Policy proposal:
Legislation to ban modern conversion therapy

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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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Overview

Conversion therapy has been described as including:

> "medical, psychiatric, psychological, religious, cultural or any other interventions that seek to change, 'cure', or suppress the sexual orientation and/or gender identity of a person."[1]

The recent campaign to ban conversion therapy has tended to focus on examples of abuse that took place more than 50 years ago. For example, in Parliament in March 2021 Elliot Colburn MP told "Carolyn's story" as promoted by Stonewall:

> "At 17, Carolyn confided in her local vicar her feelings of self-hatred and depression, and her suicidal thoughts, because she did not feel like a boy. Her vicar took her to a doctor and a psychiatric hospital, where Carolyn was strapped to a wooden chair in a dark room. As images of women's clothing were projected onto the wall in front of her, doctors would deliver painful electric shocks, hoping to associate the feelings of being a woman with memories of intense pain."

This case describes events that took place in 1964.

Other cases describe people being beaten, starved and forced to take vomit-inducing substances. Such actions would not be taken by the NHS or any regulated professional today. Inflicting violence or bodily harm on a person is already an offence.

There's no evidence that the abusive practices historically labelled "gay conversion therapy" continue today. In 2021 the government published a research review it had commissioned from Coventry University on conversion therapy in the UK. The review did not find any studies on conversion therapy in the UK, nor any contemporary evidence of conversion therapy in relation to gender identity.[2] Yet in April 2022 Kay Burley asked then Health Secretary Sajid Javid: "Is it acceptable to administer an electric shock to someone who feels they are in the wrong body?"[3]

Any law to ban conversion therapy should seek to solve problems that exist today, not symbolically fight battles of yesterday.

What is clearly happening in the UK today is that children, young people and other vulnerable people are being treated in increasing numbers with medical, psychological and cultural interventions that seek to change physiological or other attributes of sex.[4]

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[1] 'Ban conversion therapy' campaign website.

[2] Sex Matters (2021). *A rapid review of the Coventry University research on "gender identity conversion therapy".*

[3] Sex Matters (2022). *Why ban talking therapy?*

[4] The Cass Review (2022). *Independent review of gender identity services for children and young people: Interim report.*

Many, though not all, of these young people are same-sex attracted and may be drawn to this treatment because they feel that their sexual orientation is unacceptable.

Increasing numbers of children are being prescribed drugs that halt the natural progression of puberty, and cross-sex hormones that cause secondary sexual characteristics of the opposite sex to develop. Some go on to have irreversible surgery to remove their breasts, genitals or internal sexual organs.

Medication

It is unethical to prevent a child's natural pubertal development into adulthood unless there are exceptional reasons for doing so, such as life-threatening illness.

The use of puberty-suppressing hormones in gender dysphoria does not have a clear clinical aim. The benefits for mental health are unclear. Systematic evidence reviews by the National Institute for Health and Care Excellence on the efficacy of treatment of gender dysphoria in children with puberty blockers and cross-sex hormones were inconclusive.[5]

What we do know is that puberty blockers reduce the levels of sex hormones. In natal boys, testicle size is reduced; in natal girls, periods stop, and the hormones that trigger ovulation are reduced. Side effects include weight gain, hot flushes, mood swings, insomnia, tiredness and memory loss. Although less is known about the longer-term outcomes, there are clear effects on body development and bone health. The effects on brain development are not yet known, but they may be negative – and adolescence is clearly an important time for brain development.[6]

Taking puberty-blockers followed by cross-sex hormones leads to infertility. This is because the cells that go on to form sperm and mature ova will not have been able to mature.[7] Almost all children who take puberty-blockers go on to hormone treatment, making later infertility almost inevitable.[8]

The initial justification for puberty-blocking drugs was firstly that they would allow a "pause" to give the young person time to think about their gender identity; secondly, that they would make

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[5] National Institute for Health and Care Excellence (2020). *Evidence Review: Gonadotrophin Releasing Hormone Analogues for Children and Adolescents with Gender Dysphoria.*

[6] Matilda Gosling (2022). *Teenagers and gender identity: the evidence base – part 2: Treatment and outcomes.*

[7] Kanthi Bangalore Krishna, John S. Fuqua, Alan D. Rogol, Karen O. Klein, Jadranka Popovic, Christopher P. Houk, Evangelia Charmandari & Peter A. Lee (2019). 'Use of gonadotropin-releasing hormone analogs in children: update by an international consortium'. *Hormone Research in Paediatrics,* 91(6), 357–372.

[8] Tessa Brik, Lieke J. J. J. Vrouenraets, Martine C. de Vries & Sabine E. Hannema (2020). 'Trajectories of adolescents treated with gonadotropin-releasing hormone analogues for gender dysphoria'. *Archives of Sexual Behavior,* 49, 2611–2618
Polly Carmichael, Gary Butler, Una Masic, Tim J. Cole, Bianca L. De Stavola, Sarah Davidson, Elin M. Skageberg, Sophie Khadr & Russell M. Viner (2021). 'Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK'. *PLoS One,* 16, e0243894.

the subsequent ability to "pass" as the opposite sex easier following cross-sex hormones and surgery. The legitimacy of these aims was not considered by the NICE systematic review. The fact that 96 to 98 per cent of children who undergo puberty suppression continue to cross-sex hormones and other interventions strongly suggests that puberty itself is important in bringing about the resolution of gender dysphoria for some (perhaps most) children who experience it.[9]

Dr Hilary Cass, who has been undertaking a review of children's gender medicine in the NHS in England, has called for a fundamentally different service model for children with gender dysphoria.[10] However, there is a risk of more children accessing weakly regulated private and online prescribers.

No similar evidence review has been undertaken for medication or surgery in adults.

Surgery

Some adult patients go on to have surgery.

For females this includes:

- double mastectomies (removal of both breasts) – which means they will lose the sexual function of the breasts, and will be unable to breastfeed
- hysterectomy (removal of womb) – which means they will be unable to menstruate or become pregnant
- salpingo-oophorectomy (removal of ovaries and fallopian tube)– which means they will be sterile
- vaginectomy (removal of vagina) – which means they will be unable to have penetrative sex
- phalloplasty (surgical creation of an artificial penis by rolling a section of skin and tissue from another area of the body into a shaft and attaching it to the groin)
- metoidioplasty (surgical creation of an artificial penis from a testosterone-enlarged clitoris)
- scrotoplasty and testicular implants (surgical creation of an artificial scrotal sac)

For males it includes:

- breast implants
- facial feminisation surgery (alteration of bone and soft tissue of the face and neck)
- orchidectomy (removal of the testicles) – which means they will be sterile

[9] Clinical Advisory Network on Sex and Gender (2023). *CAN-SG submission to NHS England Interim Clinical Policy: Puberty Suppressing Hormones for Children and Adolescents who have Gender Incongruence/Dysphoria*.

[10] The Cass Review (2022). *Independent review of gender identity services for children and young people: Interim report.*

- penectomy (removal of the penis) – which means they will be unable to have penetrative sex
- vaginoplasty (creation of a vaginal vault lined with penile skin).

A person who undertakes medical or surgical treatments may feel happy with the results of their body modifications, and be satisfied that they made decisions after having been fully informed of the implications.

But there is increasing evidence of patients whose treatment has not met this standard. These patients may have:

- made decisions when they were too young or vulnerable
- had confounding mental-health issues that were not addressed
- been acting due to internalised homophobia or misogyny
- made decisions based on unrealistic expectations, such as that hormones or surgery could actually change their sex
- made decisions based on misrepresentation of the law suggesting that other people can be forced by law to accept them as being the opposite sex
- not been given full information about the effect of the treatment (for example on fertility and adult sexual function) or have been too young to understand it.

These patients must surely be viewed as victims of a modern form of "conversion therapy".

Case studies

These case studies are drawn from the public domain. Their inclusion here does not imply endorsement of this policy proposal by an individual.

Keira[11]

From the earliest days, my home life was unhappy. My parents divorced when I was about five. My mother descended into alcoholism and mental illness. My father was emotionally distant.

I was a classic tomboy —I dressed in typically boy clothing and was athletic. Then puberty hit, and everything changed for the worse. I hated how my hips and breasts were growing. Then my periods started, and they were disabling. I was often in pain and drained of energy.

I could no longer pass as "one of the boys," so lost my community of male friends. But I didn't feel I really belonged with the girls either. My mother's alcoholism had gotten so bad that I didn't want to bring friends home. I became more alienated and solitary. By the time I was 14, I was severely depressed and had given up: I stopped going to school; I stopped going outside. I just stayed in my room, playing video games and music, and surfing the internet.

I became attracted to girls, but I had never had a positive association with the term "lesbian" or the idea that two girls could be in a relationship. I wondered if something was wrong with me. Around this time, my mother asked if I wanted to be a boy. I then found some websites about females transitioning to male. My thinking was that, if I took hormones, I'd grow taller and wouldn't look much different from biological men.

I began seeing a psychologist through the NHS. 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. 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.

[11]Adapted from: Keira Bell (2021). 'Keira Bell: My story'. *Persuasion*.

But the further my transition went, the more I realised that I wasn't a man, and never would be. As I matured, I recognised 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.

The consequences of what happened to me have been profound: possible infertility, loss of my breasts and inability to breastfeed, atrophied genitals, a permanently changed voice, facial hair. When I was seen at the Tavistock clinic, I had so many issues that it was comforting to think I really had only one that needed solving: I was a male in a female body. But it was the job of the professionals to consider all my co-morbidities, not just to affirm my naïve hope that everything could be solved with hormones and surgery.

Ritchie[12]

I transitioned in 2013/14, at age 26. I'm in my late 30s now.

As a child, I was highly sensitive and soft, and expressed gender non-conformity from a very young age. I became aware of my sexuality at around age ten and the thought of being gay terrified me.

Homophobia was rife in the local culture, my family and school and it seemed to be the worst outcome to end up gay. My behaviours were policed by others for being too flamboyant or eccentric, and I struggled with fitting in with others.

School and family life became sources of anxiety and stress. Bullying and life at home led me to retreat to the online world of chat rooms, message boards and online messaging applications. I found solace in my digital world, but that too would cause a great deal of stress as adults would gain and exploit my trust in those early years.

I tried to train myself to be straight, by viewing heterosexual porn, pursuing relationships with women, but no matter what, my body told me everything I needed to know. I clearly wasn't interested, and it still frightened me even as an adult. At age 25, at the height of my depression, with constant breakdowns, addiction and obsessive-compulsive order, I stumbled upon the idea of 'gender dysphoria', and viewed my life through a different lens.

I read the description of dysphoria like a checklist in my mind. Nodding along to every symptom of it: '*feeling unease with your body*', '*feeling depressed, hopeless*', '*feeling unconnected with peers, and feeling anxious, especially around body issues*'.

"Woahhh! That's me!" I thought and went online to find the Trans spaces. I found a forum directed by older men and shared my revelation, along with a picture of myself dressed up. They convinced me how easily I would "pass", and urged me to transition now before it was "too late".

Despite my psychologist's summary about my obsessive behaviours and compulsion in 2013, I latched onto the idea with an unfounded zeal, and not a single medical professional stopped me thereafter.

Thinking my body was being contaminated by testosterone, I put myself in debt and got private assessments to start the GnRH anti-androgen at age 26. In 2015, I was enrolled

[12] Adapted by Ritchie Herron from his Twitter thread (@TullipR) on 19th March 2022 and Ritchie Herron (2022). '"I regret trusting" the doctors who pushed me to transition'. *Times Radio*.

into the gender clinic, and the first question they asked me was if I wanted surgery. I said I hadn't thought about it much. The question came up every six months. I delayed my appointment for surgery for over two years, because I had doubts. But then they gave me an ultimatum and I knew that if I was not going to go through surgery I would lose my therapist. Facing ejection from the gender service – I said I wanted to have surgery.

I didn't have therapy; I had 97 sessions of gender therapy, which managed all my doubts about transition, surgery, regret. They taught me that my internalised homophobia was internalised transphobia; that the world was cissexist and I had far worse dysphoria than I realised.

Two days before my 31st birthday, in 2018, I had surgery. I lost a lot of blood, and suffered complications. As soon as I was conscious, I knew I had made the biggest mistake of my life. Five years on, I still have problems with using the toilet, pain and discomfort.

I was a vulnerable person, with a high level of OCD. I'm autistic and I should never have transitioned or had surgery.

My sex has been lobotomised.

Sinéad[13]

Like so many young girls, I was horrified when I hit puberty at 11 and discovered myself growing breasts. Overnight I went from an innocent little girl to a sexual object. By the time I was 13, I was saddled with a 34DD bust. When I got a Saturday job, aged 16, the boss grabbed and hugged me every chance he got. I was too timid to stop him. I started hating my body and wishing I had been born a boy just so this would all stop.

I went to university but was filled with self-loathing and didn't want to mix. Lonely and out of my depth, I went on the internet and typed in: "I hate being a woman. What can I do?". I was looking for coping strategies and emotional stories. Instead I found myself bombarded with information about transitioning. I was rapidly sucked in. Within weeks I was convinced this was the answer to all my problems. It's a form of love bombing.

Transitioning evangelists on the forums tell young people like me that all will be well. After cutting my long hair short and wearing men's clothes for a year, I was put on a 12-month waiting list for treatment at a gender clinic in Glasgow. I could not believe how easy it was. What I needed was counselling to uncover why I had come to loathe my body. Instead the professionals appeared to take what I said at face value. When I said I was in the wrong sex and wanted to be a man, they agreed and prescribed me with testosterone.

No one ever told me the truth: "You're not a man. It's impossible to de-sex yourself."

I agreed to a bilateral double mastectomy. It's a complex operation with variable outcomes but I didn't have a shred of doubt. I was convinced it would prove to the world that I was the man I was meant to be.

Instead I woke up in excruciating pain and, when the bandages came off, I saw a chest riddled with scars that looked nothing like an ordinary man's and never would. I was devastated. I was too ashamed to ever take my shirt off in public.

My disappointment was so profound, I had a complete breakdown. I quit my degree course just two months before graduating and attempted to take my own life. I was saved by my family and a tiny group of women who were brave enough to go on the internet and admit that they regretted transitioning too. Just a year after having my mastectomy — in October 2019 — I stopped taking testosterone and started de-transitioning fully.

[13] Adapted from: Sinéad Watson. 'The trans lobby pushed me to have a double mastectomy and I bitterly regret it'. *Daily Mail,* 2nd August 2023.

Jackie[14]

Jack grew up in a family with strong ideas about male and female roles, and non-acceptance of homosexuality. His parents were alarmed when Jack enjoyed dressing up and imaginative play, rather than sports and rough and tumble. “I first realised Jackie was different when she was 18 months old,” said his mother, recalling that he would go to her wardrobe and put on her dresses and underwear at 18 months old.

At nursery Jack played with girls and always took a female role in games. He enjoyed playing with baby dolls and tea sets and wanted to have long hair. “I thought she was gay or very sensitive,” said his mother. She says his father would not accept his son’s preferences “and wanted to make her be a boy and tell her off when she played with girls’ stuff”.

Jack’s mother says when her son was four years old, he told her that “God had made a mistake” and he should have been a girl.

From the age of nine his family treated him as a girl called Jackie and presented him to others as if he was a girl. His mother says that during this time he tried to commit suicide several times and threatened to mutilate his genitals.

His mother found a private doctor who advocated hormone-blocking, cross-sex hormones and early surgery. At age 14 Jack was prescribed puberty-blockers and went on to take female hormones. He never underwent male puberty, although his body retains some masculine proportions and features.

At age 16 Jack’s mother took him abroad to have his testicles removed and penis inverted to create a “neovagina”. Because he had not gone through puberty his penis was undeveloped and skin needed to be harvested from other parts of his body.

People who have not gone through puberty are not able to have children and are unlikely to achieve sexual fulfilment. Their cognitive capacity may be impaired.

Jack, now Jackie, says: “I knew who I was at 4 and regret nothing.”

[14] Adapted from: Angeline Albert. ‘Transgender children: “I first realised Jackie was different when she was 18 months old”’. daynurseries.co.uk, 29th October 2015.
‘Who is Jackie Green? One of the youngest to undergo sex affirmation surgery’. *Daily Mail*, 29th October 2018.
IPSO Rulings. *Decision of the Complaints Committee – 16423-23 Green v The Sunday Times.* 6th July 2023.

Legislation

What would legislation against modern conversion therapy look like?

Suggested legislation should be drafted to meet the following policy aims:

- Outlaw all medical or surgical treatment of minors to modify their sexual characteristics.
- Outlaw medical or surgical treatment performed on anyone who has not had the full implications of the treatment explained to them.
- Make it a specific offence not to provide adequate information and ensure informed consent.
- Make it an offence to take a child abroad to get around the prohibition of modern conversion therapy.

The legislation could use the model of laws against FGM and virginity testing.

Sample legislation

1. Offence of modification of sexual characteristics without informed consent

A person (A) commits an offence if —

(a) A provides medical or surgical treatment to a person (B) for the purpose of modifying sexual characteristics,

(b) B does not understand the implications of the treatment, and

(c) A does not reasonably believe that B understands the implications of the treatment.

2. Offence of modification of sexual characteristics of a minor

(1) A person (A) commits an offence if —

(a) A provides medical or surgical treatment to a person (B) for the purpose of modifying sexual characteristics, and

(b) B is under the age of 18.

(2) It is not an offence for a person A to continue to provide treatment included in Schedule 1 (1) to a person B who is under 18 if –

(a) It is a course of treatment that was initiated before the enactment of this legislation, and

(b) A complies with all relevant regulations issued by the Secretary of State under Section 7.

3. Definitions

(1) In this Act –

(a) "medical or surgical treatment for the purpose of modifying sexual characteristics" means any step in a course of treatment included in Schedule I if provided for the purpose of reassigning a person's gender or in response to a diagnosis of gender dysphoria, and

(b) "Implications of the treatment" means all of the following:

(i) That the treatment will not change B's sex;

(ii) That no future treatment will change B's sex;

(iii) That other people may still be able to recognise B's sex;

(iv) That other people will have a right to know and refer to B's sex in some situations;

(v) That the treatment will not entitle B to deceive another (C) about B's sex for the purposes of obtaining sexual consent from C;

(vi) Impacts on fertility of the potential full pathway of treatment; and

(vii) Specific medical risks and side-effects of the potential full pathway of treatment.

(2) Section 9 (1) of the Gender Recognition Act does not apply to this Act.

4. Offence of assisting a non-UK person to undertake modification of sexual characteristics of a minor

(1) A person is guilty of an offence if he or she aids, abets, counsels or procures a person who is not a United Kingdom national or United Kingdom resident to do a relevant act of modification of the sexual characteristics of a minor outside the United Kingdom.

(2) An act is a relevant act of modification of the sexual characteristics of a minor if —

(a) it is done in relation to a United Kingdom national or United Kingdom resident, and

(b) it would, if done by such a person, constitute an offence under section 2.

5. Penalties

(1) A person guilty of an offence under section 1, 2 or 4 is liable —

(a) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both),

(b) on summary conviction, to imprisonment for a term not exceeding six months or a fine not exceeding the statutory maximum (or both).

6. Guidance

(1) The Secretary of State may issue guidance to whatever persons in England and Wales the Secretary of State considers appropriate about —

(a) the effect of any provision of this Act, or

(b) other matters relating to modification of sexual characteristics.

(2) A person exercising public functions to whom guidance is given under this section must have regard to it in the exercise of those functions.

7. Transitional arrangements

(1) The Secretary of State shall, within 60 days after the effective date of this Act, issue regulations under which a patient younger than 18 years of age may continue to be treated with a prescription included under Schedule 1(1) which was commenced before, and is still active on, the effective date of this act.

(2) The Secretary of State may amend or issue new regulations on continued prescription for patients under 18 who have already started a course of treatment.

Schedule 1

(1) Medical treatment for the purposes of modifying sexual characteristics includes:

- Prescription of gonadotropin-releasing hormones
- Prescription of female hormones to men
- Prescription of male hormones to women.

(2) Surgical treatment for the purposes of modifying sexual characteristics includes:

- Mastectomy and associated chest reconstruction for women
- Phalloplasty or metoidioplasty for women
- Scrotoplasty and testicular implants for women
- Hysterectomy
- Salpingo-oophorectomy
- Vaginectomy
- Penile implant
- Orchidectomy

- Penectomy
- Vaginoplasty
- Vulvoplasty
- Clitoroplasty
- Breast implants for men
- Facial feminisation surgery for men.

(3) The terms in (1) and (2) do not include:

(a) Treatment provided by a registered medical practitioner to a person with a medically verifiable disorder of sexual development, including any of the following:

(i) External biological sex characteristics that are unresolvably ambiguous.

(ii) A disorder of sexual development determined through genetic or biochemical testing that the patient does not have a normal sex-chromosome structure, sex-steroid hormone production, or sex-steroid hormone action for a male or female, as applicable.

(b) Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any prescription or procedure listed under (1) or (2).

(c) Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would place the individual in imminent danger of death or impairment of a major bodily function if not treated.

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