



## WHERE WE STAND

### AFFIRMATION: THE NEW CONVERSION THERAPY

Conversion therapy originally referred to persuading or coercing someone to 'change' their sexual orientation from homosexual or bisexual to heterosexual. In 2015 in the UK, a Memorandum of Understanding (MOU) established a professional code which opposed this unethical practice. Recently the MOU has been expanded beyond sexual orientation to include gender identity. There is cross-party support for a total ban on such practices.

Clearly, people should be accepted for who they are and not be pressurised to conform to spurious – and changing – social norms. Conversion therapy that seeks to change people's sexual orientation is abhorrent. The situation is more complex than it might appear, however.

We believe that the current demand to extend the ban beyond sexual orientation is part of a campaign to promote an affirmation-only approach to gender identity, particularly in relation to children and young people.

In their Ministerial briefing, Transgender Trend outline the problem:

*The addition of 'gender identity' to any policy on 'gay conversion therapy' leaves therapists with no option but to agree with a patient that they are really the opposite sex, foreclosing any possibility of exploration of feelings and meanings, or underlying issues/mental health problems that may have lead to a cross-sex identity, for fear of being accused of 'conversion therapy.' This puts children and young people particularly at risk of progressing to a medical transition with lifetime consequences they may later regret.<sup>1</sup>*

The issue is being presented as a simple binary – conversion or affirmation – with no grey areas. The affirmation model requires families, teachers, counsellors and medical professionals to accept the young persons' self-diagnosis without question, and to treat them on that basis. In no other area of clinical practice is the professional expected to set aside their expertise in this way. A recent paper from the Society for Evidence-based Gender Medicine (SEGM) summarised the dangers inherent in this abdication of responsibility, and the lack of evidence supporting the affirmation model. They raise specific concerns regarding the expanded definition of conversion therapy:

*Without a doubt, attempts to force a change in one's gender identity have no place in the field of mental health. Yet, we have been growing increasingly concerned with the conflation of ethical psychotherapy for gender dysphoria with conversion therapy. The study authors [referring to a 2019 article in JAMA Psychiatry] erased the critical lines that separate coercive and unethical attempts of conversion from ethical psychotherapy. Our analysis also revealed a number of serious methodological flaws and misinterpretations [...] the study provides no credible evidence that either psychological distress or suicide attempts (which are*

*present at elevated rates in gender dysphoric individuals), are a result of ethical psychotherapy.<sup>2</sup>*

SEGM point to the 'high rate of natural resolution' of childhood gender dysphoria: studies suggest that between 61% - 98% of children will re-identify with their biological sex during puberty *provided they are not put on puberty blockers*. Shockingly, given the prevalence of the affirmation model, there is no reliable evidence to support the belief that transition resolves the mental health issues suffered by those with gender dysphoria.

In spite of this reality, and the lack of rigorous trials of cross-sex hormones, or of long-term research on the impact of transitioning, immediate and unequivocal affirmation of the young person's trans identity continues to be required from family, friends, and professionals. And with affirmation comes an immediate expectation of hormones and surgery, for children as young as eleven.

SEGM's summary of the current situation is disturbing:

*In the past, medical interventions were preceded by a prolonged engagement with the patient, including ongoing psychological assessment. Now there has been a shift to a more automatic 'affirmation' of the individual's view of themselves as transgender. As such, the provision of medical intervention now happens with a much-reduced psychological assessment.*

*The "gender affirmative" model commits young people to lifelong medical treatment with minimal attention to the etiology of their conditions, and the psychosocial factors contributing to gender dysphoria. This model dismisses the question of whether psychological therapy might help to relieve or resolve gender dysphoria and provides interventions without an adequate examination.<sup>3</sup>*

The damage caused by the affirmative approach is increasingly evident. The High Court judgment in the case of Keira Bell - treated by the Tavistock gender identity clinic as a teenager – revealed a woeful lack of evidence-based care and 'no clear rationale for clinical decision making' (Care Quality Council report 2020). Keira was rapidly prescribed puberty blockers and testosterone, and subsequently referred for a double mastectomy. No thought was given to her existing mental health problems or to the wider context of childhood trauma. Keira is now 23 and is detransitioning. The health problems caused by her state-sponsored transition will be lifelong.

The proposed ban on 'conversion therapy' for trans-identifying children and young people would potentially criminalise counsellors who wished to treat the whole person, to explore the impact of co-morbidities and to consider all the factors that might be contributing to their gender distress. Critically, it would outlaw any approach that allowed for the (highly likely) possibility that the patient would, post puberty, come to terms with their biological sex, and their sexual orientation.

Children and young people need and deserve supportive, compassionate, and evidence-based care. By conflating ethical psychotherapy with conversion therapy<sup>4</sup>, the proposed legislation will put that care, and gender non-conforming young people, at serious risk.



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1. <https://www.transgendertrend.com/conversion-therapy-briefing/>
2. [One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria.](#)
3. <https://www.segm.org/>
4. <https://quillette.com/2020/11/01/jack-turbans-dangerous-campaign-to-smear-ethical-psychotherapy-as-anti-trans-conversion-therapy/>