

Parliamentary briefing:

Conversion therapy

February 2024

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What is in the proposed legislation?

The [Conversion Therapy Prohibition \(Sexual Orientation and Gender Identity\) Bill \[HL\]](#) is scheduled to have its second reading in the House of Lords on 9th February 2024.

The Bill has one substantive clause:

1. A person commits an offence if they practise, or offer to practise, conversion therapy.
2. In this Act, “conversion therapy” is any practice aimed at a person or group of people which demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to another, and which has the intended purpose of attempting to—
 - (a) change a person’s sexual orientation or gender identity, or
 - (b) suppress a person’s expression of sexual orientation or gender identity.
3. A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding level 5 on the standard scale.

A solution looking for a problem

“Conversion therapy” is a term used for barbaric acts of abuse, such as electric shocks, starvation, chemical castration and corrective rape, intended to change or suppress a person’s sexual orientation. The UN Independent Expert on the topic has called for a global ban, citing “beatings, rape, electrocution, forced medication, isolation and confinement, forced nudity, verbal offense and humiliation.”

However, there is no evidence that these acts of violence are taking place in the UK, and if they are they are covered by criminal laws already. The legislation is based on fear-mongering, not evidence. There is no evidence of prevalence of “conversion therapy” in the UK, or of harm in relation to gender identity.

Banning “conversion therapy” in relation to gender identity is not just unnecessary but dangerous.

The bill ignores the real conversion therapy: transitioning and sterilising gay children and young people

This bill is fighting yesterday’s battles. The true “[modern conversion therapy](#)” that is happening today is the increasing number of children and vulnerable people 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. Many, though not all, of these young people are same-sex attracted, and many have autism and other

confounding mental health conditions. They may be drawn to this treatment because they feel that their sexual orientation is unacceptable.

Detransitioners are increasingly speaking up about having rushed into a social and physical transition.

Banning“gender identity conversion therapy”: a bad idea

The proposed ban is based [not on evidence of a problem](#), but on an ideological viewpoint that 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 those children to access exploratory therapy.

Reasons why there should not be legislation banning gender-identity conversion therapy:

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. **Transition, particularly in childhood and young adulthood, 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.**

The lack of evidence of abusive practice

Survey evidence is unreliable. The only evidence that is routinely cited for including gender identity in a ban on therapy is the [government's national 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 or simply interpersonal conflicts or lack of acceptance.

In 2023 the organisation Galop released a report ["There was nothing to fix": LGBT+ survivors' experiences of conversion practices](#) based on a survey commissioned by YouGov of 2,042 LGBT+ adults, saying that this was the first representative survey. Respondents were asked whether they had ever experienced someone taking any action to try to change, cure or suppress their sexual orientation or gender identity. Galop says the report "shows the high rate at which our community has experienced people trying to change, 'cure' or suppress their sexual orientation or gender identity" (18%) – but it only quotes 33 descriptive examples and most of these are about interpersonal conflict or lack of acceptance. **There are no detailed accounts of conversion therapy in the report.**

[LGBT organisations working in this area have not raised this as a concern in their longstanding work.](#) Research by Sex Matters for our report *Why ban talking therapy?* found that conversion therapy was not high on the agenda of Stonewall or any other LGBTQ+ organisations until very recently. A review of Stonewall's annual reports and strategy documents from 2015 to 2020 shows that the issue barely got a mention. It was seen as a historic practice. On hearing the finding of the LGBT survey, Dr Paul Martin OBE, who has been working for more than 30 years giving practical support to the LGBT community – and whose organisation, the LGBT Foundation, sees more than 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 of conversion therapy. The entirety of the evidence presented consisted 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 taking place with a "conversion" motivation. Sex Matters has seen the

responses to freedom-of-information requests for details of arrest or detention for electrocution or 'corrective rape' in the last five years from 24 police forces. All report that there had been no such arrests or detention in that period.

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.

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 sterile 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-term 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 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 against the Tavistock GIDS 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.”

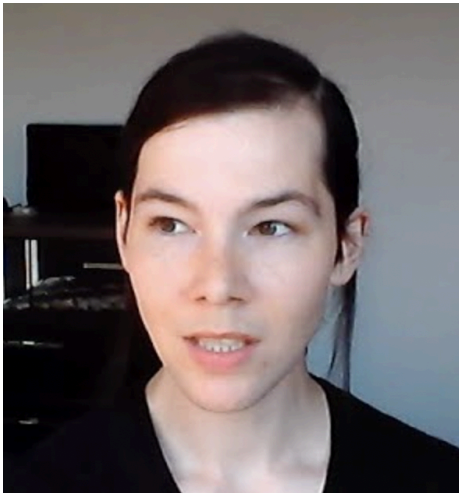
Framing the question of how best to resolve childhood gender distress as one of “conversion” is ideological rather than therapeutic.

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.

Sinéad: Escaping from puberty and pain



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.

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

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 and 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”.

Other practices that could be criminalised include:

- treatment for pornography addiction
- any action to suppress expression of autogynephilia (transvestic fetish) in public or professional settings.

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 had complained to the General Medical Council, accusing the psychiatrist of attempting to “practice transgender conversion therapy” on them. 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 interaction reflects the ordinary questioning involved in exploratory therapy. This is described by the patient as deployment of “coercive strategies” in an attempt to “make me cis”. 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.”

One detransitioner 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



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 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.

Criminalising family life

The bill uses the definition from the [Memorandum of Understanding on Conversion Therapy \(MoU\)](#), which relates to therapeutic approaches by regulated therapists and clinicians. The MOU defines “conversion therapy” as an umbrella term for:

“a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual’s expression of sexual orientation or gender identity on that basis”.

This bill extends the prohibition to any practice of teaching, coaching, mentoring, pastoral support, therapy or peer group. Parents could be accused of “conversion” of their own child for not affirming them

For example, practises that could be investigated and prosecuted as conversion therapy:

- a parent, teacher, therapist, coach, etc., does not recognise a child’s self-diagnosis of their gender identity but treats them as their actual sex for an extended period
- a therapist thinks there may be other reasons for a child’s distress than gender identity, and explores these other reasons.
- a parent or teacher calls a child by their given name, refers to them by sex-based pronouns and words that relate to their sex such as “boy” or “girl”
- a school only allows a child access to sports, changing rooms and toilets appropriate to their sex (in line with DfE guidance).

If denying a child’s self-declared transgender identity becomes a criminal act, this will lead to parents being threatened with losing their children.

Parents could be accused of “conversion” of their own child for not affirming them. Even if there are few convictions, investigations and trials for vaguely defined offences are punishing in themselves. Where estranged parents are in dispute over child custody, and one parent believes in transitioning a child and the other doesn’t, the criminalisation of a failure to affirm transgender identity will short-circuit discussions around whom it would be in the child’s best interests to live with.

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/>

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*)), illustrates a situation where several doctors turned down a patient wanting to be diagnosed as having gender dysphoria. Under the proposed ban, Jay could have had these doctors investigated for non-consensual "conversion therapy".

Jay: a violent man overrides a doctor's diagnosis

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 diagnosis of gender dysphoria, 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 to return letters from the Gender Recognition Panel with scribbled notes in the margin denigrating the panel, the process and the medical professionals involved in his 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>

Not a human-rights imperative

One set of arguments used to support the proposed ban is that it is required by international human-rights law. These arguments were developed in [*The Cooper Report: how to legislate against conversion therapy*](#), published by the Ozanne Foundation in 2021.

This report argued that conversion practices **must be broadly defined** to “effectively capture all forms these practices can take”, but also that “**conversion practices amount at least to degrading treatment, and under certain circumstances may constitute inhuman treatment or even torture** – all of which are absolutely prohibited by Article 3.”

This is a “bait and switch” argument. If a conversion-therapy ban seeks to outlaw conduct that amounts to torture or degrading treatment, this would need a narrow definition. On the other hand the report proposes an offence that is broadly defined – this would outlaw practices that are nowhere near torture, and that may not be harmful at all, or are within the bounds of personal autonomy. This engages personal freedoms under Article 8. Not only is a ban not required by international law, it is likely to be unlawful.