

## Response ID ANON-VEE4-K7FR-E

Submitted to Banning conversion therapy  
Submitted on 2022-02-03 19:16:21

### Introduction

#### Individual or organisation

Are you providing an individual or personal response or a response on behalf of an organisation?

Organisation

#### About your organisation

What is the name of your organisation?

Please write in:  
Fair Play For Women

What type of organisation is it? (Please tick the category which most closely reflects your organisation)

Charity/ third sector organisation

Does your organisation work on behalf of any of the following people? (Please tick all that apply)

Young people (16 years or over), Women

Which country does your organisation work in? (Please tick all that apply)

England, Northern Ireland, Scotland, Wales

Approximately how many people work in your organisation?

1 to 10 people

#### Views on banning conversion therapy

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

Somewhat disagree

Why do you think this?

Please explain the reasons for your answer:

We are opposed to conversion therapy practised on gay people, or on anyone unhappy with their sexual orientation. However, we cannot agree with the statement that the government should intervene to end conversion therapy in principle. This is because the consultation also covers conversion therapy for people who have a transgender identity. It refers to gender identity and sexual orientation in a similar way. We believe this is highly problematic. By mixing up two very different categories of people, the proposed legislation contains a contradiction at its core. Preventing 'transgender conversion therapy' by law may actually increase the risk of gay conversion therapy for lesbian and gay children and young people, who make up the majority undergoing medical 'transition.'

#### Targeting physical conversion therapy

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

Somewhat not support

Why do you think this?

Please explain the reasons for your answer:

Physical acts intended to convert someone's sexual orientation are already illegal under existing legislation. The idea of an aggravating factor is unnecessary. It also sets a dangerous precedent if medical treatment can be deemed to be a physical act of conversion therapy. If a person does not want a treatment which medical staff deem necessary, they may in some circumstances be over-ruled. Could medicating an emotionally distressed or mentally ill person be claimed by them as a physical act of conversion therapy? If an anorexic or suicidal person were medicated for their own protection, but this stopped or delayed them from obtaining cross-sex hormones, for example, could this be regarded as interfering with their access to treatment for medical transition? Would this be a physical act of conversion therapy?

## Targeting talking conversion therapy

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

Strongly disagree

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

Strongly disagree

Do you think that these proposals miss anything?

Yes

If yes, can you tell us what you think we have missed?

Please explain the reasons for your answer:

It is extremely dangerous to criminalise talking therapy. There is ample evidence, not least from the profile of patients referred to Gender Identity Clinics, that the incidence of autism among those seeking puberty blockers and/or cross-sex hormones is greater than in the general population. Similarly, the proportion who are same-sex attracted is vastly greater. There is evidence (as reported in BBC Newsnight, for example) of parental homophobia being a factor in seeking medical transition for a child, so that a young person who might grow up gay becomes a heterosexual transgender person. There is also good evidence of other factors such as experience of sexual abuse being a driving factor in wishing to change sex. These are all reasons why it may be beneficial for a referred patient to access talking therapy that could appear to question their transgender identity, simply by not affirming it and exploring other aspects of their life. This is not the same as opposing their wish to transition. Good therapy holds a neutral space to allow issues to emerge and be addressed. Criminalising this will have a chilling effect on therapists, and will ultimately be detrimental to patients. An affirmation-only approach risks failing those young people whose issues will not be addressed by transition. Evidence from detransitioners shows that this approach can lead to inappropriate and irreversible medical treatment and subsequent regret among some people. If we want the best for young or distressed people, then talking therapy must not be criminalised.

## Restricting the promotion of conversion therapy

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?

Somewhat disagree

Why do you think this?

Please explain the reasons for your answer:

There is no need for stronger measures against the broadcast and promotion of conversion therapy, but there is a risk that the current Code is not fit for purpose. Some broadcasters, including the BBC and ITV, appear to promote transgender identities as immutable, and to avoid coverage of any negative consequences of transgender ideology, such as detransition. Given that conversion therapy has not been well-defined, and that affirming trans identities can in some cases mean converting a gay person to be a straight one of the opposite sex, this means that in effect broadcasters are promoting gay conversion therapy.

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

Yes

If yes, can you tell us what these examples are?

Please write in:

As previously explained, affirming trans identities can in some cases mean converting a gay person to be a straight one of the opposite sex, rather than helping them to accept their sexual orientation. This means that in effect broadcasters are promoting gay conversion therapy. This is of particular concern where young people are involved.

Examples include: 100 genders (BBC Teach), I am Leo (CBBC), Just a Girl (CBBC), First Day (CBBC), Butterfly (ITV). Most of these were expressly aimed at children.

Note that the BBC Teach material which featured the "100 genders" was aimed at primary school children (key stage 2) and is part of the BBC's educational output which is not regulated by the OfCom code. It was eventually withdrawn after being ridiculed in the media, but not before many thousands of children may have been taught that there are over 100 genders and that people can choose, and can change sex.

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?

Somewhat disagree

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

Yes

If yes, can you tell us what these examples are?

Please write in:

Advertisements that normalise and glamorise transition may be inadvertently promoting gay conversion therapy. This is particularly likely when they feature a female-born person who now wants to be perceived as male. Statistics from GIDS and elsewhere show that same-sex attraction is almost the norm among females presenting for assistance in transitioning to a male identity. For example, the "What's your name" TV advertisement for Starbucks featured "James", who is challenged when people continue to call him by his birth name, "Jemma."

Elsewhere, cosmetics retailer Lush is currently promoting 'chest binders' for girls who want to disguise the fact they are girls. This is promoting a garment which is far from benign. Compressing breast tissue leads to problems including chest & shoulder pains, shortness of breath, dizziness, respiratory infections and fractured ribs.

### Protecting people from conversion therapy overseas

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?

Somewhat disagree

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

Somewhat disagree

Why do you think this?

Please explain the reasons for your answer:

There is documented evidence of clinics outside the UK being used to provide surgery and to prescribe puberty blockers and cross-sex hormones for the under 18s. This could be seen as a form of gay conversion therapy as this group would most likely be gay or lesbian if allowed watchful waiting, which includes talking therapy, rather than being provided with medical intervention by overseas doctors and therapists.

### Ensuring charities do not support conversion therapy

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?

Strongly disagree

Why do you think this?

Please explain the reasons for your answer:

The Charity Commission already has powers to intervene where a charity is not adhering to its objects or where trustees are not fulfilling their duties. The definition of conversion therapy is so wide, and so open to misinterpretation, that a charity providing support for those unhappy with their lives, their sexual orientation or their gender identity could fall foul of this provision. The beneficiary of such a charity could seek help and later regret having done so; thus they could retrospectively report the charity for the support it provided. It is notable that the research into conversion therapy to which this consultation refers has instances of precisely this sort: in which people report that they experienced an intervention which they now say felt like conversion therapy, but they fail to define what such experiences were.

### Recognition by authorities of conversion therapy as a problem

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?

Services action against people carrying out CT - Police:

Somewhat agree

Services action against people carrying out CT - Crown Prosecution Service:  
Somewhat agree

Services action against people carrying out CT - OTHER statutory service:  
Somewhat disagree

Why do you think this?

Please explain the reasons for your answer:

Many police forces and the CPS are, or have been until recently, members of Stonewall's employer schemes, and have had training from them and/or from other trans lobby groups which promote transgender identities and encourage affirmation and medical transition. Given that such transition can actually mean gay people, especially young lesbians, being encouraged to become straight people of the other sex, this is a form of conversion therapy. Thus, the police and the CPS are poorly equipped to protect young people from this sort of pressure to transition and conform.

To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy?

Services support for victims of CT - Police:  
Somewhat agree

Services support for victims of CT - Crown Prosecution Service:  
Somewhat agree

Services support for victims of CT - OTHER statutory service:  
Somewhat disagree

Why do you think this?

Please explain the reasons for your answer:

The evidence from GIDS is that some young people transition to escape their same-sex attraction, either of their own volition or under pressure from others. Without adequate talking therapy at the time, they do not realise their mistake until after they have had irreversible medical treatments. The NHS provides no service for detransitioners and those who live with the regret of medical transition. Banning talking therapy would increase the incidence of regretful transitioners and make this problem even worse.

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

Yes

If yes, what more do you think they could do?

Please explain the reasons for your answer:

The NHS needs to recognise and create treatment pathways for those who wish to detransition. It also needs to track outcomes from its gender identity clinics, and generate a robust evidence base for diagnosis and treatment through medical transition.

Conversion therapy practices for being gay, other than those conflated with a trans identity, are vanishingly rare in the UK. Therefore the focus needs to be on protecting those who present as trans but who may in fact be grappling with an emerging homosexual or bisexual orientation, or whose families do not accept their sexual orientation. Nowadays in the UK, homophobia can be channelled into embracing a transgender identity. It would be a gross failure of this legislation if it legitimised such behaviour by insisting on affirmation only for gender identity. This would remove any protections for anyone being pressured to transition from gay male to straight trans woman, or lesbian to straight trans man. With this legislation in place, only affirmation would be permitted, and therapists would be afraid to explore whether other factors such as sexual orientation could be a factor in their wish to transition.

## Economic appraisal

Do you have any evidence on the economic or financial costs or benefits of any of the proposals set out in the consultation?

Yes

If yes, please can you provide us with details of this evidence, including where possible, any references to publications?

Please write in:

There is a complete lack of economic or other appraisal of the cost and consequences of affirming gender identity and providing medical treatment to transition. Evidence is slowly emerging that in some cases this has amounted to gay conversion therapy, at a financial cost to the NHS and a painful personal and lifelong cost to the patient. By treating gender identity as analogous to sexual orientation, this proposed legislation will exacerbate this problem, and make it harder to track and measure the true cost and impacts of medical transition. This is not in the interests of young people, whether gay or straight. It is not a responsible approach to the care of distressed young people.

## Equalities impacts appraisal

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?

Yes

If yes, can you provide us with details of this evidence, including where possible, any references to publications?

Please write in:

The impact of the affirmation approach on gay and lesbian young people, and also on young people with disabilities such as autism, has been neglected. There should be proper Equalities Impact Assessment of the affirmation approach on these two groups, both of whom are recognised in the Equality Act as protected characteristics. Testimony from detransitioners suggests that a large percentage feel they were given inadequate counselling before undergoing medical transition. Studies which show this are linked below.

<https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479>

<https://link.springer.com/content/pdf/10.1007/s10508-021-02163-w.pdf>

<https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>

### Confidentiality

Would you like your response to be treated as confidential?

No