

## **Consultation on banning conversion therapy. Thoughtful Therapists Response.**

### **Views on banning conversion therapy**

Do you agree or disagree that the government should intervene to end conversion therapy in principle?

*Somewhat agree*

Why do you think this? Please explain the reasons for your answer:

*We consider that there is a need to define 'conversion therapy'. Attempts to convert or to impose a therapists view onto a client is unethical, and the phrase 'conversion therapy' is a misnomer. We consider that the phrase 'conversion practice' should be used instead of 'conversion therapy'.*

*There is also a need to define the following terms:*

- *sexual orientation;*
- *gender identity;*
- *gender dysphoria;*
- *transition and transitioning;*
- *affirmative model of care;*
- *physical conversion therapy;*
- *talking conversion therapy;*
- *exploratory therapy.*

*We agree in part with the proposals to end conversion therapy for the following reasons:*

- *We agree that conversion therapy for sexual orientation has no part in therapeutic practice and we are in support of such a ban. We note that most of the evidence for conversion practices is historical and mainly in religious settings.*
- *We need a ban on practices that encourage children and vulnerable adults to medically and surgically transition without first undergoing exploratory therapy to ensure this is the correct pathway. We consider that inappropriate medical and surgical transition ( including prescribing puberty blockers and cross-sex hormones) is a form of conversion therapy. It is seeking to convert the physical body from male to female and vice versa.*
- *We need a ban on practices that encourage children and vulnerable adults exploring their sexual identity to consider themselves to be trans rather than same-sex attracted or bi-sexual. This is known colloquially as "transing the gay away".*

*We disagree in part with the proposals to end conversion therapy for the following*

reasons:

- *We are concerned with the inclusion of gender identity in the ban. Sexual orientation and gender identity are two very different things. Many people believe in the existence of gender identity with no issues. The problems arise when a person feels strongly that their inner identity does not match their physical body. In this case, the person needs space to explore their identity and to understand the underlying reasons for their distress. Relieving the distress may include medical and surgical transition but, in many cases, the appropriate way forward is to reconcile the inner feelings with the physical body.*
- *Our concern is that by classing exploratory therapies that seek to foster understanding and reconciliation between the mind and the body as conversion therapy, children and vulnerable adults will be sent down a pathway (transition) that is not appropriate.*

*We suggest the proposals and legislation should include the following points:*

- *Ensure the therapeutic space to allow children and vulnerable adults to explore their sexuality and gender identity is explicitly permitted.*
- *Exclude exploratory therapy from any definition of conversion therapy. We see no attempt in the proposals to properly define and protect exploratory therapy for children and vulnerable adults.*
- *Explicitly state that assisting a person to reconcile their inner identities with their bodies is not conversion therapy;*
- *The legislation must acknowledge that any therapeutic approach founded **only** in the 'affirmation only' or the 'affirmation towards transitioning' models is considered to be conversion therapy;*
- *Gender dysphoria must be treated in the same manner as any other health condition. A diagnosis of gender dysphoria must be a precondition before the medical or surgical pathway can be followed.*

### **Targeting physical conversion therapy**

To what extent do you support, or not support, the Governments proposal for addressing physical acts of conversion therapy?

*Support*

Why do you think this? Please explain the reasons for your answer:

*Without a definition of physical conversion therapy, we consider this to mean practices that involve physical actions such as hitting, applying electric shocks, dousing with ice water, starvation, exorcism etc. These are all practices that have been reported, usually in a religious context and are currently unlawful.*

*We note that the proposals do not create a new offence as such. The intention of the proposals is to have physical acts of conversion therapy considered as an aggravating factor in a case for assault. We fully support the proposals in this context.*

*We would like the GEO to consider that prescribing hormones and carrying out surgery on children and vulnerable adults suffering from gender dysphoria constitutes physical conversion therapy. As stated above, we consider that encouraging children and vulnerable adults to pursue the transition pathway (hormones and surgery) without being offered exploratory therapy and the chance to reconcile their inner distress with their physical bodies to be a form of conversion therapy.*

### **Targeting talking conversion therapy**

The Government considers that delivering talking therapy with the intention of changing a person's sexual orientation or changing them from being transgender or to being transgender either to someone who is under 18, or to someone who is 18 or over and who has not consented or lacks the capacity to do so should be considered a criminal offence. The consultation document describes proposals to introduce new criminal law that will capture this. How far do you agree or disagree with this?

*Somewhat agree*

How far do you agree or disagree with the penalties being proposed?

*Neither agree nor disagree*

Do you think the proposals miss anything?

*Yes*

If yes, can you tell us what you think we have missed? Please explain the reasons for your answer:

*The proposals do not define conversion therapy and there is a very real danger that, unless the ban is carefully worded, exploratory therapy will be considered to be conversion therapy and fall within the remit of the proposed ban. If this were to happen, we could see therapists carrying out exploratory therapy being accused of conversion therapy and being placed in prison. We consider this to be a regressive and pernicious idea.*

*We are also concerned about the emphasis on those who are questioning as opposed to those who are insistent about their gender identity and the need to transition. The proposals refer to "those who may be questioning". As clinicians, it is our experience that many children have spent many hours online self-diagnosing and being affirmed by online groups. These children and teenagers come to the therapy room convinced they are trans and not their birth sex. This means that they are not "questioning" and a*

*reliance on the phrase "those who may be questioning" would prevent therapists from adopting an open exploratory approach for fear of being accused of conversion therapy. The caveat of "questioning" is used by the signatories to the Memorandum of Understanding on Conversion Therapy (MoU) to promote the affirmative model as the only model that may be used by therapists when dealing with children who are insistent that their gender identity is at odds with their birth sex, and are distressed as a result.*

*We suggest that the proposal should be reworded (**suggested change in bold**) to:*

- the ban will complement the existing clinical regulatory framework and not override the independence of clinicians to support: a) those who may be questioning if they are LGB, and **b) those with gender dysphoria who are considering transition, in line with professional obligations***

*Many therapists already consider that working with gender dysphoric children is too difficult and leaves them open to abuse by the pro-transgender lobby. We are aware of counsellors who have expressed a fear of being accused of conversion therapy and transphobia if they do not follow the affirmative approach encouraged by the pro-trans lobby. Many therapists regard affirmation (not confirmation) as important but not sufficient when working with clients, especially those who are considering permanent life altering medical and surgical transitions.*

*We feel strongly that combining lesbian, gay and bisexual (LGB) sexual orientations with transgender (T) identification is a mistake. These categories are different phenomena, and we feel that it makes no sense to combine them in this Bill. LGB refers to sexual orientation which is a stable trait that does not require medical or surgical intervention. LGB sexual orientations have also been shown to be impervious to conversion therapy and do not change with age or with the development of cognitive conditions such as dementia. In contrast, there is some evidence that individuals suffering from dementia may forget they have transitioned. (Reference: <https://www.alzheimers.org.uk/get-support/help-dementia-care/lgbtq-dementia-memory-problems>) This is an area that needs more research.*

*The T refers to those individuals who feel that their identity and preferences are not typical for the sex class within the society in which they live. For some, this mismatch causes great distress. There are many factors that may contribute to this type of sex role distress including but not restricted to trauma, internalized homophobia and other mental health issues. The internal sense of self and of which sex class their personality corresponds to is open to outside influence and changes with experience and maturity. This is especially notable in children and teenagers going through puberty. In addition, the adoption of a T identity may involve medical intervention including life-long medicalisation and surgeries with as yet unknown long-term consequences.*

*Research has shown that children struggling with gender dysphoria who are supported and not subjected to social transition will desist during puberty in about 80% of cases.*

*However, children who are allowed to socially transition are more likely to persist in their belief, and their perception of themselves as being of the opposite sex will become stronger. In addition to those seeking to transition, there appears to be an increasing number of those seeking to either desist or to detransition back to their birth sex. Although research is limited in this area, the growth of online platforms such as Reddit and the sub-Reddit platforms (23,000 on the sub-Reddit detransitioner platform alone) shows that many people are looking for support. Desistors and detransitioners are also making video blogs (vlogs) showing their experience of medical, psychological and physical harm leading to regret. Some of these stories are chilling. There is also a clear call from desistors and detransitioners for more exploratory or non-affirmative approaches to be made available.*

*A booklet has been written by the detransition support group 'Post Trans'. The following quotes have been taken from this booklet which can be found here: <https://post-trans.com/Detransition-Booklet>*

*'I wish I had had more mental health support and therapy, and that I had been asked gently searching questions about why I felt and believed certain things, not with any negative intent to make me "not trans", but with a positive intent for us both to make sure I wanted to alter my body and social role for healthy reasons.'* Female detransitioner, 39

*'I'm so tired of therapists encouraging me to retransition or saying that I must've been bullied into detransition. That's all wrong. I transitioned to escape my reality as a woman and an abuse survivor. People in the psychological field need to acknowledge that and realise that siding with the most progressive affirmative take is actually super damaging.'* Female detransitioner, 30

*Vandenbussche (2021) found similar results in terms of detransitioners. The feeling is that they have been let down by the mental health field neglecting to explore underlying reasons for their distress. The neglect may arise from a commitment to an overt affirmative approach and the consequent view of exploratory therapy as a form of conversion therapy. The following quotes are from the Vandenbussche, E (2021) Detransition-related needs and support: A cross-sectional online survey. *Journal of Homosexuality*. <https://doi.org/10.1111/1468-5922.12641>*

*"It is very hard to find a therapist who won't tell you it's 'internalized transphobia' or that dealing with dysphoria in other ways is 'conversion therapy'."*

*"I was doubtful that transition would help my dysphoria before beginning and was assured by multiple professionals that transition was The Solution and proven to work for everyone with dysphoria. A 'gender specialist' therapist flat-out told me that transitioning was the only method of reducing dysphoria that worked when I expressed my desperation for an alternate solution."*

*The proposals state "Whilst the exact prevalence of conversion therapy is challenging to establish, it is the view of the government that one incident of conversion therapy is one*

*too many". Our hope is that it is also the government's view that one damaged detransitioner, who has been encouraged by clinicians, lobby groups and the wider culture to subject themselves to medical and surgical transition is also considered one too many.*

*The Royal Australian and New Zealand College of Psychiatrists have issued new guidance including the following points:*

*"Comprehensive assessment is crucial. Assessment and treatment should be evidence-informed, fully explore the patient's gender identity, the context in which this has arisen, other features of mental illness and a thorough assessment of personal and family history. This should lead to a formulation. The assessment will be always responsive to and supportive of the person's needs.*

*Gender Dysphoria is an emerging field of research and, at present, there is a paucity of evidence. Better evidence in relation to outcomes, especially for children and adolescents is required."*

*The National Association of Practising Psychiatrists (NAPP) based in Australia has published similar guidance:*

*"Individualised psychosocial interventions (e.g., psychoeducation, individual therapy, school-home liaison, family therapy) should be first-line treatments for young people with gender dysphoria/incongruence. Exploratory psychotherapy should be offered to all gender-questioning young people to identify the many potential sources of distress in their lives in addition to their gender concerns. Clinicians can apply a range of psychological interventions (e.g., supportive psychotherapy, CBT, dynamic psychotherapy, and family therapy) to assist the young person clarify and resolve these contributory factors. Such approaches are consistent with established principles of comprehensive, systemic youth health care. They should be undertaken before experimental puberty-blocking drugs and other medical interventions (e.g., cross-sex hormones, sex reassignment surgery) are considered."*

*We feel that the proposals are rushed and that it would be beneficial for the GEO to wait for the Cass Review to report before moving ahead. This is especially so as treatment for gender dysphoria is a rapidly evolving area of medicine and psychotherapy with profound implications. We feel it is unwise for the government to define transgenerism in policy and law as being equivalent to sexual orientation and prevent any approach that involves questioning by therapists.*

*The proposals need to make a clear distinction between therapy to help children and vulnerable adults suffering from gender dysphoria and conversion therapy. Being helped to live with your body must be explicitly excluded from any definition of conversion therapy.*

*The proposals need to acknowledge that therapy can be a complex process. It is a subtle,*

*informed, thoughtful conversation acknowledging the unconscious.*

*For more peer reviewed research into this area, please go to: <https://www.statsforgender.org/> This is a website run by Genspect.*

*There is a wealth of peer reviewed articles in reputable publications available from this website providing much valuable information.*

*In addition to the specific areas relating to affirmation and exploratory therapy mentioned above, we also consider that the following area needs further consideration:*

- *Pressure placed on same-sex attracted individuals to take sexual partners of the opposite sex who identify as trans individuals. Promoting gender identity instead of sex has led to accusations by lesbians of being told they are transphobic because they are not attracted to trans women with male genitalia. Being pressured into having sex with a man identifying as a woman is very close to a modern version of corrective rape. Stonewall has redefined a homosexual as someone who is same gender attracted, not same sex attracted. This redefinition legitimises manipulation, bullying and coercion of same sex attracted people into heterosexual situations. Any definition within the Bill must make sure that homosexual means same sex attracted and resist any attempts to promote gender identity over physical sex.*

### **Restricting the promotion of conversion therapy**

The Government considers that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion therapy. How far do you agree or disagree with this?

*Neither agree nor disagree*

Why do you think this? Please explain the reasons for your answer:

*We consider that the proposals do not explain:*

- *how the law will distinguish between promotion and explanation or description of conversion therapy;*
- *what constitutes conversion therapy e.g. will a programme looking at the serious side effects of life-long hormones and reassignment surgery (endocrine imbalance, infection, poor cosmetic outcome, uterine atrophy, lower bone mass) be considered a form of conversion therapy? If so, would such a programme be banned?*

*We also feel that the proposals need to look at the totality of programming, not at individual programmes as such. Our concern is that programmes that celebrate trans*

*identities and trans lifestyles without any mention of long term health and mental health issues are promoting a potentially damaging treatment and should themselves be considered a form of conversion therapy.*

Do you know of any examples of broadcasting that you consider to be endorsing or promoting conversion therapy?

*No*

If yes, can you tell us what these examples are?

The Government considers that the existing codes set out by the Advertising Standards Authority and the Committees of Advertising Practice already prohibits the advertisement of conversion therapy. How far do you agree or disagree with this?

*Somewhat agree*

Do you know of any examples of advertisements that yo consider to be endorsing or promoting conversion therapy?

*No*

If yes, can you tell us what these examples are?

### **Protecting people from conversion therapy overseas**

The consultation document describes proposals to introduce conversion therapy protection orders to tackle a gap in provision for victims of the practice. To what extent do you agree or disagree that there is a gap in provision for victims of conversion therapy?

To what extent do you agree or disagree with our proposals for addressing this gap we have identified?

*Somewhat agree*

Why do you think this? Please provide the reasons for your answer:

### **Ensuring charities do not support conversion therapy**

Charity trustees are the people who are responsible for governing a charity and directing how it is managed and run. The consultation document describes proposals whereby anyone found guilty of carrying out conversion therapy will have the case against them for being disqualified from serving as a trustee at any charity strengthened. To what extent do you agree or disagree with this proposal?



*Strongly agree*

Why do you think this? Please explain the reasons for your answer:

*We consider that some charities such as Stonewall and Mermaids, overstep their remit to campaign for trans rights and actively promote a trans lifestyle without consideration of the potential harms. That they actively work to prevent exploratory therapy and advocate for an affirmative only model of care that encourages children and vulnerable adults down the transition pathway. We consider this to be a form of conversion therapy.*

*This is evidenced by the increasing number of desistors and detransitioners i.e. individuals who have either partially or fully transitioned and who are now attempting to move back to their original birth sex. Whilst the rate of transition regret is poorly researched, in part because of active opposition to funding such research, and the appalling non-existence of a properly conducted follow-up of those undergoing transition, the existence of approximately 23,000 detransitioners and their supporters on a sub-Reddit account makes for sobering consideration.*

*For more peer reviewed research into detransition and desistance, go to <https://www.statsforgender.org/>*

### **Recognition by authorities of conversion therapy as a problem**

To what extent do you agree or disagree that the following organisations are providing adequate protection against people who might already be carrying out conversion therapy?

*Neither agree nor disagree*

Police;

Crown Prosecution Service;

Other statutory service.

Why do you think this? Please explain the reasons for your answer:

*We are an organisation concerned with preserving the therapeutic space. We do not have any knowledge of the policies and actions that the Police, the CPS or any other statutory service are taking.*

To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy?

*Prefer not to say*

Police;  
CPS;  
Other statutory services

Why do you think this?

*We are an organisation concerned with preserving the therapeutic space. We do not have any knowledge of the policies and actions that the Police, the CPS or any other statutory service are taking.*

Do you think that these services can do more to support victims of conversion therapy?

*Prefer not to say*

If yes, what more do you think they can do?

### **Economic appraisal**

Do you have any evidence on the economic or financial costs or benefits of any of the proposals set out in the consultation?

*No*

If yes, please can you provide us with details of this evidence, including where possible, any references to publications

### **Equalities impacts appraisal**

There is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act 2010. Do you have any evidence of the equalities impacts of any proposals set out in the consultation?

*No*

If yes, can you provide us with details of this evidence, including where possible, any references to publications.