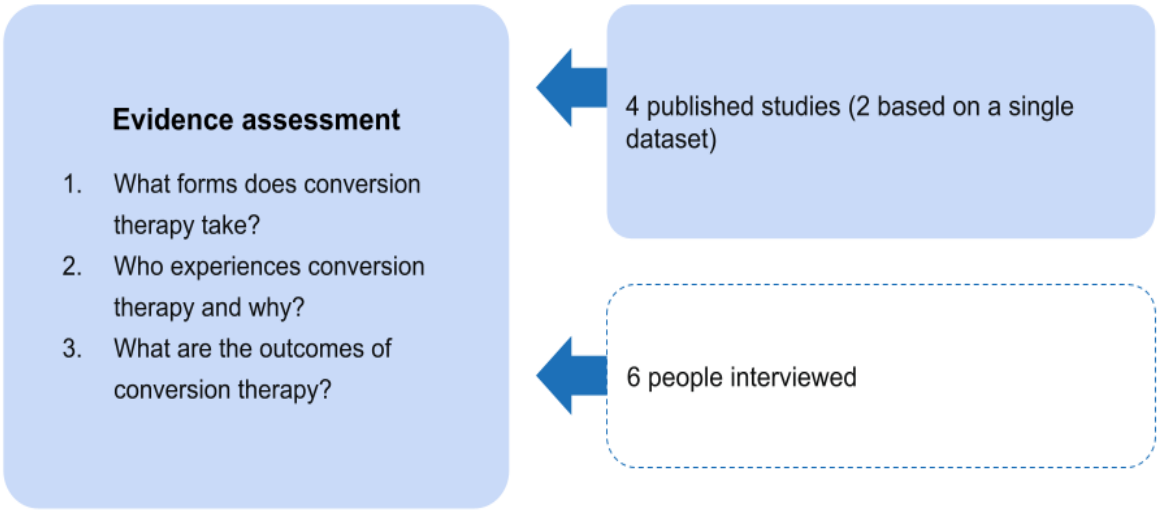
Only five articles were found that specifically addressed "conversion therapy" to change gender identity. Only four of these articles were identified as providing useful evidence for the review. Of these four, two were based on the same underlying dataset. The REA judges these four studies to be "above average quality" while recognising that the conclusions that can be drawn from them are limited.

[6] https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/appendix-2-research-method

In addition, six individuals were interviewed who said they had experienced efforts to change their gender identity. The interviews lasted about an hour each.

This is the entirety of the evidence presented in support of the proposed ban: four articles based on three datasets, and interviews with six individuals.

Figure 2: Overview of the Coventry University evidence



2. Assessing the evidence

2.1 The US National Transgender Survey

Two of the cited articles analysed data from the US Transgender Survey 2015, both produced by the same research team led by Dr Jack Turban.

Turban J L, Beckwith N, Reisner S L, and Keuroghlian, A S (2019). 'Psychological attempts to change a person's gender identity from transgender to cisgender: Estimated prevalence across US States, 2015'. *American Journal of Public Health,* 109(10), 1452-1454. Available at: https://doi.org/10.2105/AJPH.2019.305237

Turban J L, Beckwith N, Reisner S L, and Keuroghlian, A S (2020). 'Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults'. *Jama Psychiatry,* 77(1), 68-76. Available at: https://doi.org/10.1001/jamapsychiatry.2019.2285

The underlying dataset is the 2015 US Transgender Survey which was conducted by US transgender advocacy organisation the National Center for Transgender Equality. This was a "convenience survey" where participants were recruited through organisations, and subjects were asked to "pledge" to promote the survey among friends and family.[7] It yielded a large but unrepresentative sample of 27,715 respondents. The population it captured is skewed towards respondents who are young, non-binary and politically engaged with the transgender movement. Desisters and detransitioners (those who change their mind before, during or after transition) were disqualified from completing the survey.[8]

The population captured by the study was highly distressed: 39% of respondents said they had experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the US population. 40% of respondents have attempted suicide in their lifetime – nearly nine times the attempted suicide rate in the US population.

[7] https://www.ustranssurvey.org/

[8] https://link.springer.com/article/10.1007/s10508-020-01844-2

A single question was asked about what was termed "gender identity conversion experience" (GICE):

> "Did any professional (such as a psychologist, counsellor, or religious advisor) try to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)?"

The headline finding is that survey participants who responded affirmatively to this question (around 14% of the total) tended to report poorer mental health than those who responded negatively to the question.

While the Coventry research team assess this study to be of "above average quality" it has already attracted severe criticism published in an academic journal. Roberto D'Angelo, Ema Syrulnik, Sasha Ayad, Lisa Marchiano, Dianna Theadora Kenny and Patrick Clarke in the *Archives of Sexual Behaviour* (2021) argue that it is compromised by serious methodological flaws, including the use of a biased data sample, reliance on survey questions with poor validity, and the omission of a key control variable, namely subjects' baseline mental health status.[9] They say:

> "While they claim to have found evidence that GICE is associated with psychological distress, what they actually found was that those recalling GICE were more likely to be suffering from serious mental illness. Further, Turban et al's choice to interpret the said association as evidence of harms of GICE disregards the fact that neither the presence nor the direction of causation can be discerned from this study due to its cross-sectional design. In fact, an alternative explanation for the found association – that individuals with poor underlying mental health were less likely to be affirmed by their therapist as transgender – is just as likely, based on the data presented."

They argue that failure to include detransitioned and desisted individuals in research regarding psychological interventions for gender dysphoria is a serious oversight.

> "These individuals, whose transgender identification was transient, may have been hurt by therapies that affirmed them as transgender, and may

[9] https://link.springer.com/article/10.1007/s10508-020-01844-2

> have benefitted from therapies that helped them successfully ameliorate their GD [gender dysphoria]."

D'Angelo et al note that the scoring tool used to assess psychological distress is designed to be predictive of having a diagnosis of schizophrenia, bipolar disorder or other serious mental disorders. Thus any claim of causation implies that exposure to GICE caused serious mental illness, in previously mentally well populations. They conclude:

> "This is a highly speculative and implausible hypothesis, which further challenges their claims."

The Turban paper (2020) is cited several times in the Coventry research.

> **Is this research fairly represented by the Coventry University team?**
> The Turban paper has severe flaws but was judged as "above average". The research review recognises that the study lacks data regarding the degree to which "conversion therapy" occurred (for example, the duration, frequency and forcefulness) or what techniques were used and that it a self-selecting sample.
>
> It is hard to see how they justified scoring this study as above average quality using the scoring framework. (Is the sampling strategy relevant to address the research question? Is the sample representative of the target population? Are the measurements appropriate? Is the risk of nonresponse bias low? Is the statistical analysis appropriate to answer the research question?)
>
> The findings are presented in a way that inflates their perceived validity and the scale of impacts, for example:
>
> *"A growing number of studies are finding that exposure to conversion therapies is associated with multiple indicators of poor health for both sexual orientation and gender identity change efforts (Blosnich and others, 2020, Dehlin and others, 2015, Meanley and others, 2020, Ryan and others, 2018, Salway and others, 2020, Turban and others, 2020)."*
>
> This is misleading. Only the Turban paper relates to gender identity change. There is no "growing number" of papers on gender identity change.

The research review also presents the Turban et al findings alongside those from a study on sexual orientation conversion therapy which finds that those who had gone through this experience were twice as likely to have suicidal thoughts, had 75% increased odds of planning to attempt suicide, 88% increased odds of attempting suicide resulting in minor injury and 67% increased odds of attempting suicide resulting in moderate or severe injury (Blosnich and others, 2020). It goes on to say: "There is also recent evidence that gender identity change efforts are associated with similar negative health outcomes," and outlines the Turban et al (2020) article. In fact that study was based on a much weaker methodology and reports increases in odds that are lower at 44%, 42%, 49%, 62% respectively.

2.2 The video study

The other empirical study cited is one which tested perceptions of different therapies among 400 transgender participants.

Bettergarcia J N and Israel T (2018). 'Therapist reactions to transgender identity exploration: Effects on the therapeutic relationship in an analogue study.' *Psychology of Sexual Orientation and Gender Diversity*, 5(4), 423.

This study shows participants a video clip of a therapy session, played by actors and asks questions about their perceptions.

409 participants were recruited via online lists and Amazon Mechanical Turk. After an initial online survey participants were randomly assigned to view a six-minute video showing actors playing the role of therapist and client showing one of three scenarios:

- **Transition affirming** – the therapist explains the process of transitioning to the client with no details for other options.
- **Non-binary affirming** – the therapist affirms the client's exploration of their gender identity and gender fluidity without assuming the client is interested in transitioning.
- **Non-affirming** – the therapist tries to help the client identify with their sex assigned at birth, for example with statements such as "It sounds like you're really pretty confused about your manhood... Just so you know, I have worked with people who don't feel normal and helped them get in touch with their masculinity again."

After viewing the video, the participants were asked to complete a series of questions which assessed their perception of the therapist such as attractiveness, therapist trustworthiness, expertise, session depth and smoothness.

The study found that there were less positive perceptions of the scene involving actors playing the non-affirming therapist who were judged to be less trustworthy, less of an expert, and less likable, with the session judged as being less smooth, less deep, and less positive.

The study's authors claim:

> "These findings empirically support the various books, articles, recommendations, guidelines, and transgender advocates who voice the importance and need for affirming therapeutic approaches for transgender and gender questioning individuals. These results are important because they show how the therapeutic relationship might be strengthened or harmed when therapists use an affirming versus non-affirming approach with clients who are questioning their gender identity."

Using an online perception survey based on a six-minute fictional video clip to make clinical recommendations about the efficacy of therapeutic approaches is absurd.

> **Is this research fairly represented by the Coventry University team?**
> The Coventry University review assesses this study as "above average".
>
> The study is not cited by the GEO review. It would seem that the authors judge it to be irrelevant to the policy making question in the UK. We agree.

2.3 The systematic review

The final study is a systematic review which is presented as "a robust study of the available evidence on conversion therapy for gender identity, and access to transition-related healthcare in transgender people." However, as Jowett et al note, it is limited by a dearth of studies in this area to review.

Wright T, Candy B, and King M (2018). 'Conversion therapies and access to transition-related healthcare in transgender people: a narrative systematic review'. *BMJ Open*, 8(12), e022425. https://doi.org//10.1136/bmjopen-2018-022425

Wright et al searched databases for work since 1990, identifying 117 papers considered potentially relevant. Most were discarded as not containing evidence but four "psychotherapeutic conversion therapy" studies were identified. Three of these studies cover one individual each, one covers a group of seven. In total ten individuals are covered by these four studies.

Of these only one, from 1997, was UK based. It was a study of just one trans person who was treated for OCD. The other study of note was by one of the leading psychologists specialising in gender dysphoria, Professor Ken Zucker, in which seven children under ten years of age were given open-ended play psychotherapy. The result was that a majority desisted in their cross-sex identities. Wright et al claim this is an example of 'conversion therapy'.

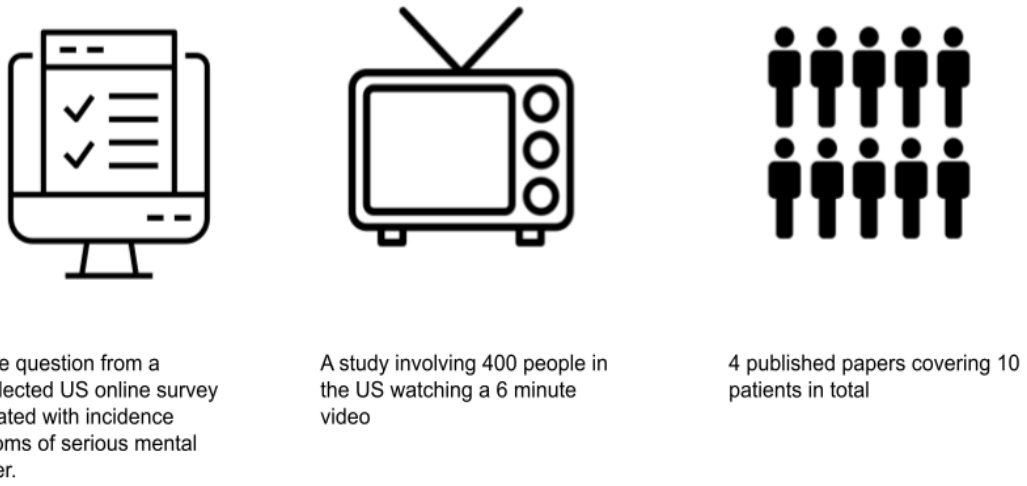
The systematic study concludes "We found limited published evidence on use, nature, structure and/or health consequences of conversion therapies".

Is this research fairly represented by the Coventry University team?
The Coventry review states: "There is very limited evidence about the methods used to change gender identity. A systematic review by Wright, Candy and King (2018) found only four relevant studies. The study concluded that treatment for modifying gender identity and changing sexual orientation appeared to be similar, and that they both adopted psychoanalytic and behavioural techniques."

The Coventry study does not make clear that only ten individuals are covered by the systemic review. The vague, generalised conclusion that treatments in relation to sexual orientation and gender identity "appeared to be similar" is not robust.

This finding is used to underpin the approach taken throughout the rest of the report of grouping sexual orientation and gender identity together and carrying conclusions over from one to the other.

Figure 3: The three datasets



2.4 Are the findings and conclusions of the REA supported?

The overarching report by the Coventry University team summarises the findings from the rapid evidence assessment as:

> Studies relating to conversion therapy for gender identity and transgender participants show that:
>
> - there is no robust evidence that conversion therapy can change gender identity
> - the types of practices used tend to be similar to those for conversion therapy for sexual orientation
> - there was some robust evidence of self-reported harms (such as negative mental health effects like depression and feeling suicidal)
> - there was indicative evidence that transgender respondents were as likely or more likely to be offered and receive conversion therapy than non-transgender respondents

It also states that "there is increasing evidence that attempts to change a person's sexual orientation or gender identity can cause serious harm".

In fact what the REA evidence finds is there is **no robust evidence** of any sort on the impact of "conversion therapy" from these studies ("No studies which examined the effectiveness of conversion therapy aimed at changing gender identity were identified during the search period (2000 to 2020)"). There is **no agreed definition of** "conversion

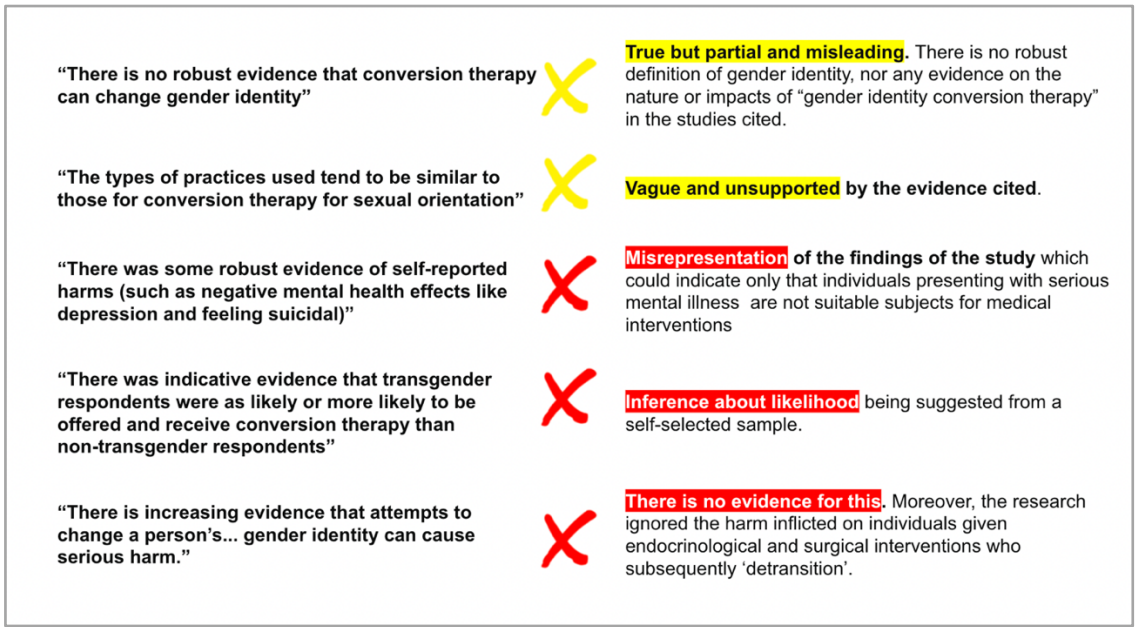
therapy", and no reason to assume that gender identity is stable in children and young adults.

The conclusion that the types of practices tend to be similar for gender identity and sexual orientation is vague and based on four studies covering ten individuals. This is **no basis for pronouncing similarity with therapy designed to change sexual orientation.**

The claim of "self-reported harms" is a **completely unsupported causal inference.**

The statement that "transgender respondents are more likely to be offered and receive conversion therapy than non-transgender respondents" (which is based on the UK Government's LGBT Survey[10]) is not meaningful. Using ***"more likely"*** suggests that the study can be used to infer prevalence in the wider population beyond those who were sampled in the survey. No such inference can be made from the non-representative sample of respondents.

Figure 4: Summary assessment of conclusions



A robust assessment of the paucity of evidence found through this research review suggests that "banning gender identity conversion therapy" is a solution looking for a problem. There is no evidence cited that supports it.

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

2.5 The qualitative interviews

In addition to the review of published studies the Coventry University team carried out individual semi-structured interviews. Four transgender and two non-binary people were interviewed. The report does not say what sex they were. None of the transgender interviewees reported seeking out or requesting conversion therapy or experiencing aversive techniques. All six are reported as having experience of "gender identity conversion efforts" (and three as also experiencing "sexual orientation conversion efforts").

This is the entirety of the relevant description of the evidence from the interviews in the report:

- "Two said psychiatrists treated their gender identities as if they were a symptom of their mental health condition (schizophrenia, PTSD) and four reported feeling pressured to engage in conversion efforts from family or religious leaders."
- "In one case, a young transgender man reported feeling pressured by his grandparents to have conversion therapy with a priest."
- "In the other three cases, they were initially welcomed into a church, but their church leaders began to express disapproval of their gender identity. They encouraged them to have pastoral counselling and eventually placed conditions on their participation in the church."
- "One transgender interviewee was threatened with eviction from the house she was renting from her church if she did not change her gender expression."
- "Aversive techniques were not reported by interviewees. However, one transgender interviewee reported that a priest tried to instil fear by showing them a graphic video of gender reassignment surgery."

Two transgender individuals (both male) are directly quoted in the report:

> "It became clear that they [church leaders] didn't approve of it and I was frequently encouraged to go and listen to talks. They proceeded to arrange for some counselling sessions with one of their pastoral team. I was

> encouraged to part with all my female wardrobe… They said to me that if I wanted to carry on living there, I really had to stop all this silly stuff."
>
> (Transgender woman, heterosexual, 50s, gender identity change efforts)
>
> "We started talking about my family history. The counsellor convinced me that because my mum left and my dad would spend more time with my two sisters… that I was looking for the attention my sisters had and that was the feelings for my gender identity, so they kept pushing that into my head.
>
> "I would hurt myself, I would self-harm."
>
> (Transgender woman, pansexual, 20s, sexual orientation change efforts and gender identity change efforts)

On the basis of this, and parallels with sexual orientation, several conclusions are drawn:

> "Given that conversion therapy is commonly based on inaccurate information about [...] gender identity, there is scope for raising awareness among healthcare professionals and faith groups."
>
> "Evidence that some mental health professionals might mistake minority [...] gender identities as symptoms of existing mental health conditions suggests that health professionals may benefit from training on issues of gender and sexual diversity."

Based on self-reports the study reports that "psychiatrists treated their gender identities as if they were a symptom of their mental health condition" about individuals with serious mental health issues. This finding is followed through into a conclusion that there is "evidence that some mental health professionals might mistake minority [...] gender identities as symptoms of existing mental health conditions". The researchers carrying out one-hour interviews were in no position to determine whether the psychiatrists were mistaken or not.

More broadly, experiences drawn from the larger group of LGB interviewees is often presented as being indicative of "conversion therapy" related to LGB and T. This is not justified.

The reporting of the interviews may not tell us anything generalisable about “gender identity conversion therapy”, but it does tell us about the attitude of the research team. Pronouncing the medical professionals to be mistaken on principle because they considered other causes or course of action than transition is an ideological position based on the doctrine of gender self-identity.

This approach would class any medical professional or therapist not immediately affirming a person’s gender self-identity as the cause of their unease as a “conversion therapist”.

3. A study from inside the gender identity worldview

While it is legitimate for academic researchers to have views on the topics that they study, the Coventry University review is strongly embedded in transgender orthodoxy to the exclusion of other perspectives and principles of evidence. It is not a unbiased review of the evidence, rather it is a view from inside the gender identity worldview.

This is made clear in the glossary which is set out in ideological terms. For example, it defines homosexual as "A term used to describe someone who has an emotional, romantic or sexual attraction towards someone of the same sex or gender" thus including male transgender people attracted to females as homosexual women (lesbians). This is a definition that is disputed.[11]

This may have influenced the selection of interviewees. When the authors advertised on social media for interviewees, dozens of women responded publicly highlighting the experience of lesbians being pressured to accept men who identify as women as sexual partners. None are included in the analysis.[12] Indeed the lead author publicly stated that he complained to the BBC when it reported on this issue.[13]

Given its definitions the Coventry study would presumably exclude a lesbian being pressurised to have sex with a male transgender person (a "transwoman") from its definition of "conversion therapy" on the basis that the trans person self-identifies as a lesbian.

The paper is partial in the references it draws from. The overarching report includes an appendix of references. Gender identity orthodoxy is represented by sources such as Stonewall, *Teen Vogue* and the UN rapporteur Victor Madrigal Borloz. No sources present alternative ("gender critical") views.[14] The paper ignores research describing the new phenomenon of "rapid onset gender dysphoria"[15] or emphasizing the lack of robust evidence to support puberty suppression.

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[11] https://www.bbc.co.uk/news/uk-england-57853385
[12] https://twitter.com/DrAdamJowett/status/1137318304270495744
[13] https://twitter.com/DrAdamJowett/status/1453279038236209163
[14] https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/appendix-4-references
[15] Littman, L. 'Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria.' PLOS One, 2018, https://doi.org/10.1371/journal.pone.0202330

We provide a selection of relevant analytical works which might have been considered as an appendix to this report. Was this literature rejected because of the circular reasoning that it was produced by people judged to be proponents of harmful conversion therapy?

The study proceeds from the assumption that everything captured by its wide definition of "conversion therapy" must be a bad thing, and that the only question is whether it can be banned.

While the overarching report notes that there is relatively little evidence on gender identity change efforts, it states only that "further research could specifically examine transgender people's experience of conversion therapies and the forms it takes. Additional research **on the harmful effects of gender identity change efforts** would also be useful." The reports make no mention of detransition or desisistance.

On the question of other countries legislation, the researchers do not distinguish between sexual orientation and gender identity, eliding them together with the statement

> Many legal measures used to restrict conversion therapy appear to apply to both sexual orientation and gender identity change efforts. Some jurisdictions initially brought in measures that applied only to sexual orientation change efforts, and later extended them to include gender identity change efforts.

No analysis or data is provided to back up these statements about "many" and "some"

By framing the question as being about "conversion therapy", the authors focus on a handful of weak studies as the only available evidence on the topic, and avoid nuance.

As D'Angelo et al say about the Turban (2020) paper that is the centrepiece of Coventry University's evidence, this approach is actively harmful:

> "Arguably, even more problematic than the flawed analysis itself is the simplistic 'affirmation' versus 'conversion' binary, which permeates Turban et al's (2020) narrative and establishes the foundation for their analysis and conclusions. The notion that all therapy interventions for [gender dysphoria] can be categorically classified into this simplistic binary betrays a misunderstanding of the complexity of psychotherapy. At best, this blunt

classification overlooks a wide range of ethical and essential forms of agenda-free psychotherapy that do not fit into such a binary; at worst, it effectively mis-categorizes ethical psychotherapies that do not fit the “affirmation” descriptor as conversion therapies. Stigmatizing non-”affirmative” psychotherapy for GD as “conversion” will reduce access to treatment alternatives for patients seeking non-biomedical solutions to their distress.”

4. Conclusion

The Coventry report set out to show that what it terms "gender identity conversion therapy" as similar to religiously motivated or attempts to "pray the gay away".

> "The boundaries between religious and psychological approaches are often unclear with many combining the two in a way that could be described as pseudo-scientific."

But it could not find robust evidence to back this up.

Instead what it demonstrates in practice is that the framework of "conversion therapy" is ill suited to understanding the complexity of questions concerning the treatment of people with gender dysphoria, particularly children, young people and other vulnerable people.

In contrast, the ongoing *Cass Review on Gender Identity Services for Children and Young People* is taking an approach without pre-determined outcomes. It is also undertaking a much more intensive study which is also includes a literature review, assessment of quantitative evidence and qualitative interviews.

The Cass Review is considering questions around clinical models and clinical management approaches, including the best clinical approach for individuals with other complex presentations, the benefits, risks, harms and effects of puberty blockers and the reasons for the increase in referrals of children, particularly girls.[16] The Coventry Studies make no mention of the Cass Review, nor the issues raised in the Bell v Tavistock case concerning the capacity of children to consent to puberty-blocking medication.[17] Permission has been sought for further appeal in this case.

The proposed legislation would shortcut the work of the Cass Review and use criminal law to address the question of how best to treat children with gender dysphoria. It would define the concept of gender identity for the first time in primary legislation, despite this being an area of great uncertainty and contestation.

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[16] https://cass.independent-review.uk/

[17] https://www.transparencyproject.org.uk/bell-v-tavistock-court-of-appeal-judgment-an-explainer/

Based on our rapid review of the Coventry Studies we conclude:

1. **The studies present no robust evidence that supports the call for banning or criminalising "conversion therapy" in relation to transgender identity.** The concept and practice remains underspecified and ill-defined and there is no evidence of harm.
2. **Writing the simplistic "affirmation" versus "conversion" binary into criminal and civil law risks doing harm to children and parents, to therapists and other professionals, and to the relationship between them,** without any evidence of the harm it purports to be addressing.
3. **Rushing through any legislation concerning the treatment of children presenting with gender dysphoria before the outcome of the Cass Review is released would be irresponsible and counterproductive to evidence-based policy making.**

Finally, we note with concern that the Government Equalities Office commissioned this piece of work which was clearly based on articulating an ideological framework rather than undertaking an unbiased assessment of evidence. They then held it for four months before releasing it just in time for a rushed six-week consultation on unprecedented new legislation.

Appendix: Relevant literature that was not considered

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