Protecting therapy for gender-distressed young people

Parliamentary Briefing

The Government has decided to introduce a law banning "gay conversion therapy'", but following consultation decided **not** to introduce a law criminalising therapy in relation to "gender identity".

This is the right decision. Criminal legislation on gender-identity therapy would create a chilling effect on ordinary exploratory therapy of the sort that is crucial for children and young people experiencing mental distress.

On Monday 13th June 2022 there will be a Westminster Hall debate where the issue will be raised again.

What is in the proposed legislation?

1. **A "conversion therapy" aggravator**. Similar to the hate-crime aggravator, this would be applied to existing violent offences such as assault or rape.
2. **A new criminal offence of delivering "talking conversion therapy"** to persons under 18, or with coercion or lack of capacity to consent.
3. **Protection orders.** This could include removing a child's passport or requiring that a person stay a certain distance away.
4. **Influencing the charity sector and education.** The government plans to "ensure charities don't support conversion therapy".

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Summary: reasons why gender identity should not be added to the bill

Proponents of the ban argue that an undefined set of practices with the intention of changing someone "from being transgender" should be criminalised.

This is **not based on evidence of a problem**, but on an ideological viewpoint children can be "born in the wrong body" and know this with certainty from an early age.

In contrast, **Dr Hilary Cass's Interim Report** on NHS treatment for children experiencing gender distress has found:

> "a lack of agreement, and in many instances a lack of open discussion about the extent to which gender incongruence in childhood and adolescence can be an inherent and immutable phenomenon for which transition is the best option for the individual, or a more fluid and temporal response to a range of developmental, social and psychological factors".

Research by Sex Matters has found that **79% of secondary teachers** now have at least one trans-identifying child in their school. This is unprecedented, and is certainly not a sign of a need for a new criminal law that would make it harder for these children to access exploratory therapy.

The reasons why gender identity should not be added to the bill are:

1. **There is no evidence of existing abusive practice.** Existing criminal law already outlaws abuse and physical harm, as well as child cruelty, neglect and violence.
2. **Childhood transition is a complex medical issue not a simple equality issue.** The Cass Review is looking at the evidence, and how best to support these children experiencing gender dysphoria.
3. **Legitimate therapists, parents and others would be captured by the law,** ultimately harming children who need support.
4. **The legislation risks creating a "chilling effect" on research, debate and therapy.** This new legislation will be used to criminalise dissent with gender ideology.
5. **The law would effectively remove medical gatekeeping from legal gender recognition, amounting to self-ID by the back door.**

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The lack of evidence of abusive practice

- The only evidence that is routinely cited for including gender identity in a ban on therapy is the **government's LGBT survey**, in which 4% of trans people said they had experienced conversion therapy. This survey does not provide evidence of abusive practice. It reached a self-selected sample, and is not likely to be representative. It described conversion therapy in such broad terms that we do not know what people are saying they experienced. Many may have been describing ordinary exploratory therapy.

- **LGBT organisations working in this area have not raised this as a concern in their longstanding work**. On hearing the finding of the LGBT survey, Dr Paul Martin OBE, who has been working for 30+ years on the frontlines of supporting the LGBT community – and whose organisation, the LGBT Foundation, sees over 40,000 people a year – said: "Many of us were extremely surprised that the national survey raised such a large number of people who had experienced conversion therapy."

- **Dr Hilary Cass's Interim Report** has not mentioned "conversion therapy" among the issues raised by clinicians, children or parents.

- **The government-commissioned study by Coventry University** found no evidence from the UK. 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 **Equality and Human Rights Commission** also noted the lack of evidence.

- **Freedom of Information requests to police forces** around the country have found no reports of abusive practices in fact taking place with a "conversion" motivation.

- Existing criminal law means that no act of harmful physical violence done in the name of conversion therapy is legal in this country. Assault, rape and the forcible administration of drugs are already punishable with fines and life imprisonment.

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Concern about childhood transition

There are increasing demands and pressure to treat growing numbers of children with gender distress with puberty-blocking drugs and hormones. These leave children sterilised and without sexual function in adulthood.

Previous studies have found that in most cases childhood gender dysphoria resolves if steps are not taken to concretise a child's cross-sex identity. **Studies find that on average 80% of these children change their minds** and do not progress to adulthood identifying as transgender. A search of the literature found that only 2.5% to 20% of all cases of children and adolescents presenting with clinical symptoms of gender distress go on to transition.

The question of when young people are able to give valid consent to hormone treatment has been raised in court by former GIDS patient **Keira Bell.** Although the High Court said that children could not consent, the Court of Appeal returned decision-making power from the courts to clinicians, saying:

> "Clinicians will inevitably take great care before recommending treatment to a child and be astute to ensure that the consent obtained from both child and parents is properly informed by the advantages and disadvantages of the proposed course of treatment and in the light of evolving research and understanding of the implications and long-term consequences of such treatment. Great care is needed to ensure that the necessary consents are properly obtained."

Proponents of criminalising "conversion therapy" in relation to gender identity say that it will not affect clinicians who are neutral in their approach, and who do not favour one outcome over another.

However, this ignores the great care that must be taken in diagnosis and gaining consent for medication and surgery in order to ensure that patients and their parents appreciate the short and long-term consequences of medicalised treatment pathways.

The alternative –allowing a child to grow up through natural puberty without intervention – does not require consent in the same way. This is why the oft-claimed parallel with a child realising as they grow up that they are gay simply does not hold.

Keira Bell: a girl who thought she was a boy

I began seeing a psychologist through the National Health Service, or NHS. When I was 15 – because I kept insisting that I wanted to be a boy – I was referred to the Gender Identity Development Service, at the Tavistock and Portman clinic in London…

By the time I got to the Tavistock, I was adamant that I needed to transition. It was the kind of brash assertion that's typical of teenagers. What was really going on was that I was a girl insecure in my body who had experienced parental abandonment, felt alienated from my peers, suffered from anxiety and depression, and struggled with my sexual orientation.

After a series of superficial conversations with social workers, I was put on puberty blockers at age 16. A year later, I was receiving testosterone shots. When 20, I had a double mastectomy.

…

But the further my transition went, the more I realised that I wasn't a man, and never would be. We are told these days that when someone presents with gender dysphoria, this reflects a person's "real" or "true" self, that the desire to change genders is set. But this was not the case for me. As I matured, I recognized that gender dysphoria was a symptom of my overall misery, not its cause.

Five years after beginning my medical transition to becoming male, I began the process of detransitioning. A lot of trans men talk about how you can't cry with a high dose of testosterone in your body, and this affected me too: I couldn't release my emotions. One of the first signs that I was becoming Keira again was that—thankfully, at last—I was able to cry. And I had a lot to cry about.

https://www.persuasion.community/p/keira-bell-my-story

Existing pressure on clinicians and schools

The complexity of the issues, and pressures on clinicians at the NHS Gender Identity Service (GIDS), have been well documented, including through reports by **whistleblowers at the Tavistock clinic** and the evidence revealed in the cases of detransitioner **Keira Bell** and the safeguarding lead **Sonia Appleby.**

As the judgment in the Appleby whistleblowing case stated:

> "Some patients referred are autistic, and some come from backgrounds of neglect or abuse. Clinicians from a psychoanalytic background may want to consider whether gender dysphoria is a symptom of some other problem which merits treatment. Some clinicians are concerned that young people who might be homosexual presented as misgendered, or are unduly influenced by social media campaigning on trans identity. Others hold that in general young people should be taken at their word on identity, and allowed to make their own choices."[1]

Framing the question of how best to resolve childhood gender distress as one of "conversion" is ideological rather than therapeutic.

The Cass Review has highlighted that clinicians already feel under pressure not to take the time and care to consider all potential causes for mental-health symptoms before settling on treatment focused on gender. Dr Cass states:

> "Primary and secondary care staff have told us that they feel under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinician encounters."

Given the confidentiality of counselling and psychotherapy, practitioners undertaking exploratory therapy are vulnerable to accusations that they are attempting to "convert" a client who has adopted an attitude of certainty.

[1] https://assets.publishing.service.gov.uk/media/6149eb48d3bf7f05ac396f79/Ms_S_Appleby__vs___Tavistock_and_Portman_NHS_Foundation_Trust.pdf

Lily Maynard: a mother's story

My daughter Jessie identified as a boy for at least nine months. Jessie, slightly goth, long dyed dark hair and occasional black eyeliner, always in jeans and a band T shirt, came out as gay just before her 15th birthday. I wasn't surprised… Soon thereafter, Jessie began watching transitioning videos on YouTube with her friends and siblings: cute boys who became girls and cute girls who became boys; endless slideshows of their stories, entitled, "My Transition Timeline".

… Everywhere I looked, the internet seemed eager to affirm that transition was a simple and marvellous thing, the one and only solution to all the problems of physical and social dysphoria. If you don't support your child's transition, parents are warned over and over again, they will probably try to kill themselves.

She was consistent, insistent and persistent and wanted to change her pronouns, register at college as a boy and visit a gender therapist. I said no…

I did try to find Jessie a therapist who would help her reconcile with being female. The only openly gender critical therapist a Google search threw up lived in Texas. No use to us, then. I was put in touch with several people by email, but I could find no-one who worked in our area. Those I did communicate with were wonderfully supportive but asked me not to name them, not to give out their email address or talk about them. The message was clear – publicly questioning Transtopia could be professional suicide.…

Then, at a party, Jessie met up with a friend she hadn't seen for a year. Hazel had lived as a boy called Harvey for 8 months and then re-identified as a girl. …

A week later she said *"I'm thinking about it all, mum. I'm not sure what I think anymore."*

Jessie started at college and had never seemed so happy. Slowly, she seemed to begin reconciling with her femaleness. Then she told me she wanted to tell me something 'later'. I thought I knew, I suspected, I hoped and I hoped. I waited and time passed slowly.

One day she texted me on the way to college, *"I am a girl. I was never a boy."*

https://lilymaynard.com/my-first-article-a-mums-voyage-through-transtopia/

Ordinary therapy is being presented as "conversion"

Proponents of a ban present ordinary exploratory therapy and psychological support to children as "gender identity conversion therapy".

For example, the Coventry University Study quotes one interviewee as saying:

> "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."

Another person, who identifies as non-binary and asexual, said:

> "The medical field, especially psychiatrists, wanted to believe it was a sign of mental illness. They figured, regardless of the fact that I was content with being asexual, that it was pathological, and that they could use that as a basis for my health. They took the fact my sexuality wasn't changing as an indicator that the medicine wasn't working, ignoring the fact the medicine was helping my other, actually distressing symptoms." (Non-binary person, asexual, 20s, sexual orientation change efforts)

Other examples included in studies cited by Coventry University study as examples of "conversion therapy" include:

> A seven-year-old boy who thought he was a girl, through the course of psychoanalysis resolved cross-gender feelings and continued life as male.
>
> A six-year-old girl who thought she was a boy explored her identity through a course of psychoanalysis which involved role play and storytelling. The "fantasy of being a boy" resolved.
>
> Seven children aged under ten seen by Dr Kenneth Zucker at Toronto's gender-identity clinic, who were treated through open-ended play psychotherapy, in which "the clinician explores gender through dolls and other toys in order to allow a gender-diverse child to talk through their gender".

Dr Az Hakeem: doctor smeared as conversion therapist

Dr Az Hakeem is a psychiatrist now in private practice after more than 15 years working in the NHS. He is a Fellow of the Royal College of Psychiatrists and an Honorary Associate Clinical Professor at University College London (UCL) Medical School. He is also gay.

On 23rd May 2022 an article appeared in the *i news* about a complaint against Dr Az Hakeem for attempting to "practise transgender conversion therapy".

A young patient has complained to the General Medical Council, accusing them psychiatrist of attempting to "practice transgender conversion therapy" on them.

The interaction reflects the ordinary questioning involved in exploratory therapy. This is described by the patent as deployment of "coercive strategies" in an attempt to "make me cis".

The patient, a female, suddenly identified as a man at the age of 17. The patient's mother set up an appointment for her child to explore the reasons for this identification.

The patient said their "sense of self" had been denied and mental health damaged, and that they now have regular panic attacks, crying and shaking at the memory of the interaction.

The patient complained that Dr Hakeem had raised doubts and invited reflection about long-term consequences of medical transition. Complaints included that he asked the patient to consider whether recent, intense feelings about gender might be part of a youth subculture, and might fade. He tried to explore the reasons for gender dysphoria "and would not accept that it's because I'm trans".

https://sex-matters.org/posts/updates/conversion-therapy-or-just-therapy/

Ignoring detransitioners

The increase in numbers of children and young people transitioning is accompanied by an increase in numbers detransitioning. These young people also need support. A group of detransitioned women write:

> "We all suffered from gender dysphoria at one point… and were led to believe that our best chance of treating our dysphoria was to medically transition. As it turned out, this was not the case. As a result, we now have to live with bodies and voices that have been irreversibly changed (and in some cases damaged) by hormones and surgeries, when what we needed was a compassionate and thoughtful exploration of our gender distress through talk therapy. Some of us will now never be able to have children and many of us live with great distress and regret every day."

The website **Detrans voices** highlights the emotional and sometimes ideological steps that detransitioners have to go through in reconciling with their biological sex.

> "I had to face all the things I had buried since I was a child. I went to therapy to address my childhood abuse, which I believe contributed a great deal to my body dissociation and self-hate."

> "I think transitioning often has a lot to do with self-harm. With trying to destroy a part of you. Mastectomy feels for me like I cut away a small part of my soul. I don't want to lose more."

Ritchie, a detrans man, writes:

> "Our stories are eerily similar with themes of overpowering shame and confusion for being male. Autism, ADHD, OCD, Anxiety, delayed puberty, high academic intelligence but low social intelligence. We were **all** bullied. Many of us are same sex attracted and even those who aren't; all experienced fear and confusion over our developing sexualities."

Ritchie: depressed, gay, OCD; given penile inversion surgery

Ritchie is a 35-year-old detransitioned man

From a young age, I knew I was gay and it scared the living shit out of me. It wasn't just family, it was mine and everyone else's family seemed to be quite open about their distaste for gay people…

… By my early twenties, my OCD had reached its peak. It was constant, every waking second of every day I would be on the receiving end of often violent and extremely distressing thoughts/ideas that would pop in my head, uninvited.

… By my late teens and early twenties, I was binge drinking and smoking cigarettes until I passed out. … Eating disorders have been a constant theme all my life, from uncontrollably eating and drastic weight gain, to restricting eating and experiencing drastic weight loss.

… I came across Gender Dysphoria, and all of a sudden, all my trauma, all my anxiety, depression, everything made sense or so I thought. I gave myself permission to discount everything and attribute it to a straightforward case of being dysphoric, when in fact it was actually a new, much more powerful obsession… It allowed me to pin all my hurts, pains, and hard-earned life lessons on being trans… My same-sex attraction, my panic attacks, anxiety, depression, eating disorders, and even events unrelated to gender, were attributed unfairly to Gender Dysphoria.

… I began medical transition at age 26 and had penile inversion with a scrotal graft at 30.

… Like my transition itself, my inverted penis is a caricature of a female body part that, despite being dressed up to appear female, is unmistakably male.

Just because I detransitioned doesn't mean I've suddenly resolved all my trauma and body issues. In some ways, they're far worse than before I transitioned because I'm confronting them head-on.

https://tullipr.substack.com/

Self-ID by the back door

The law would effectively remove medical gatekeeping around legal gender recognition, amounting to self-ID by the backdoor.

Under the current Gender Recognition Act 2004, individuals seeking a Gender Recognition Certificate (GRC) are required to provide two doctors' reports attesting that they have gender dysphoria and outlining any treatment undertaken.

Applications for a GRC are refused rarely, but not never. Other candidates may not reach the application stage if no doctor is found to submit the report, perhaps because some other mental-health condition is diagnosed.

The organisations campaigning for a ban on "gender identity conversion therapy" are ideologically opposed to any medical gatekeeping for gender medicine and legal sex change.

One case, which ultimately went to the High Court (M Jay v Secretary of State for Justice [2018] EWHC 2620 (Fam); see following page), illustrates a situation where several doctors turned down a patient wanting to be diagnosed as having gender dysphoria.

Under the Ban proposal, Jay could have had these doctors investigated for non-consensual "conversion therapy".

Jay: a violent man overrides doctor's diagnosis to be declared a woman

This case concerns Jay, a father of seven and a convicted bomb-maker with a long history of contact with psychiatric services for emotionally unstable personality traits, behavioural impulsivity and maladaptive coping strategies.

After cutting into his own testicle in prison, Jay applied for a GRC. Several doctors declined to give a gender dysphoria diagnosis, suggesting other reasons that Jay

> "unwisely latch[ed] onto a change of gender role as a seemingly universal solution to both why her life had gone wrong and how it might be rectified."

Jay's response to this was returning letters from the Gender Recognition Panel with scribbled notes in the margin and denigrating the panel, the process and the medical professionals involved in Jay's care, often in aggressive and profane language.

Ultimately, after several failed applications, Jay took a case to the court of appeal, where the decision of the doctors and the GRC panel not to agree the legal sex change was overruled by a single judge sitting without a medical expert.

https://sex-matters.org/wp-content/uploads/2021/02/Jay-v-Secretary-of-State.pdf

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Registered office: 63/66 Hatton Garden, Fifth Floor Suite 23, London, EC1N 8LE