

Scottish Parliament: Consultation inviting views on the Petition calling for a Ban on Conversion Therapy.

This submission is made on behalf of the Christian Medical Fellowship, an association of about 5,000 UK doctors, medical students, nurses and midwives.

1. What are your views on the action called for in the petition?

The action called for is that the Scottish Parliament, within its devolved competence as guardians of healthcare and criminal justice in Scotland, should pass a law banning 'conversion therapy,' criminalising those found guilty of breaking it.

We acknowledge and regret the harm that has been experienced by LGBT+ people as a result of coercive and even abusive attempts to change their sexual orientation or gender identity and fervently believe, with the petitioners, that such practices should be stopped. Things have been said and done to LGBT+ people that no one should be saying or doing to anyone.

As an association of doctors and medical students, nurses and midwives, united by their Christian faith, it is a particular sadness to us that these practices have sometimes been experienced in Christian churches. Whilst wishing to distance ourselves from such mistreatment, we also want to play our part in helping to remove the prejudice, ignorance and misunderstanding that has contributed to it.

There is no doubt that change is needed, but it is a change in understanding and attitudes that produces a change of behaviour, not a change in the law. For the sort of deep-level change required in churches to protect LGBT+ people to take place, freedom to teach, discuss and change is needed.

There are signs that these much-needed changes have already started to happen. Many who experience same-sex attraction testify to the fact that their experience of being in UK churches is different today than it was even a decade ago. Many are in churches who love and faithfully support them as they seek to follow Jesus's teaching in all areas of their lives, including their sexuality. The proposed ban would leave many Christians and churches so fearful of transgressing the law that they would feel unable to engage with gender diverse people.

Our concern is that a poorly drafted, ill-defined ban on conversion therapy could stifle the very changes that are needed and that have already begun. The proposed law would rightly criminalise harmful, coercive attempts to change a person's sexuality or gender identity, but it would also criminalise work that seeks to challenge homophobia and other unbiblical attitudes towards LGBT+ people that are sadly still present in some churches. The freedom to tell and teach a better story - the historic Christian sexual ethic - would be replaced by a fear of transgressing the law. Harmful attitudes would go unchallenged and pastoral support and prayer would be inhibited.

There is no hiding from the fact that historic, biblical Christian beliefs are out of step with contemporary notions of sexuality and gender. But both 'creeds' champion an individual's freedom to choose how they will live, and both would ban harmful and coercive practices for the common good. It is evident that some people experience unwanted same sex attraction (SSA) or gender

dysphoria (GD) and are deeply distressed as a result. Some of them find love and acceptance in a community of Christians. They experience understanding and support that helps them come to terms with their sexual and/or gender identity, and the courage and strength to live out their Christian faith in a way consistent with its sexual ethic. The petitioners propose that only 'affirmative therapies' should be allowed under a ban. They appear unwilling to recognise that some people struggle with unwanted SSA or gender identity issues. They also discount the growing number of people wishing to de-transition – a phenomenon that at the very least mandates careful study and a moratorium on 'affirmation-only' approaches.

A blanket ban would imprison many in their misery. Proponents rightly want to support survivors of abuse and coercion, but a blanket ban would only add to the list of victims by eliminating all hope of finding the help some are seeking.

In a recent article,¹ Ed Shaw writes: *'there is a real danger that badly worded legislation could stop a same sex attracted gay man like me from accessing professional counselling, pastoral care, support groups, biblical teaching and prayer as I seek to live out my sexuality in the light of my Christian convictions. Just as failing to ban coercive attempts would be harmful, so would banning access to these forms of support that are important for people like me.'*

The more strident voices are calling for a ban that would include non-coercive care, support and education. If we want to see churches become safe places for LGBT+ people, two freedoms must be protected - the freedom for historic biblical truth to be taught and modelled, and the freedom for Christians to challenge and care for each other, with prayer and counsel available for those who seek it. This is key to real change.

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

We commend the Scottish Government for wanting to take this forward.

No question about it, coercive and abusive practices should be banned. Survivors of such abuse should have access to supportive therapies. Training and accreditation for those offering such therapies should be encouraged and widely available.

'Harmful' practices need to be distinguished from legitimate freedoms. 'Harm' must be evidence based. Being offended by the sincerely held beliefs and legitimate practices of another does not constitute harm. Activists who may be offended by those who do not embrace their ideology cannot claim to be harmed as a result. Harm must have an evidence base.

There is no doubt that some LGBT+ people have been harmed by coercive attempts to change their sexuality or gender identity. It is equally the case that other LGBT+ people have valued the love and acceptance, pastoral support and understanding they have found in Christian communities. A 'blanket' ban on conversion therapy, such as that being called for by the petitioners and the Ozanne Foundation, would protect the first group but harm the second group. The harm that such a ban would seek to prevent would, in fact, be experienced by those deprived of the care and understanding they have come to value.

¹ <https://www.livingout.org/resources/posts/28/my-new-interest-in-human-rights>

We ask the Scottish Government to distinguish carefully between abhorrent and coercive practices, that should be banned, and the pastoral care, counsel and prayer that is helping many LGBT+ people, that should lie outside the scope of a ban.

3. Do you have suggestions on how the Committee can take forward its consideration of the petition?

A) Gather evidence

Legislation should be evidence based. Legislation to ban harmful practices must be based on reliable research that clearly demonstrates such harm is occurring.

No evidence has been supplied that historic abhorrent practices such as chemical castration, corrective rape, electric shock therapy and forced marriage are commonly taking place in the UK today, and in any case, legislation already exists that bans such practices.

There is a lack of good quality research data to guide legislators. Such research as has been done generally takes the form of voluntary surveys with small sample sizes and with respondents recruited through the social media channels of the LGBT+ charities. Inevitably, these channels tend to attract respondents with strong views on the subject. In these circumstances, bias in the results is hard to avoid. In addition, the methodology uses retrospective self-reporting, which is not a reliable measure.

One such report is the 2020 Conversion Therapy and Gender Identity Survey.² The cohort surveyed was small. Out of a total 1504 responses to the survey, only 51 respondents had undergone 'gender identity conversion therapy' (p. 10). Of these, 8 (15 percent) 'felt it worked completely' (p. 14). Therefore, the survey identified only 43 (2.8 percent) people who reported negative experiences. This number is surely too slender a basis on which to propose new legislation.

The analysis excluded 28 percent of the survey responses (p. 7). Many of these were omitted for being 'transphobic' (p. 18). No objective criteria are provided to define transphobia; the label apparently serves to exclude responses that contradicted the legislative agenda of the organizations funding the research. Presumably any responses by de-transitioners—who now regret being given medical 'treatments' for gender dysphoria—would likewise have been excluded.

The report also illustrates how the underlying assumptions of the authors can shape (or mis-shape) reports. The authors choose to overlooking existing and well-documented evidence that comorbidities, such as anxiety, depression and autism, may be relevant to the experience of gender.³ They appear to assume that comorbid conditions are always irrelevant to questions of gender identity. As a result, there is a very real risk that gender incongruent young people will be denied assessment and treatment by mental health professionals and instead be treated with puberty blockers and cross-sex hormones that will have permanent and irreversible effects and may fail to provide the hoped-for relief.

² <https://www.stonewall.org.uk/about-us/news/new-research-gender-diverse-people-severely-harmed-conversion-therapy>

³ Griffin, L., Clyde, K., Byng, R., & Bewley, S. (2020). Sex, gender and gender identity: A re-evaluation of the evidence. *BJPsych Bulletin*, 1-9. doi:10.1192/bjb.2020.73

Evidence is growing that the affirmation and social transition of gender incongruent children is, in effect, a new form of gay conversion therapy. *'What we know of the continuing problem of homophobic bullying in schools reinforces the likelihood of gay and lesbian adolescents changing to a trans identity.'*⁴

The point is this. The ideological agenda behind the proposal to ban all forms of conversion therapy not only lacks an evidence base to support it but ignores a growing body of evidence that reveals its assumptions to be false.

We strongly request that the Scottish Government sponsor a programme of independent research and review, to produce reliable data that will inform legislation, and not to proceed on the basis of biased reporting and flawed methodology.

To misquote William Congreve: legislate in haste; repent at leisure.

B) Gather a range of perspectives

The petitioners are a coalition of LGBT+ charities. They are not representative of the population as a whole.

Of 108,000 respondents, the 2018 National LGBT survey⁵ reported just two per cent as having undergone conversion therapy in an attempt to 'cure' them of being LGBT, and a further five per cent reported having been offered it. There is no indication of how long it was before the survey that the attempt to convert the two per cent took place. Some of the cases could have been decades old, which underlines the need for good quality, contemporary research data, to inform any new legislation. Whilst any coercive attempt to convert a person's sexuality or gender identity is unacceptable, this slender (and possibly dated) evidence is surely insufficient as a basis for legislation.

We recommend that the Committee gather perspectives from a wider range of opinion and expertise, including healthcare professionals. GPs are often best placed to understand the social settings of their patients and be able to contextualise their stories. Many of our (CMF) members work in general practice and are concerned that the current affirming approach is fast-tracking gender-confused children to social transitioning and puberty blockade. They are also worried that emerging gay and lesbian young people who experience homophobic bullying at school are identifying as trans to escape the homophobia and find themselves being encouraged towards puberty blockers and trans-sex hormone therapy. In effect, the strongly affirmative trans agenda is imposing a form of conversion therapy on gay and lesbian young people.

We believe the voices of parents also need to be heard where children are concerned. Transgender Trend⁶ is an organisation of parents, professionals and academics who are concerned about the current trend to diagnose children as transgender, and about legislation which places transgender rights above the right to safety for girls and young women in public places and to fairness in sport. They are not a faith-based organisation. We commend them as an organisation to speak with.

⁴ See <https://www.transgendertrend.com/affirmation-gay-conversion-therapy-children-young-people/>

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721704/LGBT-survey-research-report.pdf

⁶ <https://www.transgendertrend.com/>

LGBT+ activists are calling for a far-reaching ban that must include pastoral support, prayer and counsel provided by faith communities. We recommend that the Committee invite the perspective of the Evangelical Alliance,⁷ founded in 1846 and now representing thousands of UK churches. Their aim is to serve and strengthen the work of the church in communities and to promote evangelical Christian beliefs in government, media and society. They have an office in Glasgow.

We would also commend the work of Living Out whose aims include 'to provide pastoral support and advice in relation to biblical teachings on human sexuality, assisting same-sex attracted Christians to reconcile their sexuality with the teachings of the Bible.'⁸ They represent people who would be profoundly affected by the proposed legislation and, as such, merit the opportunity to contribute to the listening exercise.

The steadily increasing number of people requesting help to de-transition is a constituency that also deserves to have their voice heard. Their insights into how the current treatment of gender incongruent people could be made better would help to prevent an escalation in the number of stories like that of Keira Bell from arising.⁹

C) Distinguish between sexual orientation and gender identity

The Memorandum of Understanding (MoU) on Conversion Therapy, published in 2015, and signed by most of the therapeutic bodies, the Royal College of GPs and NHS England, was a practice guide for therapists to protect gay, lesbian and bi patients from therapists who attempted to convert them to heterosexuality.

In 2017, as a result of pressure from trans rights activists, it was revised to include 'gender identity.'¹⁰ The conflation of sexual orientation and gender identity effectively prevents a therapist from carrying out a neutral investigation into a client's gender dysphoria, whatever their age. For young people and children with gender dysphoria this means therapists must affirm a young person's belief that they are the opposite sex. It has been shown conclusively¹¹ that around 80% of children will outgrow a trans identity during puberty if a watchful waiting approach is taken. But even trying to discuss this possibility with a young person could lay a therapist open to charges of conversion therapy. As Shelley Charlesworth has pointed out: *'The NHS is now committed to contradictory guidance; on the one hand it has signed the MoU mandating an affirmation only approach to gender dysphoria and on the other it has revised its advice on treatment, stating that little is known about the long-term effects of puberty blockers or cross-sex hormones'...* *'Whatever the government proposes in relation to a legal ban, the MoU 2017 will remain a block to an open exploratory therapeutic approach for young people who struggle with their sense of self and identity.'*¹²

The same article goes on to review the evidence for a legal ban, asking five questions of available open-access reports:

[a] Is the research based on the UK LGBT population?

[b] Does it distinguish between sexual orientation and gender identity?

⁷ <https://www.eauk.org/>

⁸ <https://www.livingout.org/>

⁹ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

¹⁰ <https://www.bacp.co.uk/media/11738/mou2-reva-0421.pdf>

¹¹ *Adolesc Health Med Ther.* 2018; 9: 31–41. Published online 2018 Mar 2. doi: 10.2147/AHMT.S135432

¹² <https://www.transgendertrend.com/gender-identity-conversion-therapy-uk/>

[c] Is it current or historical?

[d] How does it define conversion therapy?

[e] Does the research draw on a large enough sample to draw conclusions and write legislation?

The article concludes that there is no evidence in any of the reports of documented conversion therapy taking place in professional healthcare settings in the UK. It further concluded that there is some evidence that gay conversion therapy, but not gender identity conversion therapy (GICT), is happening in some faith settings.

The refrain that conversion therapy happens but we don't have a lot of evidence is repeated constantly.

In summary, the article concluded that none of the evidence satisfactorily answers questions [a] – [e] and should not be used as a basis for legislation.

Importantly, no reliable evidence that GICT is occurring in healthcare settings was found.

Our contention is that the 2017 version of the MoU needs further revision lest it represent a barrier to helping children wrestling with their gender identity.

In summary, evidence suggests that most accounts of coercive and harmful conversion therapy relate to historic acts. That these have sometimes occurred in faith settings we deeply regret. That some attempts to 'minister' to people with unwanted same sex attraction today are overly zealous to the point where they are harmful, we also regret, and agree that appropriate legislation to ban it should form part of an informed response. But, as stated above, changing the law does not change attitudes. Education, discussion, and inspirational example is needed. A 'total' ban that aims to shut down the work of responsible churches and organisations will rob many of the very information, support and counsel that they are seeking. Fearful of transgressing the law, churches will cease to engage with people who are seeking to express their sexuality and gender identity in ways consistent with their Christian faith but who experience same sex attraction or gender dysphoria. The very people who currently offer acceptance, community, help and support will be paralysed, fearful of being reported and prosecuted.

We urge the Scottish Government to pause, review evidence, listen to a broad range of stakeholders, and produce better legislation as a result.

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