

Equalities, Human Rights and Civil Justice Committee

8th Meeting, 2021 (Session 6), Tuesday, 16 November 2021

Note by the clerk

Petition PE1817: End Conversion Therapy

Background

1. [PE1817: End Conversion Therapy](#) was lodged in August 2020. It calls on the Scottish Parliament “to urge the Scottish Government to ban the provision or promotion of LGBT+ conversion therapy in Scotland”.
2. In the previous session of the Parliament (Session 5) the Public Petitions Committee received written evidence from: [the Scottish Government](#) and jointly from [Stonewall Scotland, Equality Network, Scottish Trans Alliance, and LGBT Youth Scotland](#)
3. In its submission the Scottish Government noted that the UK Government published its LGBT Action Plan in 2018, which included a commitment to ban conversion therapy in the UK.
4. The Session 5 Public Petitions Committee referred the petition to the Session 5 Equalities and Human Rights Committee. That Committee received [further written evidence](#) jointly from Stonewall Scotland, Equality Network, Scottish Trans Alliance and LGBT Youth Scotland and agreed to keep the petition open and to refer it to its successor committee for this parliamentary session.
5. In May 2021 the UK Government announced measures would be brought forward to ban conversion therapy in the [Queen's speech](#). This was followed by a commitment to [launch a consultation and then introduce legislation banning conversion therapy in the UK](#).
6. On 30 June 2021, Committee clerks sought an update on the Scottish Government’s position. In its [response of 12 August 2021](#), the Scottish Government notes:-

- Scottish Government officials have met five times with the UK Government Equalities Office (GEO) and the devolved administrations of Wales and Northern Ireland
 - the public consultation announced in the Queen’s Speech on 11 May
 - the Minister for Equalities and Older People wrote to the UK Government’s Minister for Women and Equalities, Liz Truss, on 14 July.
7. Kemi Badenoch MP, then Minister for Equalities, [replied on 31 August](#). That letter reiterated the UK Government’s intention to launch a consultation. The consultation, which seeks views on a package of proposed measures that will apply to England and Wales, was [launched on 29 October](#), with a closing date of 10 December 2021.
8. Further to this, [the Scottish Government and Scottish Green Party draft shared policy programme](#) (published on 20 August; updated 25 August) states the parties will—

“aim to bring forward legislation to implement a ban on conversion therapy in Scotland, which is as comprehensive as is possible under currently devolved powers by the end of 2023, unless sufficiently comprehensive proposals are brought forward before then by either the UK Government or through the Scottish Parliament.”

Call for views

9. To further inform its consideration of the issues raised and the actions called for in the petition, the Committee issued a [Call for Views](#), which ran from 6 July to 13 August 2021.
10. Around 1400 submissions were received. The majority of these were from individuals in support of the petition.
11. [Published submissions](#) are available on the Citizen Space platform and can also be accessed via the Committee’s [website](#). A summary of submissions is included at Paper 3.

Oral evidence

12. The Committee has held a number of evidence sessions since September, to reflect the range of views expressed in the responses to its Call for Views.
13. On [7 September](#) the Committee took evidence from —

- Tristan Gray and Blair Anderson, on behalf of End Conversion Therapy Scotland

14. On [14 September](#) the Committee heard from—

- Megan Snedden, Policy and Campaign Manager, Stonewall Scotland
- Dr Rebecca Crowther, Policy Co-ordinator, Equality Network
- Vic Valentine, Manager, Scottish Trans Alliance
- Paul Daly, Policy and Research Manager, LGBT Youth Scotland.

15. On [21 September](#) the Committee heard from—

- John Wilkes, Head of Scotland, Equality and Human Rights Commission
- Barbara Bolton, Head of Legal and Policy, Scottish Human Rights Commission
- Dr Igi Moon, Chair, Memorandum of Understanding Coalition Against Conversion Therapy
- Jen Ang, Director of Development and Policy, JustRight Scotland

16. On [2 November](#) the Committee heard from—

- Rici Marshall Cross, Clerk of South Edinburgh Local Meeting of the Religious Society of Friends, Quakers in Scotland;
- Jayne Ozanne, Director of the Ozanne Foundation, Chair of the Ban Conversion Therapy Coalition;
- Rev Elder Maxwell Reay, member of the Council of Elders of Metropolitan Community Churches, NHS Health Care Chaplain;
- Rev Fiona Bennett, minister of the Augustine United URC and Moderator Elect of the General Assembly, United Reformed Church.

17. At this meeting the Committee will hear from three separate witness panels. Panel 1 includes representatives of organisations who have expressed concerns about the action called for in the petition—

- Peter Lynas, UK Director, Evangelical Alliance
- Piers Shepherd, Senior Researcher, Family Education Trust
- Dr John Greenall, Associate Chief Executive Officer, Christian Medical Fellowship
- Anthony Horan, Director, Catholic Parliamentary Office

18. Panel 2 will reflect on the effect of the legislation in the State of Victoria in Australia—

- Nathan Despott, Steering Committee, Brave Network, and Honorary Research Fellow, La Trobe University, Melbourne
- Dr Timothy Jones, Associate Professor, La Trobe University, Melbourne

19. Finally, the Committee will hear from Dr Christine Ryan, senior legal adviser to the UN Special Rapporteur on the Freedom of Religion or Belief and Dr Adam Jowett, Associate Head, School of Psychological, Social & Behavioural Sciences, Coventry University and lead author of UK government commissioned research into conversion therapy.

Lived experience

20. The Committee has also heard evidence in a safe space from individuals who have experienced conversion practices. Notes of these testimonies will be published upon consent of the individual participants.

Committee Clerks 11 November 2021

Annexes

The following documents are included for this meeting—

- Annexe A: [Petition 1817 as lodged \(considered from 13 August 2020\)](#)
- Annexe B: [Scottish Government letter of 12 August 2021](#)
- Annexe C: [UK Government letter to Scottish Government of 31 August 2021](#)
- Annexe D: [Evangelical Alliance](#)
- Annexe E: [Family Education Trust](#)
- Annexe F: [Christian Medical Fellowship](#)
- Annexe G: [Catholic Parliamentary Office of the Bishops' Conference of Scotland](#)

Annexe A

Petition PE1817 as lodged (considered from 13 August 2020)

Calling on the Scottish Parliament to urge the Scottish Government to ban the provision or promotion of LGBT+ conversion therapy in Scotland.

Previous action taken

We have contacted Ben Macpherson MSP and Maree Todd MSP.

Background information

Despite much progress around LGBT+ rights over the past decade, there is a real threat to LGBT+ people throughout their lives from conversion therapy. Conversion therapy, the forced conditioning against a person's sexuality or gender identity, has damaged generations of LGBT+ young people and adults and continues to do so. This incredibly harmful practice especially targets LGBT+ people when they are at their most vulnerable.

Stonewall's [Unhealthy Attitudes report \(2015\)](#) found 10 per cent of health and care staff had witnessed colleagues expressing that lesbian, gay and bi people can be "cured" of their sexual orientation. This leads to poor treatment of lesbian, gay, bi and trans people within health and social care services.

A [2009 survey](#) of over 1,300 accredited mental health professionals found that more than 200 had offered some form of conversion therapy, with 35 per cent of patients referred to them for treatment by GPs and 40 per cent treated inside an NHS practice.

As recently as 2018, the Catholic Diocese of Paisley's online resources included several resources developed by advocates for gay 'cure' therapy on its website. One pamphlet hosted on the church website encourages parents to consider sending homosexual children for conversion therapy.

The [2018 Faith & Sexuality Survey from the Ozanne Foundation](#) found:

Over one in five respondents (20.7%) had "been advised to consider attempts to change" their sexual orientation and just over one in seven (14.9%) had "voluntarily considered" it.

Concerningly, 3.5% of LGBT+ respondents had "been forced to go through attempts to change" their sexual orientation. In total, 11.4% of respondents said they had actual experience of attempting to change their sexual orientation. This was most

common amongst those who defined themselves as "lesbian" (25.1%), "gay" (21.4%) and "same-sex attracted" (23.2%).

However, 74% who attempted to change their sexual orientation said that "it did not work for me and I do not believe it works for others".

Of those respondents with experience of attempting to change their sexual orientation, only 30.1% said they had "gone on to live a happy and fulfilled life"; 69.9% were unhappy and unfulfilled, and 46.1% stated that "I have found it hard to accept myself for who I am".

Significantly, almost two-thirds, 58.8%, had "suffered from mental health issues" as a result of the conversion therapy, and nearly a third, 31.2%, said, "I have sought counselling to help me recover from it".

Most of those who said they had had mental health issues had suffered from anxiety and depression (a total of 252 people), with women (65.1%) more likely than men (53.8%) to state that they actually "required medication".

The most frequent response under "Other" was the fact that respondents had been diagnosed with "Post Traumatic Stress Disorder".

The most frightening statistic is that nearly a third, 32.4%, had "attempted suicide".

In addition:

- Two-thirds of those with mental health issues, 68.7%, said they had "suicidal thoughts".
- 40.2% "self-harmed"
- 24.6% suffered from "eating disorders"

Over half of respondents said that they thought sexual orientation change therapy "should be made a criminal offence" and a quarter, 24.2%, said that they thought "it should not be made a criminal offence, but should be stopped". Only 5.2% thought "it should be allowed".

These responses clearly show that there is a significant public health case for banning conversion therapy. The experiences of those who were put through this practice show that enforcing this ban should fall under criminal law. Both of these areas fall within the devolved powers of the Scottish Parliament.

Despite committing to ending this practice years ago, the British Government has not acted. Instead recently women's and equalities minister Elizabeth Truss MP has adopted, what we believe is, the anti-trans rhetoric of hate groups in a way that will only ensure the expansion of providers and efforts to pressure people with trans identities to undergo this horrific practice.

It is clear this issue isn't going away, even as a redoubled campaign against transgender identities ensures that practices such as conversion therapy are as much of a threat than ever.

Given this information, it is clear that conversion therapy is a risk to public health, especially the mental health of vulnerable young adults and children. There is broad support for its criminalisation by those who have been subjected to it, and, as healthcare and criminal justice matter, we believe it to be within the scope of the Scottish Government's powers to ensure this practice is brought to an end.

Created by

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Annexe B

PE1817 – End Conversion Therapy

Scottish Government letter of 12 August 2021

Thank you for your email of 30 June, which sought an update from the Scottish Government on banning the provision or promotion of conversion therapy in Scotland.

The Scottish Government is clear conversion therapy is an abhorrent practice that has no place in Scotland. We are therefore strongly supportive of the UK Government's commitment to ban conversion therapy.

Since the Scottish Government's submission to the previous Committee on 17 July 2020, Scottish Government officials have met 5 times with the UK Government Equalities Office (GEO) and the devolved administrations of Wales and Northern Ireland – in varying meeting combinations - to discuss LGBTI equality issues, including plans to ban conversion therapy. At the meeting in May, officials agreed that the four administrations would continue to meet regularly to discuss matters, including banning conversion therapy.

In the Queen's Speech on 11 May 2021, it was announced that a period of public consultation would be undertaken prior to enacting legislation to ban the practice of conversion therapy. Scottish Government officials have asked for the opportunity to feed in to the consultation's development and for assurance that stakeholders in Scotland are aware of this development.

We have noted to GEO colleagues our understanding that their research to date and the subsequent consultation are likely to have significant influence on establishing the contexts in which conversion therapy is occurring. This will help to frame the development of policy and help to inform discussions around the extent of reserved and devolved responsibility.

The UK Government's 2018 LGBT Action Plan¹ states that some commitments, "for example on ending conversion therapy, will require a UK-wide approach". However, we note that as yet no detailed proposals on this 2018 commitment have been brought forward to enable us to consider the extent to which they cover Scotland, and the interactions between reserved and devolved powers.

The Minister for Equalities and Older People, Christina McKelvie MSP, wrote to the Minister for Women and Equalities, Liz Truss MP, on 14 July 2021 requesting information about the UK Government's approach and current thinking in relation to the scope, impacts and likely timescales of the ban. A response is yet to be received.

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

Scottish Ministers are clear that if the UK's proposals do not result in banning conversion therapy in Scotland, we will bring forward our own legislation, in so far as is possible within the powers of the Scottish Parliament.

The Scottish Government recognises the importance of ensuring that LGBTI equality is protected and promoted and will continue to support and engage with the Committee in relation to their inquiry on this matter.

I hope this information is helpful in supporting the Committee's considerations.

Annexe C

UK Government letter to Minister for Equalities and Older People, Scottish Government, 31 August 2021

Dear Christina,

CONVERSION THERAPY

I am writing to follow up on our announcement that we will be legislating to ban conversion therapy and that we will be making funding available to support victims. I know you have a strong interest in this important issue and I wanted to update you on our plans.

Our National LGBT Survey in 2017 found that 2% of respondents had undergone conversion therapy, and a further 5% of respondents had been offered it. This Government has also heard many first-hand accounts of the harm which these abhorrent practices cause. In July 2020, the Prime Minister reiterated our commitment to tackling conversion therapy, and we have been working hard to identify the best way to do so.

I am pleased to confirm that we will be introducing legislation to ban conversion therapy practices for good, when Parliamentary time allows.

We will be launching a consultation aimed at hearing a range of views so we can ensure our legislative proposals are informed, balanced and effective in tackling this issue. The consultation will seek further views from the public and key stakeholders to ensure that the ban can address these abhorrent practices while protecting the medical profession, defending freedom of speech, and upholding religious freedom. The evidence we gather from this consultation, will be considered alongside the results of the research we have commissioned on the prevalence, nature and impact of conversion therapy, which will be published. I will set out more details on next steps in due course.

I am also pleased to announce we will be funding a package of support for victims of conversion therapy. This package will fund a helpline for victims, as well as, providing resources for those in safeguarding positions, such as teachers, to identify and report conversion therapy cases.

Conversion therapy must end and legislating will allow us to put a stop to these abhorrent practices for good.

Yours sincerely

Kemi Badenoch MP
Exchequer Secretary to the Treasury &
Minister for Equalities

FAQs

Why do we need to end the practice of conversion therapy?

- There is a growing body of evidence that conversion therapy is harmful, and that exposure to conversion therapy is associated with poor mental health outcomes, including suicidal thoughts.
- 2% of 108,000 respondents to the National LGBT Survey 2017 said they had undergone conversion therapy, and a further 5% of respondents said they had been offered it.
- 51% of respondents who had undergone conversion therapy said that it had been conducted by faith groups, while 19% said that it had been conducted by healthcare providers or medical professionals.

Will there be a ban?

- Yes. We are looking to bring forward measures to ban conversion therapy as soon as Parliamentary time allows.

Will there be a consultation?

- Yes. We want to ensure that a ban on conversion therapy works for those who need to be protected most whilst also protecting the medical profession, defending freedom of speech, and upholding religious freedom.
- This is a very complex issue and we want to engage with stakeholders to ensure any action we take is proportionate and effective.
- We will be engaging with stakeholders to shape the ban on conversion therapy and ensure any action we take is informed, proportionate and effective.

Will the legislation be for England only?

- The territorial application of the ban will largely apply to England and Wales only but there may be some measures that are reserved to the UK Government and which will apply to the UK as a whole.
- We will remain in close contact with the devolved administrations as we finalise these measures to find constructive solutions to end this abhorrent practice for good.

Are you going to ban conversion therapy for children and adults?

- Our ambition is to protect all those affected by conversion therapy whilst making sure the action we take is proportionate and effective, with no unintended consequences.

- That is why we will be launching a consultation to hear a range of views on the scope of the ban and engage with stakeholders to ensure we achieve a ban that works for those who need it most.

Will a ban stop trans people accessing legitimate support for their gender identity?

- No. We want to ensure anyone can access the support they need.
- We will be engaging with a wide range of experts and stakeholders, including the healthcare sector.
- We also want to ensure medical professionals seeking to offer advice to individuals with gender dysphoria within clinical and legal guidelines are able to continue practicing as normal.

Will you also ban conversion therapy based on gender identity of minors?

- We are considering how best to protect anyone from attempts to change their gender identity or sexual orientation, while ensuring parents, teachers and medical professionals are able to support and protect young people.
- This ban must not impact on the independence and confidence of clinicians to support those who may be experiencing gender dysphoria. This is a complex issue and we must take account of the wider work going on in this space, in particular the ongoing Cass review.

Will you stop young people from having conversations over their sexual orientation?

- No. We will be working with relevant stakeholders to ensure any proposals will ensure medical professionals, teachers and parents continue to have open and honest conversations with young people.

How will you support victims of conversion therapy?

- We will be making funding available to ensure victims of conversion therapy can find and access the support they need. This support will be available to whoever considers themselves to be at risk of- or have undergone- conversion therapy, whatever the circumstances.

Will you stop people who want conversion therapy from undergoing it?

- We do not want to prevent people from seeking legitimate medical or spiritual support should they wish to do so. However, this does not mean we will tolerate the use of coercive or abusive practices under the guise of support, whatever the setting.
- We understand this is a complex issue and we will be working with stakeholders to ensure we do not unduly inhibit people seeking genuine support.

- Given the broad range of acts that are often associated with conversion therapy, we will need to consider how consent operates for each individual act. Where it is clear that the act may cause demonstrable harm, there is a stronger case for us intervening regardless of consent.

Will a ban stop people accessing spiritual support?

- No. We will engage with relevant stakeholders and seek a wide range of views within the consultation to ensure a ban does not stop people accessing legitimate spiritual guidance.
- If an act of conversion therapy causes demonstrable harm and would also be considered spiritual support, then we will need to consider whether it is appropriate to act on this. During the consultation phase we would like to hear from a wide range of voices on important issues such as this.

Are you going to ban prayer?

- No.

Will a ban impact free speech?

- Free speech underpins our democratic society and we will protect that as we develop policy to end conversion therapy practices.
- We are working to understand the impact on wider rights and freedoms of any Government action to tackle conversion therapy.

Annexe D

PE1817 – End Conversion Therapy

Evangelical Alliance Scotland's response to the Committee's Call for Views

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

The Evangelical Alliance joins together hundreds of organisations, thousands of churches and tens of thousands of individuals to make Jesus known.

Representing our members since 1846, the Evangelical Alliance is the oldest and largest evangelical unity movement in the UK.

United in mission and voice, we exist to serve and strengthen the work of the church in our communities and throughout society.

Highlighting the significant opportunities and challenges facing the church today, we work together to resource Christians to act upon their faith in Jesus, to speak up for the gospel, justice and freedom in their areas of influence.

Working across the UK, with offices in London, Cardiff, Glasgow and Belfast, we are committed to fostering strong relationships amongst our membership. Our members come together from across denominations, locations and ethnicities to share fresh ideas, celebrate best practice, and catalyse innovation throughout the evangelical community and beyond. We know that together we can achieve much more than we can ever achieve alone.

The Evangelical Alliance is a founding member of the World Evangelical Alliance, which unites evangelical alliances based around the world, representing up to an estimated one billion evangelical Christians worldwide. This reflects the global reach and influence of evangelical faith, which can also be seen in the huge social and ethnic diversity in evangelical churches within the UK.

Throughout its history, the Evangelical Alliance has been at the forefront of campaigns for Christian unity, religious liberty and social transformation. Today our dedication to serving the church, and society at large, is as strong as ever.

We are deeply concerned at practices that have been carried out within different areas of society, both past and present, which are sometimes grouped together under the label "conversion therapy". We recognise the role that the church has played in causing harm, hurt and stigma towards individuals because of their sexual orientation and do not shy away from this. We consider that most forced and coercive practices discussed in relation to conversion therapy are already illegal and should face the full consequences of the criminal law. At the same time, we affirm categorically that practices of forced conversion should be made illegal if they aren't already.

However, we believe that the petition is problematic because we cannot discern what banning “the provision or promotion of LGBT+ conversion therapy in Scotland” means in practice. A clear definition is essential to determine whether a potential ban would be workable or not, in the sense of what would fall under its legal competence and whether it would infringe upon religious liberty or not. Without a substantive definition, it is difficult to engage with the issue as there is no clarity as to what the policy would lead to.

If it means that forcing people into practices with the aim of “changing” their sexual orientation should be banned in Scotland, then we agree that action needs to be taken.

But, if it means that conversations about one’s sexuality (especially those initiated by individuals who wish to talk about their sexuality with someone they trust) would be made illegal, then this would be highly problematic not just for individual freedom and religious liberty, but for other public settings such as within social work or schools. We also have questions as to how such a ban would work in practice, and how police officers would be trained to enforce it. This is not a hypothetical concern; both proposed definitions and international comparisons suggest that conversion therapy bans are often widely drafted and as a result impact individual choice and religious freedom.

This leads to our biggest concern about this petition. We are deeply concerned that such a law could lead to church leaders being criminalised for teaching on Christian sexual ethics in accordance with orthodox Judaeo-Christian beliefs. We trust that this isn’t necessarily the aim of the petition, but a law should not stifle religious freedom in such an all-encompassing way. Even if this is not what is intended, the effect of a ban that is broad could easily encompass teaching, discipleship, pastoral care and prayer.

This would particularly be the case if language in a ban could be read as viewing church teaching on sexuality (namely, that sexual activity is designed for between a man and a woman within marriage), as repressive towards people who are same-sex attracted. Churches have to be free to teach core beliefs, and provide discipleship to members of their community. For Christians who are committed to these beliefs but are attracted to people of the same-sex, depriving them of the support to live out their faith in a manner of their choosing would be unduly restrictive on religious liberty and personal choice. A ban could place church leaders in a position where they are uncertain whether the support and teaching they offer could place them in jeopardy of criminal prosecution – that too is highly damaging to religious freedom.

This is not withstanding the myriad issues that many individuals in healthcare settings, schools, churches and families could face if a ban on conversion therapy meant that issues around gender identity could not be discussed in those contexts. We would urge the committee to consider whether including the two very separate issues of sexual orientation and gender identity under the same umbrella term of “conversion therapy” is the best way forward – these issues are not the same. In fact, banning conversion therapy around the issue of gender identity would be a

contradiction in terms; gender dysphoria and other related issues are by their very nature about converting or changing one's gender identity through social, medical and surgical means following discussions and conversations with health professionals, close friends and family. It would appear that conversion therapy is acceptable when operating in this context in line with an individual's desires. This also demonstrates the problem of a wide umbrella term without a tighter definition.

On this final point in particular, we would refer the committee to the work completed by the Christian Medical Fellowship on this issue based on their professional experience within healthcare settings.

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

We would support the Scottish Government if it were to ban forced and abusive practices that seek to change someone's sexual orientation (or gender identity). But we would ask the Scottish Government to be explicitly clear in distinguishing between these forced practices, and the legitimate, loving and supportive work of church leaders in providing pastoral care.

Alongside a tightly drafted definition and clarity as to its impact, we would encourage the Scottish Government to do as they did with the Hate Crime and Public Order (Scotland) Act 2021 and include a specific and clear freedom of religion clause would be necessary to ensure this is the case. There are ostensibly huge differences between someone voluntarily seeking pastoral support or wishing to discuss their sexuality or gender identity with trusted counsel, and coercing someone to forcibly change their sexual orientation or gender identity against their will.

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

Going forward, establishing a definition of "conversion" should be the first priority. This will enable more effective engagement with what will be impacted upon by such a definition. With a definition in place, this would also provide a basis upon which to consider who is relevant to speak to. Without a definition, this petition risks going nowhere as those whom the committee hears from will be speaking to their own definition, and as such what they personally think will or won't be affected. At present, there is no clarity as to the remit, impact or scope of any such ban.

With the potential issues in mind however, we believe the committee should speak to a wide range of parties, including church leaders and those Christians (and leaders of other faiths) who would potentially be most impacted by such a law in practice.

We and our membership hold to orthodox Judaeo-Christian teaching on sexual ethics and marriage; this being that all sexual activity is reserved for a monogamous heterosexual marriage between one woman and one man. Our membership includes many individuals who are same-sex attracted and also live in accordance with these beliefs. We recognise that ostensibly this isn't the most common sexual ethic that individuals live by in the UK today. However, this does not make it illegitimate. As a

culture we should uphold the principle of individual and religious freedom in how we make decisions about our own lives. Therefore we would urge the committee to hear from individual Christians who are same-sex attracted but live celibate lives in accordance with their beliefs.

It is also important that the committee hears from people who have experienced the range of activities affected by a prospective ban. This therefore includes those who have experienced demonstrable harm due to forced practices, but also those who have benefitted from spiritual and pastoral support and advice that they have sought and received within a Christian community.

We would also like to see the committee advise the Scottish Government to hear from a wide range of stakeholders as they develop any potential language around a ban to ensure that it achieves the highest possible buy-in and engagement.

With respect to the specific issue of gender identity, we would urge the committee to speak to and hear from the Christian Medical Fellowship.

Annexe E

PE1817 – End Conversion Therapy

Family Education Trust's response to the Committee's Call for Views

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

We strongly disagree with the actions called for in the petition.

While we recognise that it may sometimes be necessary to protect people from 'quack therapies', we believe that the proposed conversion therapy ban would deal a terrible blow to the freedom and autonomy of the individual as well as to freedom of choice, freedom of speech and freedom of religion. We do not believe that a person who may feel trapped in a particular sexual lifestyle should be forbidden by law from seeking counselling or other forms of help should they desire it. Nor should it be a crime to offer such counselling, whether it be of a religious nature or of the more clinical variety. We find it puzzling and more than a little ironic that while the law defends the right of an individual to change their sex via surgery, we are now proposing to criminalise those who would seek to change their 'sexual orientation' via sensitive counselling.

Of even greater concern, however, is how the proposed ban may affect children and young people who are confused about their gender. Since the ban on conversion therapy would cover individuals who define as 'transgender' we fear that there could be a lack of help for vulnerable children and young people with gender identity issues and that qualified medical professionals who attempt to help these young people could be at risk of criminal sanctions. The proposed ban could have a similarly chilling effect upon parents who seek to help a gender dysphoric child. Under the current potentially wide definition of conversion therapy any exploration of underlying issues contributing to gender dysphoria could be deemed conversion therapy leaving the child or young person unable to be provided with the help they need.

This would be a tragedy because the evidence shows us that gender dysphoric feelings, especially in the young, are often fleeting and among young people who experience gender dysphoria only a minority persist with these feelings through into adulthood. For example, according to the American Psychiatric Association, in biological males, persistence has ranged from 2.2 to 30 per cent, and in biological females, from 12 to 50 per cent (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, DSM-5, 5th edition, 2013, 302.85, Gender Dysphoria in Adolescents and Adults, p.455). NHS England cites research showing that only 12-27 per cent of children who experience gender dysphoric feelings continue with them into adulthood (NHS England, ['NHS Standard Contract For Gender Identity Development Service For Children And Adolescents'](#), 2019).

In recent months there has been increasing recognition of the need to protect young people from premature exposure to puberty blockers and other body altering medication. The High Court judgement in the Keira Bell case stated that it was unlikely that those under 16 could give informed consent to such treatment, causing the NHS to update its guidelines on the treatment of gender dysphoria in young people (Bell v. Tavistock judgment, [2020] EWHC 3274; [NHS, Treatment: Gender Dysphoria](#)). The report of the Care Quality Commission on the Gender Identity Development Service at the Tavistock and Portman NHS Trust was highly critical of that service's failure in many cases to assess the competency and capacity of young people receiving treatment for gender dysphoria and its lack of respect for staff who raised concerns (Care Quality Commission, Tavistock and Portman NHS Foundation Trust Gender identity services Inspection report, 20 January 2021).

We view these as positive developments in the interests of the safety of children and young people. But they could be effectively nullified if a conversion therapy ban were enacted.

We would therefore urge the Scottish government in the name of freedom and of the welfare of our children and young people to oppose a ban on conversion therapy.

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

For reasons stated in response to question 1 we do not believe the government needs to take any action in relation to so called 'conversion therapy'.

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

We would strongly urge that the voices of those who claim to have benefited from so-called 'conversion therapy' should be heard. A good example would be the Core Issues Trust, an organization that works with those who have unwanted same-sex attraction and run by those who have overcome such attraction. If the government wants to view the issue of 'conversion therapy' in an objective, fair and balanced light then the voices of such people need to be heard.

Annexe F

PE1817 – End Conversion Therapy

Christian Medical Fellowship's response to the Committee's Call for Views

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 such people 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](#), 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.

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.

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.

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

1. 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](#). 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](#). 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.

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.'](#)

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.

2. 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 survey](#) 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 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 Trend](#) 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.

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](#), 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.' They represent people who would be profoundly affected by the proposed legislation and, as such, merit the opportunity to make a contribution 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.

3. 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.' 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 conclusively](#) 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.' [Is gender identity conversion therapy practiced in the UK today? \(transgendertrend.com\)](#)

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?
- 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.

In summary, the article concluded that none of the evidence satisfactorily answers (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.

Annexe G

PE1817 – End Conversion Therapy

Catholic Parliamentary Office of the Bishops' Conference of Scotland response to the Committee's Call for Views

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

The Bishops' Conference of Scotland is grateful for the opportunity to engage in the committee's consideration of petition PE1817: End Conversion Therapy.

In any such action, be it legislative or otherwise, a clear definition of what is meant by 'conversion therapy' is required. Such a definition should centre on 'therapies' that claim to change a person's sexual orientation or to suppress a person's gender identity. When this is augmented by coercion the practice is cruel and damaging. The Bishops' Conference of Scotland would not oppose the banning of such practices.

It is important to recognise that there are people with same-sex orientation who wish to live their lives in harmony with the teachings of the Church. Of their own volition, with informed consent and free from any coercion, they may ask for help to live according to their beliefs and values. It is vital that any legislation protects them and those who support them. Action which does not seek to change or suppress a person's sexual orientation, should fall well outside any definition of conversion therapy.

Moreover, it is important to recognise the right of religious bodies and organisations to be free to teach the fullness of their beliefs and to support, through prayer, counsel and other pastoral means, their members who wish to live in accordance with those beliefs.

Considered and nuanced definitions in this area will help society to understand these issues better while protecting freedom of religion, belief and expression.