



Conversion Therapy consultation response

December 2021

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

Merched Cymru welcome the UK Government's intention to ban 'conversion therapy' for lesbian, gay and bisexual people. Sexual orientation is a protected characteristic under the Equality Act; LGB people should not be pressurised in to heterosexuality.

However, the inclusion of 'transgender identity' in the draft bill is concerning for a number of reasons.

- The definition of transgender identity is constantly mutating, unverifiable, and contested. It has no biological, scientific or medical basis. Such a nebulous concept cannot be the basis for good law.
- If an affirmation-only approach is required by law, clinicians will be prevented from exploring the underlying causes of the dysphoria and obliged to immediately accept the patient's self-diagnosis. Clinicians, parents, and detransitioners increasingly attest to the 'climate of fear' already created by the MoU; if passed, this legislation will further undermine the availability of ethical therapy for vulnerable children and young people.
- Of particular concern is the increasing evidence that many children and young people who identify as 'trans' are in fact lesbian, gay or bisexual. There is a risk that this legislation - aided by the homophobia and lesbophobia in our society - will promote their 'conversion' to a trans identity and lifelong medication.

We recommend that two, separate pieces of legislation are brought forward, with appropriate evidence and clearly defined categories; one for sexual orientation and one for gender identity. This elision is inappropriate and potentially harmful.

1. To what extent do you support, or not support, the Government's proposal for addressing physical acts of conversion therapy?

It is difficult to answer this question due to the conflation of sexual orientation and transgender identity in the draft legislation, and the ambiguity and confusion resulting from that.

We agree that physical acts of conversion therapy are abhorrent. However, we are not convinced that additional legislation is needed in this regard. Such acts are already illegal in the UK, and hate crime legislation (in relation to sexual orientation or transgender identity) can be utilised as an aggravating factor in such cases.

We accept that the proposed legislation could help to emphasise the illegality of physical acts. This is not a straightforward issue however. Increasing numbers of detransitioners point to the fact that the treatment they received - immediate affirmation followed by puberty blockers (which impact on bone density and growth of secondary sex characteristics), cross-sex hormones (with irreversible, life-long health impacts, including possible sterility and loss of sexual function), and subsequent surgery - is a particularly brutal form of physical conversion therapy.

The separation of the two aspects of the proposed legislation - sexual orientation and gender identity - would allow for a more focused, evidence-based consideration of each.

2. 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 a new criminal law to this end. How far do you agree or disagree with this?

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

4. Do you think that these proposals miss anything?

This proposal is utterly chilling with regard to children and young people who are identifying as transgender.

If passed, it would have a disastrous impact on clinicians' ability to provide compassionate, ethical and expert care to those young people. No exploration of the underlying causes of their belief that they are 'born in the wrong body' would be allowed once they asserted their self-diagnosis of gender dysphoria. This is in spite of the fact that a majority of young people identifying as transgender have co-morbidities - autism, trauma, a history of sexual or physical abuse, depression, anorexia, incidents of self-harming. Many are LGB and dealing with homophobia and lesbophobia in their home environment and wider society.

Transitioning is seen by many as the 'golden bullet' - the single act that will solve all those problems. They are not 'questioning', they are 100% sure of their self-diagnosis.

In no other area of physical or mental health does the patient's diagnosis take precedence over that of the professional. The protection and safeguarding of these vulnerable young people should surely be the core purpose of this legislation.

Yet, if this proposal stands, the legislation will have the opposite effect. In addition, it would intensify the existing 'climate of fear' which is leading professionals to immediately affirm gender non-conforming young people as trans, with potentially disastrous consequences for their health, well-being and future sexual lives.

There are similar issues for parents, teachers, and social workers. All need to be addressed by this legislation. A parent or person working with young people who does not believe in 'gender identity' or that people can be 'born in the wrong body' (and there is no evidence - medical, biological, or scientific to suggest that these concepts are factual) must have the right to not lie, to not affirm, without this being a criminal act.

5. 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?

'Conversion therapy' has no single accepted definition: the contested Stonewall definition has been accepted by the many organisations - including the BBC and Ofcom - who have been or are members of their diversity scheme. This means that impartial and/or factual broadcasting is not assured by the Code.

For example, the Code prohibits the broadcasting of material that could 'impair the physical, mental or moral development' of under 18s. Transition risks doing just that and yet is frequently presented as an unproblematic and progressive solution to children exhibiting symptoms of gender dysphoria. These can include playing with the 'wrong' toys, or liking the 'wrong' clothes.

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

There are many - both those aimed at adults and at children. Examples are: Butterfly (ITV), I am Leo (CBBC), 100 Genders (BBC Teach), and Transitioning Teens (BBC 3).

The BBC's output has been particularly worrying in this regard, particularly in relation to their promotion of the idea that stereotypical notions of gender serve to define a child's trans identity. Boys playing with Barbie dolls, or enjoying dressing up as princesses for example, are presented as trans, even in programmes aimed at young children.

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

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

Lush is currently promoting chest binders for girls, with the suggestion that their purchase can be kept a secret from parents. Binders cause a range of health problems including breathing difficulties, dizziness and fractured ribs.

A plethora of internet sites promote 'packers' for very young female children to give the appearance of male genitalia.

In 2020, Starbucks 'WhatsYourName' campaign raised £100,000 for the Mermaids charity. This charity strongly promotes the idea that gender non-conforming children - particularly those who like to dress in clothes associated with the opposite sex, or play with toys that are targeted at the opposite sex - are actually transgender.

9. 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 the provision for victims of conversion therapy?

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

As above, the lack of a clear definition of Conversion Therapy, and the elision of sexual orientation and gender identity in this draft bill, make this question difficult to answer.

As far as we are aware there is no evidence of children being taken to another country to prevent them being transgender.

There is, however, evidence that children have been taken abroad to access surgery, and evidence that puberty blockers and cross-sex hormones are routinely sourced from other countries via the internet. Arguably this is a form of conversion therapy. 74% of teenagers referred to the Tavistock are female; under 10% of those describe themselves as heterosexual. The treatment they receive - affirmation, puberty blockers, cross-sex hormones - will 'trans away the gay'.

It is reasonable to assume that similar statistics will apply in the case of young people accessing treatment on line or abroad.

The major, and disturbing, gap in this legislation is in the lack of consideration of the primary victims of conversion therapy in the UK - detransitioners. There is nothing in this bill that will address this serious and growing problem.

11. 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 approach?

As previously, the lack of an unambiguous definition of Conversion Therapy, and the elision of sexual orientation and gender identity, makes it difficult to answer this question.

The Charity Commission is already empowered to remove charities from the register if they act illegally. Without a clear legal definition of Conversion Therapy, individuals who promote a 'watchful waiting' approach, or who do not accept the concept of an inner gender identity, could be the target of malicious or ideologically-motivated complaints.

12. To what extent do you agree or disagree that the following organisations are providing adequate action against people who might already be carrying out conversion therapy? Police; Crown Prosecution Service; Other statutory services.

Both the Crown Prosecution Service and a majority of police forces are members or former members of the Stonewall diversity scheme. Their membership means that they are partial on the issue of gender identity and supportive of Stonewall's campaign to mandate an 'affirmation only' approach to children and young people identifying as trans.

Until and unless they fully disengage from Stonewall, and demonstrate genuine impartiality on this issue, they cannot be trusted to provide 'adequate action' or, indeed, to know what that might mean in practice.

The 'other statutory services' question is too generalised to answer, particularly give the lack of definition of key terms.

13. To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy? Police; Crown Prosecution Service; Other statutory services.

We do not have research evidence available in the case of the police or CPS so can only go on media reports. These suggest that the influence of Stonewall has created a bias which has impacted negatively on service response.

In relation to 'other statutory services' our major concern is with the NHS.

Problems include:

- widespread acceptance of Stonewall definitions of conversion therapy, gender identity, and transgender;
- an uncritical use of the 'affirmation' approach;
- the silencing of critics within and beyond the organisation;
- the lack of services for detransitioners - the most obvious victims of conversion therapy.

The lack of services for detransitioners is a gap that urgently needs to be addressed.

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

Support for victims should be a matter for professional clinicians and therapists only. The police, CPS, teachers, social workers are not qualified in this regard and are likely to do more harm than good.

The most urgent need is therapeutic and medical provision for detransitioners - the forgotten and often vilified victims of conversion therapy.

We also need more and better research in to gender dysphoria, the sudden and unexpected prevalence of young women who wish to transition, the relationship between gender identity and co-morbidities such as autism, mental health issues and sexual trauma, and between homophobia & lesbophobia and transitioning.

We also need clear evidence of the short and long-term impact of affirmation, puberty blockers, cross-sex hormones and surgery on young people with gender dysphoria.

15. 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?

We urgently need an open and impartial Equalities Impact Assessment to be carried out in relation to these proposals, particularly with regard to gender identity. There are potential, negative impacts for those with the protected characteristics of sexual orientation, disability, sex and age.

Sexual orientation. There is evidence that young people who are lesbian, bisexual and gay are already being negatively impacted by the affirmation model which encourages them to reject their sexual orientation and identify as trans. The fact that a significant majority of young people referred to the Tavistock state that they are same-sex or both-sex attracted, and evidence from former clinicians such as David Bell suggests that homophobia (external and/or internalised) is frequently the driving force behind a desire to transition.

Disability. Similarly, a disproportionately large percentage of gender non-conforming children and young people referred for treatment at the Tavistock, are autistic or otherwise neuro-divergent. They are particularly vulnerable in these circumstances, and, once they have fixed on this 'solution', particularly unlikely to be open to questioning their decision or exploring alternatives.

Sex. The exponential rise in young women seeking to 'change' their sex (an over 4000% increase over a 10-year period) should also give rise to concerns. It is perhaps no surprise that girls and young women should wish to opt out of a role which leads to constant objectification, sexual harassment and abuse, and sex-based violence. Lisa Littman's research in to Rapid Onset Gender Dysphoria provides a useful starting point for a consideration of this phenomenon.

Age. The extent to which younger and younger children are being caught up in this ideology, and persuaded by peers, teachers, parents, books, and online and mainstream media that they are not the sex they were born as, is a potential catastrophe. A teenager realising that they are lesbian, gay or bisexual can be faced with social and cultural pressures but they are not pathologised and not required to damage their healthy bodies. A child who comes to believe that they are trans is at grave risk of becoming a life-long patient, taking drugs which are not fully tested in this context and which have serious side-effects. They also risk sterility and loss of sexual function.

In addition, therapists, health professionals, teachers, social workers, and parents who do not believe in the concept of gender identity, are protected under the characteristic of **religion or belief** (see Maya Forstater case). This draft legislation would appear to be in direct conflict with the Equality Act provisions in this regard.



Merched Cymru

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