

The Scottish Parliament's Equalities, Human Rights and Civil Justice Committee has called for views on a petition urging it to 'ban the provision or promotion of LGBT+ conversion therapy in Scotland'. It has invited responses to three questions: this is the response from For Women Scotland, 12 August 2021.

Q1. What are your views on the action asked for in the petition?

For Women Scotland is a grassroots campaigning organisation whose aims include promoting the welfare of women and girls in Scotland, and protecting and strengthening our legal rights. We believe that there are only two sexes, and we work to support lesbians who define themselves as women who are same-sex attracted. Amongst our aims we seek to provide a means for women's voices to be heard and recognised in respectful, evidence-based discussions across Scottish civic society. This response to the call for views on LGBT+ conversion therapy has been led by some of our lesbian members and supporters.

We think the petition is fatally compromised by its failure to define what is meant by 'conversion therapy', and in consequence, this consultation is similarly compromised. We believe that for most people the phrase 'conversion therapy' suggests:

- a) Homosexual men being subjected to 'aversion therapy' by means of electric shocks delivered through electrodes attached to their genitals and/or
- b) Homosexual men being forced to take medications amounting to chemical castration which suppress their libido and supposedly 'inappropriate' sexual desires, as in the case of, for example, Alan Turing, and/or
- c) LGB people being subjected to unwanted, aggressive, and sometimes violent interventions from religious leaders and communities determined to exorcise individuals of the demon of homosexuality. (See Jeanette Winterson's semi-autobiographical account in *Oranges are Not the Only Fruit* for an excellent account of such practices)

All of the above are utterly abhorrent. However, to the best of our knowledge, they have long since ceased to be practiced in the UK, and would in most cases be treated as assault and hence are already illegal.

We are not aware of any research that supports the assertion in the petition that "there is a real threat to LGBT+ people throughout their lives from conversion therapy". Of the two secular references cited, one is a small-scale (2015) study by the campaign group Stonewall which found that 10% of health care practitioners surveyed had witnessed a colleague express the belief that someone can be "cured" of being lesbian, gay or bisexual. Whilst this is of some concern, it is not evidence of widespread conversion therapy. The other is a 2009 academic journal article which has been badly misinterpreted by the authors of the petition. The research reported in the article found that 4% of mental health care practitioners would attempt to change the sexual orientation of a client if asked to do so. A larger minority reported trying to understand and work with the complex reasons why a client may request help to change their sexual orientation: the authors concluded that any attempt by such practitioners to collude with clients is likely to be ineffective and potentially harmful. Again, this is not evidence of widespread conversion therapy. The results of the Faith and Sexuality Survey, reported in detail in the petition, are indeed concerning. They illustrate clear harms to lesbian, gay and bisexual people from the practice of attempts to change individuals' sexual orientation. But it is not clear from the results whether the participants (the majority of whom were older) were reporting on recent incidents, or whether their experiences were

years or decades in the past. We think, therefore, that the case for a legislative ban on conversion therapy has been over-stated and is not borne out by the evidence base cited.

In failing to define 'conversion therapy, the petition also fails to clarify what practices would be covered by the requested ban. In its use of the term "LGBT conversion therapy", the petition conflates sexual orientation and gender identity which are two distinct things. The research cited in the petition (and referred to above) considers attempts to change sexual orientation only. Yet the petition refers (in emotive language) to "a redoubled campaign against transgender identities", suggesting that the petitioners seek a ban that will include gender identity as well as sexual orientation.

Given public discussion of sex and gender, and in particular the ongoing controversy about health care services for young transgender-identifying people, we believe that what the petitioners are trying to label as 'conversion therapy' and wish to criminalise includes non-judgemental, evidence-based counselling which takes the well-being of the individual as its starting point, as opposed to the requirement to unconditionally 'affirm' whatever identity the individual asserts, regardless of that individual's age, stage of development, or state of distress. If counselling of this kind is criminalised, therapists would be unable to explore with their clients issues such as past abuse, sexual orientation, and/or a range of common comorbidities such as eating disorders and autism/ASD. Criminalising such counselling would also have the likely perverse effect of creating a climate of fear for clinicians, leading to a disincentive to practice counselling and therapy with individuals experiencing gender-related issues, and exacerbating the present crisis in providing sufficient medical and psychological services for such individuals.

We are particularly alarmed by the prospect of a 'conversion therapy' ban that would criminalise thoughtful, open-minded responses to children and young people expressing the belief that they are of the opposite sex, and that would oblige (or be perceived to oblige) practitioners to adhere solely to the 'affirmation' model in dealing with adolescents and pre-adolescents. Legislation that mandates the unconditional affirmation of children's and young people's belief that they are of the opposite sex (or that their sex is irrelevant) implies [social transition](#)¹ as requested by the child or young person, and is problematic in a number of ways:

a): For most children who identify as the opposite sex and are diagnosed with gender dysphoria pre-puberty, their gender dysphoria resolves during and as a consequence of puberty: [in a meta-study of a number of earlier studies, Cantor \(2016\)](#)² found that between 60% and 90% of transgender-identifying children 'desist' by adulthood, with most of them subsequently identifying as lesbian or gay. A ban on 'conversion therapy' which seeks to criminalise thoughtful exploration of the range of factors for a pre-pubertal child's transgender identification may thus have the perverse effect of acting as a form of conversion therapy for individuals whose confusion over their gender prefigures their coming out as lesbian, gay or bisexual. There is also reason to be concerned that 'affirming' a child's belief that they are of the opposite sex will make it harder for that child's dysphoria to resolve during adolescence, which it would in all probability have done had the existing approach of 'watchful waiting' been employed.

b) There are poorly-understood complex psycho-social factors which make unconditional affirmation inappropriate. The number of children and young people

¹ <https://www.stonewall.org.uk/supporting-trans-child-or-young-person-school-or-college>

² http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html

presenting with gender dysphoria has increased exponentially in the past 10 years. An [Fol request](#)³ showed a 700% increase in referrals of young people to Scotland's young people's gender service at the Sandyford Clinic since 2013, with girls accounting for the majority of the increase. We do not know with any certainty the reason for this dramatic shift. What we do know is that gender dysphoria was almost entirely unknown amongst girls until around 2010, with childhood gender dysphoria presenting almost entirely among pre-adolescent boys. Whilst LGBT+ campaigning groups may unproblematically assert that this is because of the increased visibility of transgender identities amongst young people, other alternatives such as [social \(including online\) contagion](#)⁴, and the pressures on girls to be (hetero)sexually attractive and active, need much fuller exploration. [Detransitioning young women have argued](#)⁵ that they were inappropriately set on a path to medicalisation because social factors such as the lack of role models for young lesbians were not considered. [Clinicians with experience of working with trans-identifying girls](#)⁶ have hypothesised that, for some girls, transition is an attempted solution to the 'problem' of being born female and experiencing a psychologically, socially and physically painful adolescence. Given all these complexities, a ban that criminalises thoughtful exploration of a range of factors in relation to any individual child or young person is not an appropriate way forward.

c) Requiring practitioners to adhere solely to the 'affirmation' model effectively requires them to ignore the social and subjective nature of the 'reasons' children, young people and their parents often give for believing themselves or their child to be transgender, including:

- Children being reluctant to play with toys considered appropriate for their sex, and/or showing a preference for toys and games stereotypically associated with the opposite sex
- Children not wanting to wear clothes considered appropriate for their sex
- Children not wanting to play with friends of their own sex
- Children not behaving in ways deemed appropriate for their sex
- Young people having aspirations stereotypically associated with the opposite sex
- Young people being attracted to members of their own sex
- Children or young people presenting as 'transgender' because someone has told them they might be so because of one or more of the above

Where these reasons are cited as evidence that a child or young person's gender identity (and therefore their 'true self') are of the opposite sex, it is important to notice that what is happening is the reification of gendered norms and stereotypes. It is not in the long-term interests of gender non-conforming children and young people (many of whom will go on to identify as lesbian and gay) for gender roles to be reified in this way, and it is especially damaging for girls who tend to be boxed into more restrictive gender roles. A more helpful response would be to listen attentively and supportively to the child or young person, to help them understand that their sex does not have to limit their choices and opportunities, to support them in gender non-conforming behaviours, to make institutional changes (e.g. in schools) to support gender non-conformity where appropriate, and to challenge wider societal sexist and misogynist practices.

³ <https://forwomen.scot/28/12/2019/sandyford/>

⁴ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0214157>

⁵ <https://www.youtube.com/watch?v=oyMbTd1crgs>

⁶ <https://womansplaceuk.org/2020/02/17/the-natal-female-question/>

In summary, we do not accept the evidence base for the petition, and we do not see evidence that ‘conversion therapy’ as traditionally understood (and as understood by most people who hear the phrase) is happening in Scotland or that it is a current “risk to public health”. The term has not been defined by the petitioners, who conflate sexual orientation and gender identity. In the current context we have good reason to believe that the petition is an attempt to institutionalise the ‘affirmative’ approach, particularly in relation to children and young people, and to criminalise the thoughtful exploration of the complex psycho-social factors underlying transgender identification. As such, we think the proposed actions are not merely unnecessary, but potentially damaging.

Q2. What action would you like to see the Scottish Government take within the powers available to it?

We do not think legislation is necessary, or the right action for the Scottish Government to take. We would like to see four actions:

1) The provision of an unambiguous definition of ‘conversion therapy’. This is necessary so that all parties are clear about exactly what the problem is, what actions are proposed, and the rationale for those actions. We note that this present consultation is compromised by the absence of an unambiguous definition, meaning that respondents may not be referring to the same thing, and we hope this will be taken into account when analysing the responses.

When the term has been clearly defined, we would want to see a more robust and convincing evidence base delineating, separately, the prevalence of conversion practices relating to sexual orientation, and those relating to gender identity. If it cannot be established that ‘conversion therapy’ is a widespread issue – if, for instance, it is a problem in some small minority religions but not a significant or mainstream issue – then other, specialised, responses may need to be considered.

2) The commission of additional research into the unprecedented increase in children and young people, especially girls, presenting with gender dysphoria, and the best way to respond to that increase. The [Cass Review](#)⁷ in England may be a model for such research, though alternative models should be considered.

3) Enhanced funding for related services, and especially for child and adolescent mental health services (CAMHS). Waiting lists are currently unacceptably long, and the Scottish Government should address this through additional resourcing. In the longer term, the Scottish Government should take necessary steps through training and through working in partnership with professional organisations, to develop a genuinely neutral, facilitative and well-trained body of psychotherapists and counsellors who are supported in their practice to be independent of, and unconstrained by, political lobby groups.

4) The provision of neutral guidance for schools. There is some evidence that [schools are being ‘trained’ by government-funded groups](#)⁸ to teach children that the belief in gender identity is an uncontested fact, and this may be shaping some children’s belief that they are of the opposite sex. We would like to see clear guidance for schools to replace the LGBT Youth Scotland guidance (from which the Scottish Government withdrew its endorsement in June 2019 but which is still being

⁷ <https://cass.independent-review.uk>

⁸ <https://forwomen.scot/13/12/2020/george-watson-s-college-staff-transgender-training/>

promoted in schools), following the example of the DfE in Westminster which [specifically advised schools](#)⁹ to use evidence-based resources.

Q3. Do you have suggestions as to how the Committee can take forward its consideration of the petition? For example,

Who should it talk to?

Who should it hear from?

It is essential that the Committee actively seek the views of a range of stakeholders. We note that there has already been engagement with Stonewall Scotland, the Equality Network, Scottish Trans Alliance and LGBT Youth Scotland. We think the Committee will be aware that these publicly-funded groups have a track record of presenting their views as the only admissible ones, and traducing anyone who disagrees with them as transphobic and bigoted. This has polarised the public discussion with regard to sex, gender, gender identity and same-sex attraction. We suggest that the Committee proactively seek engagement with organisations and groups that are fully independent of the Scottish Government and not reliant on it for funding, and with professional bodies and campaigning groups from a range of standpoints.

These should include, but are not limited to:

1) LGB Alliance. LGB Alliance is the UK's only registered LGB charity, working exclusively for the rights and interests of lesbian, gay and bisexual people. LGB Alliance is not in receipt of Scottish Government funding and is thus fully independent. LGB Alliance takes an unambiguous position in support of same-sex rather than same-gender attraction. In consequence they have been subjected to smears and slurs by LGBT organisations, including some of those mentioned above. We urge the Committee not to be influenced by unfounded accusations, and to engage seriously with this organisation.

2) For Women Scotland. We are a grassroots charity, and since our formation in June 2018 we have grown in number and in capacity to represent women and girls in Scottish civic society. We include experts in health, education and other fields relevant to this consultation among our members and supporters, and we represent lesbians who consider themselves same-sex rather than same-gender attracted. We believe the petition is part of a wider obfuscation and blurring of the lines between sex and gender in legislation and policy, and thus has an impact for all women and girls in Scotland.

3) Detransitioners/Desisters. These are mostly young people in their 20s and 30s who formerly believed they were transgender, but later came to understand the [complex range of psycho-social factors underlying their former beliefs](#)¹⁰ and reverted to living in line with their biological sex. [Some of them have spoken publicly](#) about the damage done to them as a result of the 'affirmation' approach, and called for more cautious and exploratory approaches to be taken.

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<https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum#ensuring-content-is-appropriate>

¹⁰ <https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479>

4) [Therapists and clinicians](#)¹¹ who have spoken about the importance of protecting the integrity of neutral, exploratory therapy for individuals struggling with issues of sexuality and/or gender identity.

5) Young LGB people who are feeling isolated and vulnerable, including young lesbians to whom it has been suggested that their same-sex attraction is evidence of a transgender identity.

6) Groups who advocate for the sex-based rights of women and girls, and who have a track record of engaging productively with policy-makers on matters of sex, gender and gender identity and/or a track record of engagement with the complex psycho-social factors underlying the increased numbers of girls identifying as transgender. Such groups include [MurrayBlackburnMackenzie](#)¹², [Sex Matters](#)¹³, [Women and Girls in Scotland](#)¹⁴, [Labour Women's Declaration](#)¹⁵, and [Woman's Place UK](#)¹⁶.

¹¹ <https://thoughtfultherapists.org/about-us/>

¹² <https://murrayblackburnmackenzie.org>

¹³ <https://murrayblackburnmackenzie.org>

¹⁴ <https://wgscotland.org.uk>

¹⁵ <https://labourwomensdeclaration.org.uk>

¹⁶ <https://womansplaceuk.org>