



**Banning Conversion Therapy:  
A response from the Bayswater Support Group  
January 2022**

## **About Us**

Established in 2019, we are the UK's largest support group run by and for parents of children, adolescents and young adults who identify as transgender. Parents are central to their children's welfare, but their vital role is too often overlooked in discussions about this complex healthcare topic. We aim to reduce parents' feeling of isolation, to inform and encourage parents in advocating on their child's behalf, and to support them in responding to their child's gender distress sensitively, at what can be a vulnerable time for family relationships. Our parents come from all walks of life, including the NHS, mental health professions, teaching, academia and journalism. We rely entirely on volunteers and member donations to support almost 400 families from around the UK.

We are committed to respectful discussion of complex issues and aim to participate in the public debate thoughtfully:

- We are stakeholders in the independent Cass Review of healthcare for gender dysphoria
- A parent from our group served on the NHS England Working Group on Gender Dysphoria
- We contributed evidence to the Women and Equalities Select Committee GRA inquiry
- We participated in the Nuffield Council for Bioethics project 'The care and treatment of children and adolescents in relation to their gender identity'
- Parents have spoken at the Scottish Parliament, the UK House of Lords, and the Great Ormond Street Hospital Ethics Committee
- We have organised briefings and seminars with specialist gender clinicians, clinical psychologists and education leaders

We are parents of children who identify as transgender or non-binary. Many of our children have experienced significant mental health problems with complex causes, many are autistic. None of this makes them in any way defective or deficient, and we are all proud of our children.

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## Do you agree that the government should intervene to end conversion therapy in principle?

- 1 We recognise the good intent of the government in wanting to stop practices that damage people's lives. However, we urge you to allow more time to consider the complexity of legislating for gender identity issues, especially in the under-18s.

### The definition of 'transgender'

- 2 Without defining "transgender", your proposals lack meaning. It is an umbrella term for a wide range of ideas and cultural practices - which ones of these is the law seeking to protect? Trans rights activist Bernard Reed OBE told a House of Commons committee that it was "the preferred term for those who change their role permanently, as well as others who, for example, cross-dress intermittently for a variety of reasons including erotic."<sup>1</sup> The Crown Prosecution Service (CPS) recently defined 'transgender' to include "cross-dressers or anyone who challenges gender norms".<sup>2</sup> Do you wish to protect part-time erotic cross-dressers? People who challenge gender norms, like house-husbands?

### The application of the 'transgender' definition to children

- 3 Children aren't just small versions of adults, so adult and children's self-concepts cannot be joined in a single proposal. Distinct definitions and protections are required to account for the unique plasticity of children's personalities and their openness to suggestion. Furthermore, we need to take account for the complexity of their needs at a time of rapid development when they have suffered trauma, mental health problems or have neurodevelopmental differences. There is a risk that, in including children in an ill-defined group, your proposals will lead to less self-knowledge and a rush to self-label, with negative consequences for their adulthood including, potentially, unnecessary medical gender transitions.
- 4 Laws to promote the mental health of vulnerable children should be informed by clinical research and expertise, not rights activism. Allow the Cass Review to conclude, then draw on its insights in framing a law that protects both those who can resolve their gender problems without a medical gender transition and those who cannot. For many, identifying as transgender is not life-long and can be the manifestation of trauma or mental ill-health, or part of a normal developmental process such as the evolution of same-sex attraction.

### The principle of 'universal' protection

- 5 Your principle of 'universality' is admirable but untenable, since the widespread adoption of experimental "affirmative" policies across society and the public sector has created a strong implicit bias encouraging transgender identity conversion. "The Government is determined ...that young people are supported in exploring their identity without being encouraged towards one particular path", but you don't address the scale of change needed to meet this goal. To create a state of equipoise for children, we would need wide-ranging reforms of the school curriculum, social media output, broadcasting and third sector organisations, alongside public health messages and changes to NHS services. There is also no 'level playing field' in terms of advocacy and legal support to exploit the legal protections you propose.

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<https://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Women%20and%20Equalities/Transgender%20Equality/written/19294.html>

<sup>2</sup> Crown Prosecution Service, *Lesbian, Gay, Bisexual and Transgender (LGBT+) Bullying and Hate Crime Schools Pack*, glossary

## The principle of 'questioning'

- 6 Your principle of protecting therapy only “for those who may be questioning” is inadequate. Many young people express certainty about gender identities – but later understand that these may have arisen through external influence and as solutions to their own complex life circumstances. A child’s certainty might itself be a defence against exploring difficult feelings (such as emergent same-sex attraction), and they may need time and encouragement to develop insight about themselves. The NHS’s own guidelines on gender transition highlight that “some identity beliefs in adolescents may become firmly held and strongly expressed, giving a false impression of irreversibility.”<sup>3</sup> The Gender Identity Development Service (GIDS) reports that young people “have told us how hard it was to further explore their identities, or consider transitioning back, once they and other people had fought so hard for them to be able to express themselves in a certain way.”<sup>4</sup> Therefore, please tread carefully, and wait until the Cass Review has concluded.

## Evidence

- 7 You must know that the evidence supporting your proposals for transgender conversion therapy is slim in the extreme, as others have pointed out. Yet you have gathered no evidence about the other forms of conversion therapy that we describe in our answers to the consultation.

## Question 1

### **To what extent do you support, or not support, the government’s proposal for addressing physical acts of conversion therapy? Why do you think this?**

- 8 There’s no place for physical violence in society and, when violence is designed to change people’s sexuality, beliefs or personality, that ought to be reflected in sentencing.
- 9 However, your proposals do not account for the fact that medical transition can itself inform a child’s self-concept of gender. Indeed, the NHS itself tells parents that the treatment “could affect... the way your child perceives their gender identity and how likely they are to change their mind about their gender.”<sup>5</sup> A Health Research Authority investigation also underlined that puberty blocking “treatment could influence the child’s perceived gender identity”.<sup>6</sup> An unhappy former patient could legitimately claim that this treatment was a physical conversion therapy. You mention (para 39) that children cannot in any circumstances consent to talking therapy designed to change their gender identity. But if so, how on earth could they consent to medical procedures whose goal that is?
- 10 You should also reckon with how commonly medical gender transition is unsuccessful. What’s more, former patients may come to understand that they were never transgender in the first place, but were instead the victim of a conversion - whether by friends and family, clinical

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<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>

<sup>4</sup> <http://gids.nhs.uk/parents#how-can-i-encourage-exploration-and-keep-options-open>

<sup>5</sup> GIDS, *Early Intervention Parent/Carer Information Sheet* (November 2018)

<sup>6</sup> <https://www.hra.nhs.uk/about-us/governance/feedback-raising-concerns/investigation-study-early-pubertal-suppression-carefully-selected-group-adolescents-gender-identity-disorders/>

staff, well-intentioned transgender rights groups or 'affirming' online communities, or a combination of these. Quite often the detransitioned person comes to realise that they were never transgender, but were in fact same-sex attracted.

- 11 It is common for medical transitions to be abandoned, often due to regret. In a 2021 peer-reviewed census of primary care, 20% of gender patients halted the medical process, with half citing regret<sup>7</sup>. These numbers are likely to increase due to the confluence of (1) increasing numbers of adolescents and young adults seeking medical transitions, and (2) the NHS's relaxation of access to irreversible hormones, via pilot study gender clinics that operate on an informed-consent model that does not require the patient to undergo any psychological assessment to evaluate readiness. The unintended harms of this policy will become more common and obvious, and former patients may look for legal redress. Already, UK law firms are advertising for business among former gender patients.<sup>8</sup>
- 12 The UK primary care census offers a short-term view, but it can take years before a medically transitioned individual starts to re-evaluate their transition. In a 2014 population-level study in Sweden, the median time taken to regret was 7.5 years for FtM and 8.5 years for MtF<sup>9</sup>. Two 2021 studies, from the US and Netherlands, have reported regret sooner, at 3.2 and 4.71 years respectively.<sup>10</sup> Please ensure that any time limits for bringing criminal proceedings do not deny victims of physical conversion therapy their chance at justice, simply because it has taken them years to recognise what they have suffered at the hands of others. Referring to the growing medicalisation of childhood gender distress, Dr Bernadette Wren, former head of psychology at GIDS, suggests "that in another generation we will have done something which is not regarded as having been wise."<sup>11</sup>
- 13 Your proposals should establish special protections to account for the extra risk of physical gender conversion in childhood, due to: (1) the plasticity of children's personalities, that make a later change of heart and regret inherently more likely than transitions undertaken in adulthood; (2) the doubtful ability of children to themselves provide legal consent for medical transition, making it a risk that consent will be judged to have been invalid; (3) the frequent accomplishing of gender transition using puberty blockers and hormones from GenderGP, a private hormone supplier operating on an inherently unsafe "affirmative" informed-consent basis (meaning there is no defence that a careful assessment of the sort required under NHS treatment guidelines was carried out); (4) the fact that medical transition in childhood involves "experimental" medicines whose effects are little understood, meaning that the treatment strategy is always difficult to justify and, at best, a finely-balanced decision.
- 14 Former patients have written of shortcomings in the assessment process for medical transition. One autistic young woman seen by GIDS undertook a full surgical transition: "I wish I'd just been left alone, I wish I'd never come across transition on YouTube at a time my self-hate for my body was at its highest. I just needed to grow up, in my own body, and get past that rough patch - not feed into an idea that I was internally male."<sup>12</sup> She writes that "at 14 I got big sad over being coerced into sexual situations and thought my distress was from

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<sup>7</sup> <https://www.mdpi.com/2227-9032/10/1/121>

<sup>8</sup> <https://www.bridgemcfarland.co.uk/gender-affirmation-claims>

<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/24872188/>

<sup>10</sup> <https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479> ; <https://pubmed.ncbi.nlm.nih.gov/34665380/>

<sup>11</sup> The Times, 21 January 2018

<sup>12</sup> <https://twitter.com/mediocredruid/status/1338983601732526080?s=21>

'actually being a boy' instead of the fact that I experienced that. Every part of me he touched I ended up hating, and I never made the connection!<sup>13</sup> We especially draw your attention to this vulnerable young woman's needs, as her unjust treatment by the NHS is a national scandal. Children and young women like her were grossly let down by the medical profession. Why should they be denied redress from the state, if the state's own employees failed to account appropriately for their needs, but instead 'affirmed' them wrongly as transgender? If they had received developmentally-informed care for their trauma and worries about growing up, they might have been spared what turned out to be unnecessary and damaging medical treatment. What redress do your proposals offer them, for physical treatments and surgeries that aimed to convert their gender?

- 15 You're already borrowing ideas from Female Genital Mutilation (FGM) legislation in your proposals. Principles from FGM can be used to build protections for young people who undergo medical gender transitions whose physical and mental harms they only later realise. The Home Office recognises that, as with gender transition, the perpetrators can have good intentions: FGM "is often seen as an act of love, rather than cruelty"<sup>14</sup> and the NHS recognises that it happens "in the mistaken belief that it'll benefit the girl."<sup>15</sup> The child, shaped by cultural norms and intergenerational hierarchies, may be unable to comprehend that harm is being done to them, and instead co-operates within the celebratory context.<sup>16</sup> So also with gender transition and conversion.
- 16 A practice such as "Breast-ironing (flattening)" is identical to breast-binding for gender transition, other than the cultural disapproval it attracts. The Metropolitan Police say breast-ironing is "when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used to stop them from growing."<sup>17</sup> The National FGM Centre highlights the health problems that breast binding "due to gender transformation or identity" causes.<sup>18</sup> As consultant breast surgeon John Benson advises, "chest binding should be done under the supervision of a GP or practice nurse....Binding can affect breathing and can also exacerbate any musculoskeletal condition. If adults wish to change their body, with the knowledge of the physical risks that entails, that is their choice, but we should think very carefully about guidelines for the under-18s."<sup>19</sup> Those who participate in breast-ironing are complicit in what the Metropolitan Police calls "a form of child abuse". But why aren't those who are complicit in breast-binding? We suggest that when an organisation supplies breast binders to a child, that child's right to health under article 24 of the UNCRC is placed at risk.<sup>20</sup> Where it is done in a manner intended to evade parental knowledge (as two registered charities have reportedly done<sup>21</sup>) this would additionally be

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<sup>13</sup> <https://twitter.com/MediocreDruid/status/1483834577735106564?s=20>

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/783684/FGM\\_The\\_Facts\\_A6\\_v4\\_web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783684/FGM_The_Facts_A6_v4_web.pdf)

<sup>15</sup> <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

<sup>16</sup> <https://bmcpublikehealth.biomedcentral.com/articles/10.1186/s12889-020-09183-6>

<sup>17</sup> <https://www.met.police.uk/advice/advice-and-information/caa/child-abuse/breast-ironing-flattening/>

<sup>18</sup> <https://nationalfgmcentre.org.uk/breast-flattening/>

<sup>19</sup> <https://www.thetimes.co.uk/article/scout-chiefs-accused-over-transgender-self-harming-with-support-for-chest-binding-23f33sgjk>

<sup>20</sup> <https://www.childrenscommissioner.gov.uk/report/guide-to-the-uncrc/>

<sup>21</sup> <https://www.dailymail.co.uk/news/article-6450485/Trans-activists-send-free-breast-binders-13-year-olds.html> ; <https://twitter.com/JamesEsses/status/1461964405877485568?s=20>

understood as an intention to breach the child's right to a family life under article 16 of the UNCRC.<sup>22</sup>

- 17 As CPS guidance makes clear, a child's consent does not mean a crime is not being committed: "in a family context, it may be that the victim consented because of a shared belief in the need to undergo the practice, or because the victim agreed to what the family proposed, or the family aided and abetted the flattening. Prosecutors should challenge the raising of consent as a possible defence: it is not possible to consent to an assault where the injury caused is more than transient and trifling. Responsible adults who aid and abet a girl, as the victim, in breast flattening, should also be considered for investigation and prosecution."<sup>23</sup> NHS safeguarding guidelines also highlight that the parent may have an unhealthy commitment to a child's gender transition: "GIDS clinicians may become concerned about a parent/carer or other significant adult being overly-invested in the child's gender identity and being the main driving force behind the child's social and medical transition."<sup>24</sup> Please account for this circumstance in your proposals.

## Question 2

**The government considers that delivering talking conversion 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?**

- 18 We strongly disagree with this proposal. Proposals to criminalise talking therapy will have a chilling effect on legitimate efforts to help children overcome their distress about gender, leading to further distress and unnecessary medical procedures. We strongly oppose these proposals and ask that the government think more carefully about framing a law on talking therapy, as well as consulting with us and other stakeholders.
- 19 There is already a significant bias within CAMHS services, not to explore children's gender identity problems for a variety of reasons, including lack of confidence how to proceed, a belief that it is not the job of CAMHS services (due to GIDS being a monopoly tier 4 service within NHS England) and misplaced ideas about the benefits of 'affirming' the transgender identity. By 'affirming', we mean taking it wholly at face value, without curiosity to explore and reflect on its meanings for the child, thus consolidating in the child's mind that they are indeed 'in the wrong body' and likely in need of a medical transition. In the experience of the parents in our group, affirming the transgender identity of a young person being seen by CAMHS does not produce a mental health benefit, and can be associated with a steep decline

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<sup>22</sup> <https://www.childrenscommissioner.gov.uk/report/guide-to-the-uncrc/>

<sup>23</sup> <https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage>

<sup>24</sup> GIDS Safeguarding Standard Operating Procedure v1.0, November 2019, pp. 9-10

in their mental state or mood. GIDS therapists have also published on the good outcomes for children who have taken part in careful therapeutic exploration.<sup>25</sup>

- 20 There is a risk that parents, teachers or therapists who do not automatically 'affirm' a transgender identity when engaging with children will be suspected of conversion therapy, because affirmation has been so widely promoted by advocacy groups. Anything that makes clinicians even more wary of exploring this clinical problem is unwelcome. This, in turn, will reduce the number of therapists willing to work with children and act in their best interests, while considering the needs of the whole child - not just addressing one single issue. Our children need protection from the idea that they have been 'born in the wrong body' and often have complex mental health issues in addition to their gender dysphoria.
- 21 Your proposal "must not result in interference for professional psychologists, psychiatrists, psychotherapists, counsellors and other clinicians and healthcare staff providing legitimate support for those who may be questioning" their gender identity (para 35). But there is a wealth of evidence already that advocacy groups like Stonewall misrepresent The Equality Act 2010 to advance their own goals within public sector organisations. Why would they do any differently here?<sup>26</sup> The Equality Act is routinely mis-used in organisations' transgender guidance documents, as if it endorses 'affirmative' policies. Any training and guidance for schools on this topic will need to be clear on the actual law.
- 22 The proposal aims to protect therapists working with patients "who may be questioning if they are LGBT" (para 35). What if they are not questioning, but equally in need of therapy? Young children may be convinced of and committed to their beliefs about themselves, but these may change over time or through psychological exploration. People who underwent gender transition as young adults, and later underwent a second transition back to their original gender role, talk of having been absolutely certain that transition was right for them. However, they subsequently came to regret it, and wish that they'd had an opportunity for careful exploration - an had been challenged more.
- 23 The proposal fails to distinguish between LGB conversion and gender identity conversion. The likelihood that children are being transitioned who would otherwise have grown up to be same sex-attracted adults has been recognised for years by GIDS clinicians and was described in testimony to the 2021 Sonia Appleby safeguarding case.
- 24 Your assessment "that no form of conversion therapy is consistent with the existing regulatory standards of statutory healthcare professionals" offers us no comfort, given the highly contested 'Memorandum of Understanding' v. 2, which has already created a chilling effect among therapists and is currently subject to legal challenge.
- 25 One (presumably unintended) consequence of your proposal could be that a school teacher could be imprisoned for up to five years if they have caused a pupil a "psychiatric injury" (para 43) by encouraging the child to change their gender identity - something that happens in schools throughout the country. Under your proposals, the facts of teaching – they are paid, work on a repetitive basis, have a clear power imbalance with pupils, and work with children (para 44) – would increase the seriousness of their offence. Parents in our group routinely report that a school's teaching on gender identity has encouraged a vulnerable pupil (eg with an autism diagnosis, or with an adverse childhood experience) to make sense of themselves as

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<sup>25</sup> <https://journals.sagepub.com/doi/abs/10.1177/1359104518825288>

<sup>26</sup> <https://www.thetimes.co.uk/article/stonewall-gave-bad-advice-to-university-in-free-speech-row-z6b27jdkh>

transgender. This is done by reframing their life problems, bodily discomfort, sense of otherness or discontent through the concept of gender identity:

"It all happened very quickly and very unexpectedly after teaching at school during year 7&8. As far as I can understand, the children were encouraged to question the boundaries of their sexual identity as well as their gender identity. Her friendship group of eight girls all adopted some form of LGBTQ identity - either sexual identity or gender identity. My daughter's mental health has deteriorated so quickly, to the point of self-harm and some of the blame was put onto me for not being encouraging enough of my daughter's desire to flatten her breasts and for puberty blockers."

"Our daughter told me when she was 13, about to start Year 9 (August 2019), that she wasn't sure she was a girl. What I didn't know until six months later (March 2020) was that she had been to a presentation at school by an adult trans person two weeks before her declaration. She did, later, tell my husband about this: the trans person's life had been very hard, until they transitioned...when all their problems melted away. A teacher told me this person had been sent by an agency called Diversity Role Models (which officially stands for all types of diversity, but mainly seems to concentrate on trans.)"

"My year 8 daughter was advised by her teacher (who ran LGBT club) on what name to choose before coming out, and was then praised as 'brave' for her classroom declaration. This was all done without our knowledge, and shortly before her autism diagnosis, so it was by definition not developmentally-informed."

"Our head teacher admitted they have transitioned pupils without telling parents and they only told us because they thought we'd go along with it. The school down the road never tells parents."

- 26 Online forums where teenagers discuss their personal problems, including whether they are same-sex attracted or transgender, may constitute talking conversion therapy. Some of these are highly specialised. For example, one leading LGBT charity operates a forum for children as young as 12 to mingle with young adults. Concern has been voiced within the charity that this forum operates as a vehicle for conversion therapy, with one mum writing on its parenting forum in 2021 that: "We've talked about the youth forum [with my child]... I'm worried about them getting maybe encouraged in a direction they don't necessarily want to go in." How will the Government's proposals ensure that forums such as these don't serve as platforms for talking conversion therapy?

### Question 3

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

- 27 We strongly disagree. As mentioned already, we feel that the threat of a criminal record (not to mention a prison sentence) will deter many well-motivated people from wanting to get involved positively in children's welfare. It will also be abused by less well-motivated people, who will misuse the risk of a criminal investigation to get their way.

## Question 4

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

- 28 You have overlooked the capacity for social transition in early childhood to represent a gender conversion. It can foreclose the process of reflection necessary to make life decisions and can itself shape a child's identity. Please consider that it should come under the Serious Crime Act 2015 s.76 of controlling or coercive behaviour in a family relationship, which you mention is guiding your proposal on talking conversion therapy. The CPS guidance on s.76 states that an offence occurs when there is a "substantial adverse effect" on the child's usual day-to-day activities, which may include "changing the way someone socialises", "a change in routine at home", and "taking control over aspects of their everyday life, such as ... what to wear". The "victim may not be aware of, or ready to acknowledge" the abuse.<sup>27</sup> This describes social transition in early childhood.
- 29 What chance has that young child had, to explore their sense of gender when the adults close to them have signalled so clearly their own beliefs that they are "in the wrong body". To what extent is this even the child's deed, given the huge power imbalance and the controlling role of adults? The child cannot have properly consented to this process of gender conversion. The UK Government advises that: "Children and young people may be subject to undue influence by their parent(s), other carers... and it is important to establish that the decision is that of the individual."<sup>28</sup> CPS guidance on FGM states that "Prosecutors should challenge the raising of consent as a possible defence: it is not possible to consent to an assault where the injury caused is more than transient and trifling."<sup>29</sup> The issue of consent in early childhood social transition is a live problem for the NHS, highlighted by the Director of GIDS, Dr Polly Carmichael: "In the UK, we're seeing much younger people socially transitioning. But sometimes it then becomes almost impossible for them to think about the reality of their physical body. They are living totally the gender they feel they are, but of course their body doesn't match that, and it becomes something that can't be talked about or thought about. Clearly, it then becomes quite difficult in terms of keeping their options open and ensuring fully informed consent for any appropriate physical interventions."<sup>30</sup> The GIDS safeguarding manual describes how "GIDS clinicians may become concerned about a parent/carer or other significant adult being overly-invested in the child's gender identity and being the main driving force behind the child's social and medical transition - perhaps as a means of managing their own needs and/or being unable to tolerate the uncertainty and complexity of their child's gender-related needs. This may include concerns relating to Fabricated or Induced Illness (FII)."<sup>31</sup>
- 30 Many parents can have well-intentioned but misplaced ideas about gender identity developments in childhood, which lead them to socially transition their child at a very young age. This is often based on nothing more than the child's preference for clothing and toys

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<sup>27</sup> <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship>

<sup>28</sup> Department of Health, [Reference Guide to Consent](#), 2nd ed, p. 34, para 12

<sup>29</sup> <https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage>

<sup>30</sup> The Times, 29 August 2015

<sup>31</sup> GIDS Safeguarding Standard Operating Procedure v1.0, November 2019, pp. 9-10

typically marketed at members of the other sex. Below is a selection of statements published by parents on the parent forum of a leading LGBT charity:

"our youngest is 10 (AMAB) and has always identified more with female clothes, toys etc and dresses as a girl at home. More recently they have become aware of LGBTQ terms and has said they would like to be a girl"

"As our six-year old is non-binary I am looking into the possibility of formally recognising zer gender."

"My daughter is six. She was AMAB but transitioned when she was 4 and when she started school etc it was as a girl, which felt nice and seamless."

"My 7-year old FTM son told me and my husband he was actually a boy in the wrong body about a month ago. He was always a 'tomboy' so not a massive shock."

"I'm 100% supportive and loving towards my daughter who told us how she felt just after Xmas although it didn't come as a massive shock to us as from a young age she has always been into girls toys, clothes etc."

"my oldest, who is about to turn 6, was assigned male at birth but has been living as a girl for just over a year. Luckily she started living as a girl before she started school, as we held her back a year... we have since had a diagnosis of autism"

Clearly, the life chances of such children may be compromised if parents and carers don't hold space for uncertainty and future change, but instead treat them in every way, at home and school, as if they are members of the opposite sex.

- 31 Gender clinicians and leading transgender-rights campaigners agree on the risks of early social transition. The Dutch pioneers of gender dysphoria healthcare for children and adolescents are highly sceptical of its safety, precisely because it inhibits children from expressing their feelings and can itself shape the child's development. "A childhood transition has an effect by itself and influences the cognitive gender identity representation of the child and/or their future development....transitioned children may repress doubts about the transition out of fear that they have to go through the process of making his or her desire to socially transition public for a second time. Our qualitative findings are in support of the idea that children may struggle with changing back to their original gender role, because they dread being teased or excluded by their peers if they would revert to their original gender role. We found that for one natal girl, this struggle to go back to the female gender role took a period of nearly two years.<sup>32</sup> Eminent trans rights activists Terry and Bernard Reed OBE, US gender clinician Norman Spack and Dutch gender clinician Petty Cohen-Kettenis, collectively echo the same concern: "for children who are clearly prepubertal, it is strongly recommended that the change of gender role is delayed because in so many the gender variance will remit. It is difficult to overcome the social impact of a change of gender role, especially in school."<sup>33</sup>
- 32 Adults can also make it more difficult for children to explore their gender issues, simply by advocating for their right to socially transition. GIDS cautions that children "have told us how hard it was to further explore their identities, or consider transitioning back, once they and other people had fought so hard for them to be able to express themselves in a certain way."<sup>34</sup> As the GIDS Director, Dr Polly Carmichael, has commented, "If a lot has been invested

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<sup>32</sup> [Thomas Steensma](#), 2013, pp. 115, 150-1

<sup>33</sup> GIRES, [Medical care for gender variant young people: Dealing with the practical problems](#), 2008, p. 4

<sup>34</sup> GIDS, [Advice for Parents and Carers](#)

in living in a gender role, then, potentially, it is difficult for young people to say: 'Well, actually I don't feel like that anymore.'<sup>35</sup> As medical ethics specialist and long-time campaigner for puberty blockers, Professor Simona Giordano, explains: "The worry is that social transition may make it difficult for children to de-transition and thus increase the odds of later unnecessary medical transition."<sup>36</sup>

- 33 The Equalities and Human Rights Commission (EHRC) may itself be an unwitting agent for conversion therapy within schools. Under its 2014 technical guidance,<sup>37</sup> a child can hardly have a discussion at home about their gender identity, without their school determining that they now have the protected characteristic of gender reassignment. Although the law's intention is merely to protect such children from discrimination on the basis of their transition, teachers and other adults in authority then implicitly signal to the child that they consider them to have undergone a gender transition, which may then foreclose the child's exploration – they may simply have had a conversation without having made any final decision – and place a developmentally inappropriate expectation on them to act according to the school's understanding of what this identity involves. Dr Bernadette Wren, formerly Associate Director of GIDS, has voiced concerns that schools' expansive approach is not in children's best interests. She explains that GIDS is "more cautious about early social gender identity... Schools might wait for the parents to approach them before changing things like names in the register, uniforms, pronouns, toilets, sports. If a school just gets a whisper of a child who may be querying their gender and within minutes they are doing everything to make sure that child is regarded as a member of the opposite sex right from the word go, that may not be the best for that child."<sup>38</sup> Under the guidance, a child will have the protected characteristic of gender reassignment once they make their "intention known to someone, regardless of who this is (whether it is someone at school or at home, or someone such as a doctor)". This is the case if they have merely "proposed to undergo gender reassignment even if he or she takes no further steps" or if "there is manifestation of an intention to undergo gender reassignment, even if he or she has not reached an irrevocable decision." Gender reassignment is "a personal process" that "may simply include choosing to dress in a different way".<sup>39</sup> No allowance for age is made. As part of your proposals, please ask the EHRC to review its 2014 technical guidance to ensure it is not unwittingly encouraging conversion therapy within schools. We also encourage schools to obtain insurance to deal with legal challenges brought by former pupils who feel they suffered conversion therapy.
- 34 In any guidance that accompanies the conversion therapy law, we ask you to explicitly identify that the social gender-transition of children below secondary school age is a far-reaching psychosocial intervention that carries a heightened risk of gender identity conversion and must therefore be approached with caution. It should be undertaken with guidance from mental health clinicians, and with the wider professional network being alive to the safeguarding dimension. Parents should be made aware of its experimental nature and of the risks and harms, as well as potential benefits.

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<sup>35</sup> The Guardian, 12 September 2015

<sup>36</sup> <https://jme.bmj.com/content/45/10/654>

<sup>37</sup> <https://www.equalityhumanrights.com/en/publication-download/technical-guidance-schools-england>

<sup>38</sup> The Sunday Times, 21 January 2018

<sup>39</sup> EHRC Technical Guidance, 2014, paras 5.113, 5.114

## Question 5

### **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? Why do you think this?**

- 35 We disagree that the Broadcasting Code protects young people because they hardly watch broadcast television. According to BARB, the 4-15 and 16-24 age groups watch the least TV of any age.<sup>40</sup> 16-24 year olds now spend only a quarter of their viewing time on broadcast TV: YouTube and Subscription Video On Demand both exceed live TV consumption.<sup>41</sup> Thus, the adequacy or otherwise of Ofcom's Broadcasting Code is irrelevant for the population whose life chances you are seeking to protect.
- 36 We already know the harms of much internet content for adolescents - Facebook's own internal research describes it.<sup>42</sup> The dangers to vulnerable adolescents of some social media use is clear from the tragic deaths of Molly Rose and Frances-Rose Thomas.<sup>43</sup> Researchers are now identifying specific mental health problems caused by exposure to TikTok.<sup>44</sup> Parents in our group have children who have been caught up in self-harming groups and other forms of exploitation, which have involved the police. We are at the sharp end of this problem, hoping our children don't become the next victim in the news.
- 37 We welcome your commitment (in para 65) to tackle conversion therapy in the Online Harms Bill, but it is unclear what you are proposing. This should be a major focus of your efforts to end conversion therapy for under-18s. Critical to the success of any regulator enforcing a duty of care on internet companies will be that regulator's independence from any particular political or theoretical understanding of gender identity.
- 38 The government should learn from experience in tackling Covid vaccine misinformation to devise ways to reduce the plentiful online misinformation about the risks, benefits and quality of evidence relating to medical transition. The government should enforce responsible standards of accuracy and balance on internet companies hosting misleading content on this topic, given its clear potential to influence young people who later undergo medical gender transition.<sup>45</sup>
- 39 The internet has long been used to radicalise the marginalised, and helped to popularise many new beliefs and theories. The more than 4000% rise over the past decade of females who have come to believe they are boys has coincided with the rise of social media. Many young people who have adopted a transgender identity at a vulnerable point in their lives describe the key influence of social media. One woman wrote: "Had I not been exposed to the cultish mindset of Tumblr's transactivists at a vulnerable phase of my life, I would not have become

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<sup>40</sup> <https://www.barb.co.uk/insight/what-people-watch-viewing-by-age-group/>

<sup>41</sup> [https://www.ofcom.org.uk/\\_\\_data/assets/pdf\\_file/0023/222890/media-nations-report-2021.pdf](https://www.ofcom.org.uk/__data/assets/pdf_file/0023/222890/media-nations-report-2021.pdf)

<sup>42</sup> <https://www.theguardian.com/technology/2021/sep/14/facebook-aware-instagram-harmful-effect-teenage-girls-leak-reveals>

<sup>43</sup> <https://mollyrosefoundation.org/> ; <https://www.theguardian.com/uk-news/2021/oct/06/teenager-with-autism-died-after-reading-about-suicide-on-school-ipad>

<sup>44</sup> <https://www.psychologytoday.com/us/blog/its-catching/202110/the-girls-who-caught-tourettes-tiktok>

<sup>45</sup> Xiny Lee, [A qualitative study exploring transgender youths' experiences of using social media](#) (Essex University, 2017)

absorbed by a desire to permanently change my body. The tendency of these people to indiscriminately 'affirm' gender identities is dangerous and incredibly harmful to young women who feel uncomfortable with themselves because of the way society treats females."<sup>46</sup>

## Question 9

**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?**

40 We strongly agree.

## Question 10

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

- 41 Your proposals leave an important gap wide open: overseas conversion therapy is already being practiced on children. A private supplier outside the UK is providing hormones and blockers, locking children as young as 9 into a transgender identity. This exploits families' trust, and leads to medical harm. Please incorporate this scenario into your plans for protection orders.
- 42 One internet hormone supplier, GenderGP, operates outside the UK and beyond all UK healthcare regulation. It is owned by a Hong Kong-registered company, Harland International, whose owners are a Belize entity. The founder and guiding figure of GenderGP is a former GP, Dr Helen Webberley, who was suspended by the GMC and has a criminal conviction for her gender work. Yet, while it operates outside the UK, GenderGP has many customers within the UK. These include many parents who are members of Mermaids UK, including those who obtained prescriptions from GenderGP for puberty blockers when their children were aged only 9 or 10, in circumstances that are plainly unsafe and compromised their children's rights.
- 43 In order to circumvent NHS treatment protocols for gender dysphoria, and the careful assessment and monitoring processes required in the NHS contract, GenderGP employs a Romanian prescriber. This person issues prescriptions outside the UK for puberty blockers and cross-sex hormones, which are then sent to customers within the UK. The decision to issue the prescription is made following 'information gathering' by a therapist working within the UK, who will talk (in person or online) to the customer, also in the UK. The prescriptions are then posted back to the UK and the parent has to find a UK pharmacy willing to dispense the puberty blockers or hormones. Thus, although the victim does not need to leave the UK, the critical part of this conversion practice – the prescription – happens overseas.

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<sup>46</sup> 'Why are so many teenage girls appearing in gender clinics?', *The Economist*, 1 September 2018

- 44 To make clear that these prescriptions facilitate conversion practices, below are five stories published on the parenting forum of an LGBT charity. These show that hormones and blockers are being misused to fix children aged as young as 9 into a gender identity before they have a chance to explore the matter adequately:

*Parent 1:* "My son (FtM) is going to be 16 soon. Recently we have noticed some changes in him that are starting to cause us some concern ...After speaking to him this morning, he has admitted to me that he's not sure who he is anymore. He has said that some mornings he wakes up and his brain tells him he's a girl and this makes him angry but other mornings he wakes up and his brain tells him he's a boy and this just makes him feel confused. He has said that he is attracted to boys but that he has previously been attracted to girls so he's now unsure of his sexual preference as well as his gender identity". Two weeks later: "we have just signed our son up to work with GenderGP" and five weeks after that: "He's also just started on testosterone".

*Parent 2:* "he has started puberty (10 years old in September) so we went private. We've done all the tests and he will start blockers before the end of June." A week later: "[he] doesn't yet have any mental issues".

*Parent 3:* "I have an 11-year old who has only told me a week ago that she is a he." Five weeks later: "I've signed up with GenderGP"; and the day after: ""My child is 11 so is going on blockers... You can pay more for counselling which I have not asked for because my child is not in a place yet where they will talk to someone."

*Parent 4:* "My youngest son is the reason I am here, he is 10... He has recently come out to me as transgender (he was assigned female at birth)". Four weeks later: "I heard of GenderGP through this group and have signed up with them and the blockers are now ready to be delivered (it all happened so quickly)".

*Parent 5:* "Our child came out as trans to us in January - not a huge surprise. He is 11 years old and has now transitioned at school and we are all using new name and pronouns. We ... are going down the genderGP route for puberty blockers as we want him to start as soon as possible."

- 45 Separately, many young people in the UK engage in discussions online with adults based overseas, who seek to persuade them to adopt a transgender identity, and to set aside any questions or confusions they may have about that. These are often straightforwardly conversion practices, albeit undertaken with kind intentions. How will your proposals protect young people in the UK from these conversion practices?
- 46 We feel there is widespread scope for misuse of protection orders if exploited by, for example, a teacher with strong motivations based on their own personal experience, an advocacy group with an agenda to pursue, or indeed a police force eager to signal to stakeholders its allegiance to 'woke' values, or indeed any public body eager to climb up the Stonewall ladder. Thus, we suggest that these orders are limited to situations where there is a risk of overseas conversion practices.

## Question 12

**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 service)? Why do you think this?**

- 47 There is a high risk of bias in the implementation of your proposals. Para 33 of the consultation paper anticipates that statutory services will develop policy frameworks recognising conversion therapy, including the police and CPS. It's unlikely that this can be done while a leading lobby group, Stonewall, remains so embedded within the criminal justice system. The Law Commission's recent consultation paper on hate crime makes clear the extent of Stonewall's influence and of official reliance on its data.<sup>47</sup> The CPS and Ministry of Justice may have left Stonewall, but that leaves the Home Office, the National Crime Agency, the Independent Office for Police Conduct, the Government Legal Department, the Scottish Courts and Tribunals Service, third sector organisations like Citizens Advice, and many police services (including the Metropolitan Police) as members. Citizens who take issue with Stonewall's campaigning objectives don't believe the justice system will deal with them fairly, and that is a problem for us all, regardless of our views. We recommend, therefore, that you develop clauses that are explicitly designed to eliminate conflicts of interest and the appearance of or potential for such conflicts.

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<sup>47</sup> Law Commission, [Hate Crime Laws: a consultation paper](#), 23 September 2020, ch. 11