

Banning conversion therapy – a response by the Christian Medical Fellowship (CMF)

Introduction

CMF is an association of over 4,500 doctors, medical students, nurses and midwives in the UK, who seek to live and work for Jesus Christ.

We are grateful for this opportunity to make a response to Government in connection with its plan to introduce a ban on so-called ‘conversion therapy.’

Inaccurate language

In our view, it is unhelpful that the very first sentence in the Ministerial Foreword, (repeated in the Introduction and elsewhere in the consultation document like a mantra), describes conversion therapy as a ‘coercive and abhorrent practice.’ Immediately, the reader is given to understand that all conversion therapy is inherently harmful and horrible, and that no possible good could come of it. We suggest that the use of such terminology is at best inaccurate and at worst biased and potentially coercive in itself.

Whilst we accept, and deeply regret, that there have been historic examples of abusive and coercive methods, we also note that recent research¹ carried out by academics from Coventry University’s Faculty of Health and Life Science and commissioned by the Government Equalities Office (GEO) as part of its LGBT Action Plan, found no evidence that such practices still occur in the UK, nor have done so in the last 20 years. What the study did identify was a mixture of psychological and spiritual methods – talking therapies and pastoral support/counselling – but nothing that would justify the tone and language of the opening remarks in the consultation document. Whilst we understand that there is political pressure to describe ‘conversion therapy’ in such negative terms, we strongly urge the government to avoid the use of terms for which their own research has found no supporting evidence base.

Official ‘blindness’

The foreword continues with what at first sight is a laudable aspiration: ‘We want every individual to have the freedom to be themselves.’ The implication is that unseen forces are seeking to thwart that aspiration and must be stopped through new legislation. What the wording fails to recognise are those people who struggle with *unwanted* same sex attraction or *unwanted* transgender identity and who seek change-allowing support and therapy. Freedom for such people ‘to be themselves’ must include freedom to resist prevailing ideologies and to access the support and therapy they themselves seek.

There is a spectrum of opinion regarding change-allowing therapy. At one end of the spectrum lie those who believe that anyone with an unwanted same-sex attraction (SSA) or gender identity can (and perhaps should) be helped to change. At the other end lie those who assume that anyone

¹ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>

regarding their SSA or gender identity as unwanted must feel that way because of cultural coercion, particularly by religious communities. In our view, both these views are extreme. We recognise that some people, whether for religious or other reasons, seek support and counsel because of unwanted SSA or gender identity, and we believe that such help should be legally available. These people may be hoping that their thoughts and feelings may change, and it is important that they have access to therapists who would accept the possibility of such change, while helping them to accept themselves if the desired change does not happen. However, not all those with unwanted attraction or gender identity will seek such help, and coercion in these situations is entirely unacceptable.

In this response we are using the term 'change-allowing therapy' to describe this situation - when a client has a settled desire to change and seeks help to achieve their goal. Such help will take the form of talking therapies that assist the client in exploring and understanding the factors at work within their emotional and psychological worlds that contribute to how they think and feel about themselves and towards others. A better understanding is one thing; being able to change is quite another. Change-allowing therapy aims to build on comprehension by suggesting ways to establish new patterns of thought and behaviour, and by supporting the client through the change process. Of course, fully informed consent is a prerequisite.

The challenge for legislators is to prohibit coercive and abusive 'conversion therapy' practices (if they exist and are not adequately covered by existing laws) whilst not inadvertently paralysing the effectiveness of change-allowing therapy and the efforts of responsible pastoral counsellors who fear they might fall foul of new legislation. For 'everyone to be protected,' as the foreword's author intends, coercive methods either to impose conversion or to prevent it must be equally unlawful. The clear trajectory of the proposed new legislation is to prohibit conversion therapy. No recognition is given to valid and non-coercive change-allowing therapies. We suggest that this undermines the credibility of the stated intention that 'everyone should be protected.'

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.

A blanket ban would imprison many in their misery. We suggest that this is as harmful as coercive or abusive conversion attempts. Proponents of the Bill 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,² 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.

² <https://www.livingout.org/resources/posts/28/my-new-interest-in-human-rights>

Unsupported assumptions

The big assumption behind the proposed ban is that people are universally 'born the way they are' (gay, lesbian, bi, trans, non-binary etc), and that it should therefore be unlawful to attempt 'conversion therapy'. Our contention is that this assumption relies more upon ideology than it does upon evidence. Clearly, a great deal more research in this area is needed; unless and until robust and conclusive evidence emerges, we suggest that more nuanced and tentative wording would be wise in framing the terms of prospective legislation.

Another assumption made in the consultation document is that sexual orientation and gender identity are comparable phenomena that can be covered by the same legislation. In our view, there are some key differences. Lifelong medical treatment (and possibly repeated surgical procedures) may be required to enable a person to live out their preferred gender identity, which is not true for LGB people. The eightfold increased prevalence of autistic spectrum disorder (ASD) among those seeking gender transition is not true in the LGB community. The permanent effects associated with gender transitioning, including lifelong sterility, and the challenges faced by those who subsequently wish to detransition, are not faced by LGB people. In addition, the strength of transgender ideology can be such as to coerce vulnerable young people, who are questioning their sexuality, to undergo ill-conceived gender transitioning.

A third assumption appears to be that available evidence is robust and reliable. We suggest that it falls far short of that. Drawing firm conclusions from studies with data quality issues due to small sample sizes, reliance on self-reporting, and causal inferences is fraught with danger. To base new legislation on such flimsy and inadequate evidence is nothing short of irresponsible.

Prevailing philosophy of care represents a form of coercive trans conversion therapy

We welcome the government's determination to 'ensure that no person is put on a clinical pathway that is not right for them, and that young people are supported in exploring their identity without being encouraged towards one particular path.' We share the implied concern that the prevailing philosophy of treatment, that affirms early social transitioning followed in almost every case by cross-sex hormone therapy, is experimental, lacks any credible evidence base, and deprives young people of sufficient psychological and psychiatric assessment, and treatment of co-morbid mental health disorders.

However, the current approach to gender dysphoria certainly represents 'encouragement towards one particular path.' It targets vulnerable young people and goes way beyond talking therapy to medical interventions. These physical therapies may have enduring harmful effects. We trust that statutory bodies will recognise this, too, as a form of conversion therapy and develop policy frameworks to protect vulnerable young people from such practices.

To this end, there is an urgent need to revise existing guidance. 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.'³

³ <https://www.bacp.co.uk/media/11738/mou2-reva-0421.pdf>

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. Even trying to discuss another possibility with a young person could lay a therapist open to charges of coercive 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.'*⁴

Consultation questions

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

Neither agree nor disagree

We have no 'in principle' objection to ending 'coercive and abhorrent' conversion therapy, so long as it is clear what activities the term 'conversion therapy' applies to.

As discussed above, there is no evidence that violent and abusive practices are in play in the UK (and it is not appropriate that such terms should be scattered liberally through the text of the consultation document). 'Coercive' behaviour is a more difficult term to define in this context. The normal meaning is 'forceful or threatening' intervention used to intimidate, frighten, humiliate, punish or harm another. If there was robust evidence that such behaviour is in play and not covered by existing offences, then a case could be made for new legislation. We do not believe that that case has been made.

The proposed new legislation targets talking therapies, offered by faith-based communities or mental health professionals. Were such conversations to be characterised by threats and aggression, with a view to forcing someone to change their sexual orientation or gender identity, this would clearly be coercive. However, evidence for such coercion is vanishingly small. Only two percent of LGBT people claim to have received conversion therapy (according to the 2017 National LGBT survey, with over 100,000 respondents), and no mention of coercion is made in connection with it.⁵

There is no doubt that some LGBT+ people have in the past 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 faith communities. A 'blanket' ban on conversion therapy would protect the first group but harm the second. 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.

⁴<https://www.transgendertrend.com/gender-identity-conversion-therapy-uk/>

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

The need for a new offence to be added has not, in our view, been convincingly made. New legislation might very well intimidate pastoral care provider and mental health professionals who are providing much-appreciated care to those wrestling with unwanted same-sex attraction or gender dysphoria, and those seeking support to detransition. We believe there is a significant risk that responsible care and support will be the unintended casualties of overly aggressive legislation and that, overall, more harm will be caused than is prevented.

We strongly appeal to government to tighten the definition of conversion therapy, to keep normal church activities such as prayer and support for those who request it from becoming unlawful. Prayer, guidance and counsel, sensitively and wisely given within a framework of orthodox Christian teaching, must not be criminalised, albeit unintentionally, and neither should the teaching of traditional biblical beliefs about sexual ethics and behaviour.

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

Somewhat support

We fully agree that there is no place for physical force in conversion therapy. There is no evidence that historic, abhorrent practices such as chemical castration, corrective rape or electric shock therapy take place in the UK today. We are pleased that the government sees no need to create a new offence against physical acts in this setting as they are already covered by existing laws. We also agree that creating an overlapping offence could create confusion in the criminal justice system, and we support the freedom of judges to reflect in sentencing any violent behaviour.

It is normal in some Christian settings for personal prayer to be accompanied by a hand laid gently on a person's shoulder or head, having first secured the recipient's permission. Rightly exercised, these small gestures can serve to reassure and encourage those receiving prayer and aid the effectiveness of the ministry given. Such kind and appropriate examples of touch should not be captured by the wording of any law banning 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

There are two separate issues here, and it is unhelpful to conflate them. Delivering change-allowing, or even change-enabling, talking therapy is not in and of itself coercive and should not be criminalised. In some cases, as mentioned above, help may be sought by someone seeking to resist impulses that conflict with their own desire to align their lives with their faith convictions. This is a far cry from coercion; providing such support should not be criminalised.

In other cases, people of no religious faith but who are distressed by same-sex attraction or gender incongruence seek help and relief. For such people to be told by activists that they should 'own' and even celebrate their 'true selves' is at best unhelpful to them and at worst, cruel. Change-allowing talking therapy should be freely accessible in these situations, without the therapist being at risk of prosecution.

The consultation document speaks eloquently of the government's intention to protect against coercive conversion therapy in any scenario and in either direction. There is surely as great a need to make available responsible change-enabling therapy as there is to protect against irresponsible and coercive change-demanding therapy.

The other issue is around consent for children or those who lack capacity. The Keira Bell case is under review but certainly highlighted the problems associated with uncritical acceptance of a child's acquired gender identity. Government policy strongly affirms early social transitioning for children who are gender incongruent, even though at least 85 per cent of them will ultimately choose to align with their natal gender if a 'watch and wait' policy is adopted.⁶

The affirmation policy has led to many pre-teen children being treated with puberty blockers that prevent the usual alignment of puberty and, in effect, provide a form of 'pharmacological conversion therapy.' Almost all these young people progress to cross-sex hormone therapy in their mid-teens, with all the complications that can arise as a result, not least lifelong infertility.

This policy makes a mockery of the consultation's commitment to protect against coercive therapy in any direction. The government should neither be promoting early transitioning for gender incongruent children and young people – an experimental treatment that is not supported by a robust evidence base – nor should they outlaw change-allowing talking therapies that might help and support children through a period of gender confusion, avoiding irreversible and life-changing medication.

As the judgment in the Keira Bell case illustrated, Gillick competent adolescents are best treated in ways that recognises both their growing capacity to consent and their continuing, though diminishing, vulnerability. In our view, adolescents should be able to access proportionate change-allowing therapy, with appropriate consent, when necessary, judged on an individual basis.

[How far do you agree or disagree with the penalties being proposed?](#)

Neither agree nor disagree

In our view, a new offence is not required. Physical interventions are already unlawful and attract due penalties. Where it can be clearly shown that coercion with the intent to change a person's sexuality or gender identity lies behind the offence, then a sliding scale of severity in sentencing is appropriate, as befits the individual case.

However, the case has not been conclusively made that talking therapies in pastoral, faith or mental healthcare settings are coercive in nature. Added to this are concerns that new legislation would do more harm than good, by rendering unlawful help and support that are consented to and valued by recipients, responsibly provided by person-centred caring initiatives by faith communities, and based upon views of sexual ethics that have stood the test of time.

⁶ *Adolesc Health Med Ther.* 2018; 9: 31–41. Published online 2018 Mar 2. doi: 10.2147/AHMT.S135432

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

Yes

We have a few observations:

- The issue of consent and how it will be managed in practice needs clarification. We suggest it is unthinkable that a Christian minister, faced with someone at the end of a service asking for prayer and counsel about their sexuality, should have to find, explain and mutually sign a consent form before being legally free to pray. These conversations are private and consensual and should not be criminalised by failure to sign a consent form.
- Banning non-coercive talking therapy for under-18s could criminalise parents who encourage their gender incongruent children to live in ways consistent with their biological sex. For example, would parents who decide in good faith not to use a young child's preferred pronouns be liable to prosecution? Such interpretations of a new law would make a nonsense of the government's promise to allow parents to determine what perspectives they share with their children.
- We are concerned that publicly teaching the traditional Christian sexual ethic could be construed as a form of 'talking conversion therapy.' This claim might not stand up in court, but a case brought against a church by an ideological activist present in the congregation when such teaching was given could lead to considerable distress, legal fees and distraction from pastoral work.
- The proposed new law could become an 'activists' charter.' The threshold for the offence is very low – a single occasion – whereas for domestic abuse the offence applies only where there has been a history of repeated abuse. The risk of being accused of coercion is thus much greater, leading to a corresponding increase in pressure on the criminal justice system.

Restricting the promotion of conversion therapy

The Government considers that Ofcom's Broadcasting Code already provide measures against the broadcast and promotion of conversion therapy. How far do you agree or disagree with this?

Prefer not to say

There is, in effect, a ban on promoting valid help to those struggling with unwanted same-sex attraction or gender incongruence or confusion. To deprive these people of access to the help they seek is harmful.

The tone of this whole section in the consultation document is, in our view, unnecessarily aggressive. Encouraging 'everyone to make full use of the reporting mechanism provided by Ofcom to ensure the promotion of harmful conversion therapy is stopped' feels far too much like Orwell's *1984*. Have there been any broadcasts promoting harmful conversion therapy? Would Ofcom consider the promotion of harmless and supportive help for those with unwanted issues of sexuality or gender who are seeking such therapy?

Those who have been helped by talking therapies and prayer should be free to tell their own stories without being accused of unlawful behaviour.

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

No

There are unlikely to be examples as debate has been effectively shut down.

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?

Prefer not to say

The subsection under 6.1, entitled Advertisements begins with the phrase: 'Given the evidence of the damage conversion therapy does to people...' No substantive evidence of such 'damage' has been provided, or linked to, in the consultation document. Under 3.1, we are told that 'there is a growing body of quantitative evidence that exposure to conversion therapy is statistically associated with poor mental health outcomes.' Every researcher knows that 'association' does not prove 'causation,' as the text has the decency to admit. The strongest 'evidence' cited is that 'those who have undergone conversion therapy attribute such feelings to the conversion therapy.' Anecdotal self-reporting is no basis for legislation.

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

No

As above, therapists who might offer valid and helpful support and counsel to those struggling with unwanted same-sex attraction or gender incongruence are prohibited from advertising. This represents a harm done against such people.

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?

Disagree

Unless and until robust evidence of coercive and controlling behaviour in connection with conversion therapy can be produced, then in our view the need to introduce protection orders has not been demonstrated.

We accept the possibility that such interventions may occur overseas, in some contexts, but would also point out that cultural factors may sometimes be in play. Yardsticks by which to measure coercion may vary from one cultural setting to another. Religious practices, unacceptable or unfamiliar in the UK, might not be seen as coercive or controlling in some overseas countries.

Belief in demonic powers and in deliverance from them does not necessarily imply a belief in witchcraft or other harmful practices. The Bible contains many instances of Jesus and his followers delivering people from demonic oppression, and the Church of England still equips its priests to conduct exorcisms. It is not inconceivable that unwanted same sex attraction or gender identity could have spiritual root causes. Addressing these need not involve abusive or coercive behaviour, even in cultures that are less restrained in expression than would typically be the case in the UK, and protective orders should not be used to prevent people who are seeking spiritual help from accessing it.

To help minimise the risk that pastoral practice crosses the line into coercion, perhaps especially in those churches that are culturally more likely to perceive demonic activity, we suggest that guidance in good practice be made available to all churches.

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

The wording of this question underlines the importance of defining precisely what is meant by conversion therapy. Earlier in the consultation document, harmful coercive and controlling behaviours were in view. In this question 'anyone found guilty of carrying out conversion therapy' is liable to disqualification from serving as a trustee of any charity. The assumption, once again, appears to be that all conversion therapy is wrong. Our contention is that some expressions of conversion therapy – where they are coercive or controlling – are indeed harmful and wrong, but that other expressions (change-allowing therapy) are helpful and supportive, especially to those who are seeking to detransition and to those who want to live in accordance with their strongly held beliefs and for whom their same-sex attraction or transgender identity is unwanted.

Our concern is that those strongly in favour of a ban on all forms of conversion therapy could target pastors, parents or therapists on the basis of their Christian views about sexual ethics and their support for access to conversion therapy for those who want to live lives aligned with their faith, by suggesting they are unfit to be trustees of charities. It is a fact that many trustees of charities are drawn from local faith communities and those charities would be hard hit by a sustained attempt to discredit trustees. The process of proving/disproving misconduct is a lengthy and distressing one for those whose reputations are maligned. We suggest that robust safeguards be built in to any such policy, to protect trustees from frivolous accusations and from discrimination based on their strongly held beliefs, in keeping with the 2010 Equality Act.

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 services)? Why do you think this?

Prefer not to say

Once again, the question assumes that harmful conversion therapy practices are taking place and, once again, our contention is that evidence for this is lacking. Voluntary, consensual, therapeutic conversations are private and not matters in which the state should interfere.

We are not convinced of the case for new legislation. Of course, the appropriate organisations should be familiar with existing legislation and encouraged to use it proportionally. We have witnessed heavy-handed policing in recent times, with attempts to curtail free speech and extend the application of hate crime legislation beyond reason. The tone of the consultation document suggests that we might expect a fresh wave of inappropriate interventions if it passes into law as it stands.

To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy (Police, CPS, other statutory services)?

Prefer not to say

Talk of victims in the context of consensual conversations is inappropriate. We do not believe the case that coercive and controlling practices are taking place in the UK has been successfully made, and therefore we are not in favour of the proposed new legislation.

Physical acts associated with conversion therapy are already unlawful; of course, the police and other statutory bodies should provide support for the victims in these exceptional cases.

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

No

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

You ask for evidence about the impacts of proposals that are not yet law. We cannot provide evidence, but we can point to legitimate concerns, based on the trajectory of public policy and the way in which the competing rights of those with protected characteristics under the Equality Act 2010 have been prioritised to date.

We welcome the consultation document's assurance that 'everyday religious practice' will not be impacted by any new legislation, but we are concerned that, in practice, the proposals could discriminate against those who hold to traditional, biblically based Christian beliefs about identity and sexual ethics.

We read that same sex attracted and gender dysphoric adults who wish to live in accordance with their faith will be able to receive help and support, but the consultation document appears to lean towards the blanket ban advocated by activists.

We read that parents will be able to raise their children with the values of their faith, but the absolute ban on talking therapy applied to under-18s appears to contradict this. Greater clarity is needed.

If the proposals, and their tone, are adopted, then we fear that pastors could be criminalised for preaching historic Christianity as truth; parents could be criminalised for bringing up their children to believe and value those same truths; and pastoral support for those seeking help to live in accordance with those same beliefs could be criminalised by draconian and ill-defined legislation. The consultation document promises this will not be the case, but the underlying assumptions, bias and tone of the document appear to validate our concerns.

We believe the proposals will discriminate against those who do not believe that sexuality and gender identity are necessarily fixed, and specifically against those who have unwanted same-sex attraction and unwanted gender identity issues who seek change-allowing support and counsel. We believe that the proposals will discriminate against those who want to detransition, who regret the irreversible changes in their body from medical and/or surgical interventions, and who are looking for support and counsel as they seek to readjust.

Finally, we welcome the government's commitment to work with faith communities and put on record our willingness to contribute oral evidence, as the Christian Medical Fellowship, from our personal experience living as Christians in a secular culture and providing practical care for our patients who struggle with issues of sexuality and gender identity.

Confidentiality

We have no wish for this submission to be treated as confidential.

We would be happy to contribute oral evidence if invited.

We would be grateful to receive a PDF of this submission, sent to Rick.Thomas@cmf.org.uk