

## **Conversion therapy? What is it?**

Patricia Morgan.

In its banning proposals, the Government declared that “There is no justification for such “coercive and abhorrent practices”. Government must protect everyone with both criminal and civil measures, to eradicate any “coercive and abhorrent practice” that attempts to change or suppress a person’s sexuality or gender identity and “ensure that it is stamped out once and for all” irrespective of whether it takes place in “healthcare, religious or other settings”.

Liz Truss similarly promised to “protect LGBT people from these abhorrent practices.” Then there are the proclamations that “the evidence is clear that it [whatever it is?] does not work”; it cannot change a “person from being LGBT”. Thirdly, there is the “lasting damage” [whatever that is] for those who “go through it.” These are ‘survivors’ which suggests that they have escaped from a sinking ship or got out of a trench under shellfire. The Government claims to have “analysed the available evidence, listened to stakeholders, and “learnt from international counterparts...” (Banning Conversion Therapy – GOV.UK. 2021.)

Some pretty hard-line certainties here.

Doesn’t any policy, certainly legislation, needs a definable object? In early 2022 the Equality and Human Rights Commission removed itself from Stonewall control and reminded advocates that you cannot “legislate without definitions or evidence”. Otherwise, this is a subversion of democratic procedure. Is the soundbite “coercive and abhorrent” a sufficient stand-in for definitions? Is just stating that the “evidence is clear” enough to justify claims?

The proposals have promised to further “the UK’s position as “an international leader on LGBT equality, having legalised same-sex marriage and introduced one of the world’s most comprehensive legislative frameworks for protecting LGBT people from violence and discrimination”. With equality achieved on all fronts, abolishing change attempts might provide activists with another enterprise, along with tackling more ‘hate crime’ and updating the Gender Recognition Act for the legal affirmation of self-defined sexual identity.

Alicia Kearns, a Tory MP, is among those supposedly in the know. She says she came into Parliament with “one legislative change I wanted to deliver, which was to ban conversion therapy”. Is this why the constituents elected her? Kearns attributes her inspiration to seeing “on the eve of LGBTQ+ History Month, *It’s A Sin*, a film about a “group of gay men” back in the 1980s time of AIDS.” She found it “heart-breaking” as it laid “bare the trauma still inflicted on thousands every day by prejudice, ignorance and...hatred” by the “abhorrent practice of

LGBTQ+ conversion therapy”. Many like her get what they take as evidence from Hollywood and other media where, ‘coercive and abhorrent’ means LGBTs being tied down, electrocuted, or beaten with Bibles. Then there are the ‘tens of thousands’ apparently being coerced in facilities suggesting Soviet Gulags or Maoist re-education camps. Baroness Helena Kennedy talks of coercive and abhorrent “practices causing untold harm to millions of LGBT+ people” where many “believe the only way to deal with their psychological trauma and shame is to take their lives.” Evidence? She has seen “LGBT+ people being prayed for in a Netflix drama, so she wants all religious procedures to “face the full force of the law” including any “one-to-one ministry sessions”.

There are no court cases where a professional has been found to have used torture or been abusive when dealing with unwanted same-sex attraction or gender discordance. It is always possible that cases could emerge, as for other awful happenings. So far, nobody in the UK is being beaten, raped, electrocuted, burnt, imprisoned or lobotomised to convert to heterosexuality, or natal sex identity.

When Penny Mordaunt was UK Minister for Equalities, the Government Equalities Office repeated claims about ‘corrective rape’ as a form of ‘conversion therapy’. This led to two Freedom of Information requests asking for supporting evidence. Where was it? Nowhere.

The GEO commissioned research from Coventry University (a Stonewall Diversity Champion) in advance of a ‘conversion therapy’ ban. Despite the researchers’ LGBT associations and support for comprehensive bans, no ‘aversive’ techniques were reported by those they selected for interview, apart from one transgender respondent claiming to have been shown a video of gender reassignment surgery.

Should images conjured out of air and sensational media accounts be uncritically accepted as worthy sources of information or bases for policy and law making, determining the decisions of politicians and professionals?

This looks like the pursuit of a chimera.

There are existing laws which criminalise physical and sexual assault, threats, verbal abuse, enforced confinement – and coercive control. Furthermore, there are already heavier penalties for assaults on those with ‘protected characteristics’, as these might also qualify as ‘hate crime’. To me, what this should raise is why assaults on some people merit higher penalties than ones against others who not in special categories.

Significant is how a ban on matters like electrocution would have none of the far-reaching social impacts that activists are campaigning for.

The advantage of poor definitions - or policies launched as sound bites or slogans – is that these offer a blank canvas.

Alicia Kearns moves from electric shocks and enforced confinement to prosecuting “those responsible (especially for non-violent practices) ...” In the line of fire are variants of ‘talk, or psychiatric therapies, plus spiritual procedures so that, essentially, Grievous Bodily Harm law must apply to counselling. The Scottish Parliament’s Equalities, Human Rights and Civil Justice Committee, recently insisted how a ban must be “fully comprehensive and cover sexual orientation and gender identity ...for both adults and children in all settings without exception...”

Suggested is up to six months imprisonment or unlimited fines for perpetrators. There could be five years if the victim has been “seriously harmed” or suffered “psychiatric injury” – whatever these are. Police, prosecutors and statutory services must develop “new policies”, among which is a promised Conversion Therapy Victims’ Helpline. This is to direct people to “relevant services” and give “support to individuals who have gone through, are going through, or are at risk of, conversion therapy” and provide “public information” about this. Included are reports to the police and emergency housing, as well as helping anybody aware of instances of conversion therapy about what action to take.

Question. If a ban is about talking therapies or psychiatric counselling, since when have these had to involve police protection and emergency housing? This suggests that there are victims fleeing from fanatical gangs, when the only possible ‘peril’ to be addressed is psychotherapy. When any change or conversion therapy is damage causing oppression, as argued by, not least, Jayne Ozanne, campaigner for bans from within the Church of England, no one should be able to consent to this and there should be a statutory duty to intervene and over-rule people’s choices. As oppression is not voluntary, for the victim’s own good it cannot be allowed. Change seekers are being grouped with the insane and, incapable of rational decisions, these victims cannot control their lives and have no right to self-determination.

Other proposals are that any member of the public can put others under investigation by reporting a “risk of conversion therapy”. It is also suggested that family courts should be empowered to use Conversion Therapy Protection Orders to stop parents allowing children to undergo this “abusive practice”, with a mandatory legal requirement on others to report suspected cases. A question: would risk assessments enable children to be removed from families when reports of exposure to

'conversion therapy' are made? Another question: would LGBT organisations be involved here?

Banning conversion therapy is two-sided. There are demands that 'affirmative therapies' for sexual orientation and gender identity be available so that those unhappy with their sexual orientation or gender identity can be helped to live more comfortably with this. Affirmation is recommended for those who might wish to leave by the NHS, Relate, British Psychology Society, Mind, the Royal College of General Practitioners and 17 other leading medical and psychotherapy bodies, who signed a Memorandum of Understanding to end conversion therapy.

This lines up with how, over recent years, transgender clinics have replaced 'watchful waiting' by 'affirmation' of the patient's choice, which has included children. Therapists have come to fear being 'transphobic' if they doubt or examine anyone's claims that they are really the other sex or investigate possible influences or underlying conditions.

Forbid some. Affirm others. This is an indication of a far wider enterprise here, and it is one of social reconstruction by a cultural revolution no one voted for. Consider the 'LGBTQ+ Action Plan for Wales', heavily influenced by LGBT organisations. The goals, along with banning "all aspects of LGBTQ+ conversion therapy", are to challenge "heteronormative and cisnormative assumptions"; not least that there are biological sexes. This enterprise means sweeps through education and communication in league with the criminalisation of anything perceived as contrary to LGBTQ+ perspectives. Activists have ambitions that prayer, religious courses, and activities be outlawed, because conversion covers expectations about living by Christian beliefs.

Along with the calls for bans on "coercive and abhorrent practices" there are those allegations is that "it does not work or does not change a person from being LGBT and can cause lasting damage to those who go through it".

The reality? It is not known how many victims are out there, what changes may or may not have occurred - let alone what 'long lasting damage' any have suffered.

Therapeutic procedures or counselling for anything are generally wanted and agreed by clients. Again, there are means to deal with coercive extremes.

Therapy is unlikely to be successful if forced or imposed: involuntary therapy is failed therapy.

People seeking cures are those who *want* a solution, which is important to the chances of success. It is something to bear in mind when there are 'sting operations. This is where those without the slightest intention to

change trap trusting therapists and expose them as frauds because they have not been changed. They decided not to change from the outset, so what does this prove – nothing.

It is often suggested that categorical or total change (from exclusive same- sex - attraction or identity to opposite-sex-attraction or identity) is the must-have result if ‘conversion therapy’ is supposed to work. First off: complete change happens to be rare for any psychological procedure and is often not the purpose in the first place. Outcomes in counselling or therapy are seldom clear-cut or predictable; not are all practitioners equally skilled. There are no easy answers or instant cures for many unwanted predilections or tendencies. Change is usually on a continuum.

Next here, why assume that the objective for change is sexual identity alone, and not some aspect of this or its interaction with other matters like religion, employment, relationships, family and so forth, where compromise or accommodation may be sought. People may want to reduce or lose all kinds of behaviours, from pornography addictions to nervous reactions to particular experiences. There may be positive changes or benefits from many therapies, irrespectively or independently of changes to the initial reason for seeking help.

Unlike other problems that therapies may deal with, claims are that sexual or gender identity is unchangeable anyway. This is not borne out by numerous population studies. These suggest that matters of sexuality, for many people, are relatively fluid and they may move from one aspect to another throughout life and circumstances. Attractions, behaviours, and identity need not coincide. This does not mean that all or any are fluid for everybody, or anyone can change – as sexual orientation also come across as fixed for others.

Suggestions also seem to be that this conversion or change therapy is the only one to result in no and poor outcomes. Opponents like the Government’s Coventry researchers speak of how those who “perceived this to have been a failure, when believing that change was possible, blamed themselves” and were distressed. Unrecognised is how this can apply to people undergoing all manner of therapies for all manner of reasons. Comparison should be made with psychotherapy outcomes in general. Not all patients report or show benefits. Indeed, there is substantial evidence that psychotherapy harms a portion of those it is supposed to help. This involves – consistently -5% to 10% of adults and a higher proportion of children or 14% to 24% - who deteriorate when participating in treatment.

Claims of ‘damage’ should not be made for change efforts unless evidence can be presented that the harm from change efforts is greater than it is for other forms of psychotherapy.

As I have ploughed through a massive amount of so-called research material in this field, I am struck by the very poor standard. Studies are often ‘qualitative’. This means non-random, unrepresentative – with often self-selected or volunteer samples, with researchers who are connected to LGBT organisations. These usually violate basic scientific standards – like confusing correlation with causation.

A ‘gold standard’ empirical investigation to assess changes to sexual orientation, behaviour or attraction attributable to particular therapies, using matched control groups, followed over time, would be very difficult for this subject (along with others in the psychiatric field). There are, however, recent investigations that have used techniques to approximate to this model. Information available from these better controlled and often large-scale studies, does not support absolute claims that change attempts cause ‘lasting damage’. Far from it. If anything, some participants benefit.

The recent research by some brave investigators – hopefully – indicates that the standards in this important field might be showing some improvement. Not before time. Hitherto, the control exercised by identity groups over academic, political and governing bodies has blocked research and debate, bringing down the sledgehammer on objective investigation, creating an environment where hardly any might want to research so fraught a subject.

If an adult is unhappy with their sexual or gender propensities, and freely seeks some means to alter this, should they not have the right and freedom to do so? Rather than clamping down to appease strident factions, there should perhaps be research aimed at developing properly authenticated practices. This means investigation of who seeks change and in what form or dimension, together with the appraisal of outcomes for different interventions or therapies, and for patients with various attributes and objectives.

Unfortunately, the more that help is banned or suppressed, the more unhelpful the measures on offer could become as amateurish endeavours fill the gap. This does not help anyone.

More widely? Policies and legislation should be based on information about just what it is meant to cover, not advanced on slogans or repeated buzzwords. With sweeping measures being fronted under the guise of banning the ‘coercive and abhorrent’ and stopping ‘lasting damage’ there are serious and adverse implications for freedom of speech, personal autonomy, and parental rights, along with liberty of religion and beliefs. A conversion therapy ban has great totalitarian potential, alongside the encouragement of serious problems particularly affecting youth. Stop it.