

LGB Alliance's Response to the Government Consultation on Banning Conversion Therapy

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

We responded: Somewhat agree

Explanation

LGB Alliance welcomes the fact that the UK government intends to ban so-called “gay conversion therapy”. However, the inclusion in the proposals of “transgender conversion” threatens to amplify what we consider to be the greatest risk to young LGB people today: the promotion of the notion that children who have gender dysphoria can change their sex, or should begin to do so, before they are fully adult. We’re concerned that, by a tragic irony, the government’s proposals could lead to thousands of children, most of whom would have gone on to become LGB, having their puberty blocked by experimental drugs and pushed into life-long medical treatment. In other words, these proposals would promote, not stop, gay conversion therapy. We recommend separating sexual orientation and transgender identity into two different bills. A bill on “transgender conversion therapy” needs much better research than the extremely poor Coventry University Report cited by the government. It also needs detailed pre-legislative scrutiny. There is a place for a bill that focuses solely on conversion therapy for sexual orientation, which would send a clear message to religious institutions and schools, and would empower children to reject attempts to psychologically demean them. Such a bill would also deal with the very few remaining loopholes that permit organisations to promote and recruit people for “conversion therapy”. However, the need for such a bill is neither so urgent nor so extensive that it could justify supporting the government’s confused, contradictory and dangerous proposals.

Any legislation to ban “transgender conversion therapy” will need more time and scrutiny in our view, because of the many problems surrounding this issue:

- A lack of clear definitions
- A lack of robust evidence
- Grave risks that the proposed legislation could cause more harm than good
- Concerning gaps that need to be researched and closed
- The Cass Review, which is studying these very problems, will not be delivering its findings until the second half of 2022

Given these concerns, we recommend that the Government focus on drafting legislation to ban gay conversion therapy, ensuring that the ban can be implemented effectively. In the case of “transgender conversion therapy” we recommend separating this out into a separate bill that is subjected to its own process of pre-legislative scrutiny, the gathering of fresh and robust evidence, and above all awaiting the results of the Cass Review before drafting any legislation.

Question 1

To what extent do you support, or not support, the government’s proposal for addressing physical acts of conversion therapy? Why do you think this?

We responded: Strongly Support

While all acts of physical “*conversion therapy*” (that is violence, any acts of physical punishment or deprivation, corrective rape or any other cruel and coercive physical acts intended to change a person’s sexual orientation or gender identity) are fortunately already illegal under existing law, the proposed Bill could underline and highlight the unlawfulness of such acts. It may also help to identify any gaps in the prohibition of acts of physical conversion practices.

Although we want sexual orientation and gender identity to be separated into two different bills, we want to make it clear that we utterly oppose all attempts to try to change any personal belief or sense of self, including gender identity,

that involves anything that's bullying, demeaning or humiliating. There are some children who will never desist from the conviction they are trans and they must be respected and given care that allows them to prosper. It is in their interests to be given time to experience their adolescent body. We agree with the prominent trans rights activist Jack Halberstam, who has spoken out against rushing to medicate young people who believe they are trans.

Source: <https://youtu.be/quvWUlus6ao> at 1.11.52

Question 2

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

We responded: Strongly Disagree

There are many problems with this question:

- It fails to define what “conversion therapy” means in the context of “talking”, so this point is left open to misinterpretation.
- It mixes up sexual orientation with “transgenderism”, which is not a sexual orientation but a “gender identity”; which is very different and in some ways the opposite.
- It also fails to define what “transgender” means. “Trans” is often described as an umbrella term covering many different issues.
- It fails to distinguish between psychotherapy and religious practices.

Here are some things to consider:

Sexual orientation: Under current law, any licensed therapist would lose their license if they tried to practise “conversion therapy”, in the sense of applying pressure of any kind in an attempt to change a person's sexual orientation. However, where evidence reveals loopholes, and new legislation could close them, this would be welcome.

“Transgender”: “conversion therapy” in this regard is a controversial subject with polarised views. Of course, all people who are “gender non-conforming” should be treated with dignity and respect and be free to be themselves and dress as they please. So what is “conversion therapy” when it comes to people self-defining as transgender?

Some people say that if a child has gender dysphoria and is certain they are transgender, any attempt to explore their reasons for believing this should be labelled “conversion therapy”. We reject that view. Homophobia is still so rife in our society that many LGB young people are left confused and full of shame and risk being sucked into seeing their bodies as somehow “wrong”. We know from experience that many teens who are labelled “butch” (girls) or “effeminate” (boys) need time to work out what they really are.

Research suggests – and is confirmed by growing numbers of detransitioners – that many can be convinced they are the opposite sex because of homophobic parents, sexual abuse in the family or internalised fear of being thought gay. Autistic spectrum disorder and a range of mental health issues may also play a role. Banning therapists from exploring what’s going on in a young person’s mind could unintentionally promote conversion therapy: lesbian and gay young people might become convinced they’re trans when they’re not.

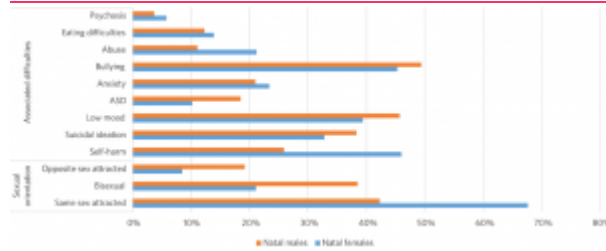
We believe the most pressing example of “conversion therapy” currently practised in the UK is the widespread prescription of puberty blockers to teens claiming to be the opposite sex

Please consider the four crucial points below:

- Around 74% of teens referred to the Tavistock GIDS clinic are girls. Only 8.5% of these girls say they are exclusively attracted to boys: almost 70% are attracted only to other girls and over 20% to both sexes. In other words, the vast majority are lesbian or bisexual.

Source: <https://www.cambridge.org/core/journals/bjpsych-bulletin/article/sex-gender-and-gender-identity-a-reevaluation-of-the->

[evidence/76A3DC54F3BD91E8D631B93397698B1A](https://doi.org/10.1016/j.jad.2016.01.001)



- Research shows that 85% of children who are not medicalised for gender dysphoria “desist” with puberty, that is, become comfortable with their sexed body and no longer wish to change it.

Source: Cantor, J. (2016) “Do trans kids stay trans when they grow up?” Sexology Today <http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow-up.html>

- Of those who are prescribed puberty blockers, 98% go on to take cross-sex hormones. Source: <https://www.thetimes.co.uk/article/tavistock-clinic-treats-girls-who-dont-like-dolls-as-transgender-ffd7kc00>
- What is often referred to as “gender-affirming health care” (puberty blockers, cross-sex-hormones and surgery) can leave the young person with permanently impaired sexual function.

Source: <https://www.genderhq.org/trans-youth-side-effects-hormone-blockers-surgery>

Consider this example

If a 14-year-old girl referred to a gender clinic says she is certain she is a boy, what is an ethical psychotherapist to say? Under the proposals, psychotherapists will be afraid to ask exploratory questions. Fearing prosecution, they may affirm the girl’s identity as a boy without exploring all the other issues that may be relevant (internalized homophobia, autism spectrum disorder, past trauma, depression, anxiety, eating disorders etc.).

Some therapists may decline to see such patients altogether, for fear of falling foul of the law, thereby increasing the length of already long waiting lists and leaving these vulnerable young people without support. This is harmful for the young people concerned and puts therapists in an impossible position.

Furthermore, in the case of “affirmative” interventions that are later regretted,

multiple lawsuits for medical malpractice are likely in the medium to long term.

Are our concerns justified? Consider the grave errors made in similar legislation introduced in Victoria, Australia – legislation that has astonishingly been praised by MPs in the UK House of Commons as “best practice”. This Victoria Bill, the Change or Suppression (Conversion) Practices Prohibition Bill 2020, makes it illegal to provide talking therapy or psychiatric support to any young people convinced that they have been born in the wrong bodies.

To put it plainly: under the law in Victoria, if a girl says she is a boy, this must be affirmed and not questioned or explored: otherwise the therapist risks imprisonment.

Do you really think this should be described as best practice?

On religion: We find it abhorrent that some religions classify homosexuality as sinful and set out to “cure” people of it. It is disheartening that some adults feel distressed by their homosexuality and seek out religious help because of it.

However, we do not believe it is the role of the state to say some forms of religious belief are valid and others are invalid, or that some religious rituals are acceptable and others are unacceptable.

Question 3

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

We answered: Neither agree nor disagree

We cannot answer the question on penalties, since there is no coherent definition of “conversion therapy” and confusing sexual orientation with “gender identity” risks causing real harm. As far as gay conversion therapy is considered, we would cautiously agree. As far as “transgender conversion therapy” is concerned, given all the risks we have identified, we strongly reject the idea of introducing any penalties for “talking therapy” in relation to children with gender dysphoria who self-identify as “transgender”.

Question 4

Do you think that these proposals miss anything? If yes, can you tell us what you think we have missed?

We answered: YES

This is an opportunity to share what you think is missing from the UK Government's proposals

Please consider the following crucial points in your response:

We are surprised and concerned that the Government is seeking to draft legislation about two very different issues – sexual orientation and gender identity – at the same time. Introducing a ban on gay conversion would command universal support. But “transgender conversion therapy” is a completely different matter and any legislation covering it will require far more time and scrutiny:

- There is a body of evidence, going back decades, to show that gay conversion therapy is a cruel and furthermore wholly ineffective practice. Although most people think of practices that ceased in the UK some 50 years ago, there are undoubtedly cruel practices going on today, largely in religious settings, and if the government can close these loopholes we would applaud it.
- Where “transgender conversion therapy” is concerned, it is unclear what is meant, the evidence is very thin and very recent, and getting it wrong would be enormously harmful. The UK Government surely doesn't want to make the same mistakes as were made in Victoria, Australia. That would risk sending children down a path towards lifelong medicalisation with irreversible effects that some will regret, and criminalizing decent therapists who want to help them.
- The proposals provide insufficient protection to young people with gender dysphoria and insufficient protection to therapists wanting to work with patients who are convinced they are the opposite sex. The proposals refer to children who are “questioning” their gender identity. But many young people are – apparently – not questioning at all. They

are certain they are transgender. We know from the soaring numbers of detransitioners that their certainty is often based on a misunderstanding.

- The UK Government should make clear, either directly in legislation or in guidance accompanying a Bill, that exploratory psychotherapy given to young people who assert that they are the opposite sex (or “transgender”) does not qualify as conversion therapy and would therefore not be an offence under its proposals.
- Conversely, the prescription of puberty blockers to minors who claim to be the opposite sex (or “transgender”) without extensive psychotherapy (to be further defined in guidance) to ascertain the presence of comorbidities and/or the existence of environmental factors such as homophobia in the family circle should be explicitly classified as conversion therapy and constitute an offence under the government’s proposals.
- It is our hope that The Cass Review will clarify the appropriate approaches to children referred to gender clinics once it has reviewed the evidence. We therefore feel introducing any legislation on this issue before Hilary Cass has announced the findings of her team’s review would be entirely wrong.
- It is our position that the main victims of conversion therapy are detransitioners. These are young people who were convinced they were the opposite sex and underwent hormone treatment and in many cases surgery in an attempt to change sex and who later regretted these interventions and are sad or indeed angry that they did not receive better care. There are no funded support services for these people; the government has failed to address this.
- We hope that detransitioners, and others with direct experience of this issue, will respond to the consultation and make their views known.
- It is also a real problem that these proposals do not clarify whether detransitioners could receive help. Would therapists be criminalised for exploring patients’ certainty that they are transgender, or – at a later stage – their certainty that they made a mistake and are not transgender after all?
- As the example in the reply to Question 2 shows, the proposals will scare therapists so much – fearing false accusations of “conversion therapy”

and criminal charges – that fewer will agree to see such clients. This will exacerbate the already serious shortage of care for all gender-distressed children.

Question 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? Why do you think this?

We answered: SOMEWHAT DISAGREE

This is sadly of little relevance. The main promotion of “conversion therapy” occurs on social media, through platforms such as TikTok, YouTube and reddit. There, girls are encouraged to wear binders, and images of girls who have had their breasts removed are posted in a celebratory manner. This material, in our view, is profoundly homophobic and seeks in many cases to “trans the gay away”. We urge the government to consider separate regulatory action to curb this harmful material, similar to curbs on material promoting suicide or self-harming.

Question 6

Do you know of any examples of broadcasting that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

We answered: YES

BBC dramas such as “First Day” (CBBC, 2021) and the ITV’s “Butterfly” (2017) not only promote the fiction that some children are “born in the wrong body” and require drugs and surgery, but depict those who disagree as nasty bigots. TV documentaries on trans issues frequently present false statistics on suicide and detransitioning, and falsely state that puberty blockers are harmless and provide a “pause” during which teens can “make up their minds” whether to transition or not (e.g. Victoria Derbyshire series, “Transgender Children” (2017), and “Transitioning Teens” (BBC3, 2021))

All this material is profoundly misleading and we believe it is also homophobic. It amounts to “conversion therapy” targeting gender non-conforming children, most of whom would grow up gay, lesbian or bisexual if not medicalised. The belief that one has been “born in the wrong body” leads in many cases to lifelong medicalisation, absence of sexual feeling, a wealth of medical complications including incontinence and sterilization, in young people who later profoundly regret having undergone this treatment. It is frankly shocking that these interventions are celebrated in BBC broadcasts.

Question 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?

We answered: DISAGREE

The definition of “conversion therapy” should include the promotion of harmful products such as binders and harmful surgeries such as double mastectomies. In our view, the Government has failed to realize that such products – which target children who do not conform to gender stereotypes – are part of an online “conversion therapy” encouraging them to believe they need to change their bodies to become the opposite sex – something that is neither desirable nor possible.

Question 8

Do you know of any examples of advertisements that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

We answered: YES

There are hundreds of examples. Here are just two. Below is a link to an advert on TikTok, a social media platform popular with young people, by Dr Sidhbh Gallagher. She stands and sways amid palm trees, with a cheerful musical accompaniment, for her sales pitch on double mastectomies, which she calls “Teetus Deletus”. Such videos are viewed many thousands of times. We are

referring to this as an advertisement promoting conversion therapy since many of the girls who want their breasts removed are lesbians and are hoping to be “converted” into boys.

<https://twitter.com/ALLIANCELGB/status/1379540567579893760?s=20>

The same applies to the company Lush, which advertised a campaign to provide binders to girls seeking to flatten their breasts. Binders are harmful products that cause a number of health problems. Again, we see them as a kind of conversion therapy for young lesbians.

Question 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?

We answered: STRONGLY AGREE

Although we agree there is a gap in provision for victims of the practice, we believe the Government has failed to address what we see as the primary gap. As explained above, we believe the main victims of “conversion therapy” are detransitioners. The document completely fails to address this issue. Since these patients have been so woefully failed by the NHS, it is the responsibility of the NHS to urgently establish a dedicated unit to address these patients’ complex needs.

Question 10

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

We answered: STRONGLY DISAGREE

Given the Government’s failure to identify what we see as the primary gap in provision for victims of the practice, we find the proposals inadequate. The Government has made no proposals to remedy the current lack of any

provision to provide care to detransitioners, who we see as currently the primary victims of gay conversion therapy in the UK.

We do not object to the proposals to introduce Conversion Therapy Protection Orders in the case of gay conversion therapy, but as we have said, we strongly advise against introducing any legislation at this stage in relation to “gender identity conversion therapy”, since the definitions and evidence have not yet been established.

Question 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? Why do you think this?

We answered: NEITHER AGREE NOR DISAGREE

Where gay “conversion therapy” is concerned – practices seeking to change a person’s sexual orientation – we certainly agree. However, in the case of “transgender conversion therapy”, we do not consider the Government has provided any evidentiary basis for this proposal. Given the above arguments, such as the failure to provide clear definitions and the complete failure to understand the homophobia underlying the drive to promote puberty blockers, we consider this approach misguided in relation to “transgender conversion therapy”. The proposals risk disqualifying persons who have a genuine desire to ensure safeguarding principles are upheld.

Question 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 service)? Why do you think this?

We answered: Neither agree nor disagree

The Government has failed to provide any evidence on which to answer this question. Given the failure to provide clear definitions of “conversion therapy”, “transgender”, and “gender identity”, this question is impossible to answer.

Question 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 service)? Why do you think this?

We answered: Strongly disagree.

Our answer relates to the NHS. As explained in our answer to question 4, the main victims of conversion therapy, in our view, are detransitioners. The NHS urgently needs to set up a specialist unit for detransitioners, whose lives have been severely impacted by interventions carried out by the NHS itself.

Question 14

Do you think that these services can do more to support victims of conversion therapy? If yes, what more do you think they could do?

We answered: Yes

At present the NHS is doing nothing at all to support the main victims of conversion therapy: detransitioners. This is a national scandal. See our answer to question 4.

Economic appraisal

Question 15

Do you have any evidence on the economic or financial costs or benefits of any of the proposals set out in the consultation? If yes, please can you provide us with details of this evidence, including where possible, any references to publications?

We answered: YES

Once the medicalisation of children with gender dysphoria is halted, there is a danger that these children will be left without care. There is a need for a major investment in mental health services to provide these distressed young people with decent care. This subject needs to be properly researched.

If talking therapy is criminalised and more children are led down a path towards sterilisation and numerous other health risks, the NHS can expect a plethora of lawsuits alleging clinical negligence. These are likely to be extremely expensive for the NHS. This projection is based on the growing number of young detransitioners who feel their medical care was negligent.

Equalities impacts appraisal

Question 16

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 responded: YES

As argued above, the main “conversion therapy” taking place in the UK today (misleadingly known as “gender-affirming care”) impacts disproportionately on young people who are attracted to others of the same sex – those with the protected characteristic of sexual orientation. This is in our view by far the most important issue to be addressed.

Meanwhile, those who realise they received completely inappropriate care – detransitioners, many of whom are lesbians and therefore have the protected characteristic of sexual orientation – are being failed a second time by the health service that failed them by being completely abandoned.

Questions related to privacy

Question 17

Would you like your response to be treated as confidential?

We responded: No