

2020 'Conversion Therapy' & Gender Identity Survey



FOREWORD

by Richard Matousek, Independent Research Monitor

I hadn't heard of "Gender Identity Conversion Therapy" before Jayne Ozanne, Director of the Ozanne Foundation, approached me to monitor this research. It's a practice that goes under the radar for most of us, even though – as this research clearly shows – it too-often causes long-term or permanent harm to its sufferers.

This report presents ground-breaking data on the effects of Gender Identity Conversion Therapy (GICT) in the UK. Its publication comes at critical period for the LGBT+ community as the current Government is designing a way to "end conversion therapy against LGBT+ people", as it set out in its 2018 LGBT Action Plan. In March 2021, the Minister for Women and Equalities stated publicly that the government will "shortly be bringing forward plans to ban conversion therapy". However, it is not yet clear that any such ban will cover gender identity conversion therapy. The objective of this research was to explore whether GICT occurs in the UK, how and who conducts it and also to explore the impact it has had on people. A secondary aim was to capture people's views about whether the practice should be banned.

The data should be approached as qualitative and demonstrative rather than as statistically robust quantitative data. The quantitative findings come with caveats, mainly due to a limited sample size which affects the ability to conduct statistical significance testing. That said, due to a dearth of data on this topic in the UK, the findings are still valuable to look at, and give important insights into what some gender diverse people have been suffering in the UK.

Coupled with other research, the quantitative and rich qualitative data presented in this report provide sound evidence to show that:

- GICT takes place in the UK
- GICT is harmful and has negative impacts on public health
- A GICT ban is popular among those who've undergone the practice

The COVID-19 pandemic has brought home the fragility of public health (both physical and mental), with evidence showing these effects to be particularly prevalent among LGBT+ people. In order to promote and protect public health, a ban specifically on gender identity conversion therapy ought to be included in any ban on "conversion therapy" against LGBT+ people. This report sets out useful precedents for banning this practice effectively, while maintaining important values like freedom of speech.

Finally, I'd like to thank the team for their work in making this research possible, particularly Jayne Ozanne who oversaw the project and Michael Petch from the LGBT Foundation for analysing the data and helping write this report. Our gratitude also goes to the survey participants for taking the time to share their experiences of GICT, including reliving some very painful memories.



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GENDER IDENTITY “CONVERSION THERAPY” (GICT)

Current Context

The United Nations’ Independent Expert on Sexual Orientation and Gender Identity has defined ‘conversion therapy’ as an umbrella term to describe a wide-range of practices, all of which share the belief that a person’s sexual orientation and gender identity can and should be changed. These are deeply harmful interventions that rely on the false idea that LGBT and other diverse persons are sick and should be ‘cured’. There is no sound scientific evidence that these practices work. In April 2020 the International Rehabilitation Council for Torture Victims concluded that “conversion therapy” is a form of torture, which led the UN to call for a global ban in June 2020.

As of 2017, all the major UK professional therapy bodies have signed a Memorandum of Understanding which calls for an end to “conversion therapy”, including gender identity “conversion therapy”.

In their LGBT Action Plan (2018), the UK Government committed to ‘ending conversion therapy against LGBT people’. In July 2020, the Prime Minister stated his intention to ‘ban’ what he called “these abhorrent practices” and the Minister for Women and Equalities later stated that the Government would bring forward plans to ban so-called ‘conversion therapy’. The Minister reiterated this pledge in March 2021, but did not confirm that any such ban will cover gender identity conversion therapy.

Similarly, public discussions around conversion therapies have so far typically paid little attention to the impact on gender diverse communities.

Definition of So-Called “Conversion Therapies” and Practices

Our recommended legal definition combines elements of the legislation in place in both Madrid, Spain and Queensland, Australia, which are the two best examples of international legislation. This is because the Madrid definition is the most inclusive of various forms of conversion practices and the Queensland definition ensures that gender-affirming treatments are not included in a ban:

“Conversion therapies”:

- i) Encompass all medical, psychiatric, psychological, religious, cultural or any other interventions that seek to erase, repress or change the sexual orientation and/or gender identity of a person, including aversive therapies or any other procedure that involves an attempt to convert, cancel or suppress sexual orientation, gender identity and/or gender expression.*
- ii) Do not include any practice that— (a) assists a person who is undergoing a gender transition; or (b) assists a person who is considering undergoing a gender transition; or (c) assists a person to express their gender identity; or (d) provides acceptance, support and understanding of a person; or (e) facilitates a person’s coping skills, social support and identity exploration and development.*

EXECUTIVE SUMMARY

This study looks at the impact of Gender Identity “Conversion Therapy” (GICT) among gender diverse respondents. In this report, we use the term ‘gender diverse’ to describe all people who feel that their gender identity does not match the sex assigned to them at birth. This includes those who identify as trans and/or non-binary or in many other ways. The report also describes the views of cisgender (cis) people (those whose gender is aligned with the sex assigned at birth).

Our respondents included both those who believed they freely chose to undergo conversion therapy as well as those who were forced to go through it by those around them.

The survey was open to all individuals currently living in the UK who were over 16. We received 1504 responses to the survey, of which 1086 were analysed in depth and 418 were excluded through a process of quality control.

This study shows that GICT is more widespread and often more violent than has been previously been understood. Many respondents reported going through conversion practices as children, in some cases when respondents were younger than 12. Whilst many of the respondents who went through GICT did so in a religious context, there were also historical reports of some NHS providers recommending certain conversion practices.

These findings provide a wake-up call to government, therapeutic regulatory bodies and religious organisations for the need to eradicate all gender identity conversion practices. It is clear that immediate and robust actions are needed, so as to provide the protection and support to which gender diverse people are entitled.

The main findings of the survey, which include some distressing content, are as follows:

- ◆ 450 respondents stated their gender identity did not match the sex assigned to them at birth. This included 170 respondents who identified as non-binary. Among those, 64 had been offered GICT, and 39 had undergone it. Of those, nearly half had been forced to go through it.
- ◆ Nearly half (49%) of respondents were children when they began GICT, and three quarters were under the age of 24.
- ◆ The majority of respondents reported that religious belief was a key motivating factor in pursuing “conversion therapy”, and that members of their religious community – particularly religious leaders - were most likely to offer and practice GICT.
- ◆ Some respondents reported experiencing severe physical and sexual violence during GICT, including verbal abuse, isolation, beatings, forced feeding or food deprivation, corrective rape and forced nudity.
- ◆ Gender diverse people who had undergone GICT were more likely to report severe mental health problems than those who had not, with marked increases in suicide attempts and suicidal ideation.
- ◆ At least half of the gender diverse people who had undergone GICT reported that it had worsened their romantic, family, community and peer relationships.
- ◆ There was overwhelming support for banning GICT among respondents: 95% of gender diverse people and 85% of cis people support a ban.

POLICY RECOMMENDATIONS

As a result of these findings, we recommend that:

1. The UK Government urgently bring forward a legislative ban to eradicate all so-called “conversion therapy” practices in the UK, in both the public and private spheres, including healthcare, religious, cultural and traditional practices. It must protect everyone regardless of age or whether they were coerced or consented to the practice, and must include a ban on the advertising and promotion of such practises.
2. Given that this research shows that gender diverse people are profoundly harmed by conversion practices, any legislative ban must include practices which attempt to change, suppress, convert, or cancel a person’s gender identity or gender expression.
3. Such a ban would and should not prevent safe and supportive therapies that allow people to explore and better understand and accept their sexual orientation and gender identity. This safeguard will distinguish so-called “conversion therapy” practices from safe and supportive therapies, delivered by suitably qualified and regulated professionals, that assist people to explore and better understand their sexuality, gender identity and/or gender expression.
4. The UK Government should establish a wider programme of work to eradicate the practice in all its forms, including, but not limited to:
 - i) Statutory provision of publicly funded support services for current and historical survivors of conversion therapy
 - ii) A centralised needs assessment underpinned by research to understand the prevalence, forms, and locations in which conversion therapy occurs, both currently and historically, to inform the future commissioning of services for current and historical survivors
 - iii) Community outreach and education to reach current victims and those most at risk.
5. Specialist safeguarding training is required for all medical and mental health providers, social workers, counsellors, psychotherapists and psychological therapists and related professions, as well as all religious organisations to identify those at risk of or currently undergoing conversion therapy.
6. Regulatory standards should be developed through professional practice guidelines for medical, psychological, social care, counselling and psychotherapy practitioners. Regulatory standards must also be developed to cover pastoral care and spiritual guidance provision whose aim is to improve mental and spiritual health.

BACKGROUND & METHODOLOGY

Whilst there is a growing body of research on so-called “conversion therapy”, most studies have tended to focus exclusively on sexual orientation “conversion therapy” – such as the 2018 Faith & Sexuality Survey conducted by the Ozanne Foundation. Where research has looked at both sexual orientation and gender identity ‘conversion therapy’, such as the Government’s 2018 LGBT Survey, it has done so in a generalised form. Before this study, no specific research had been conducted to understand the unique systemic barriers that gender diverse people face. In this report, we use the term ‘Gender Identity “Conversion Therapy”’ to refer to a wide variety of experiences. The term was introduced and defined as follows:

According to the UN, so-called 'conversion therapy' is used as an umbrella term to describe interventions of a wide-ranging nature, all of which are premised on the belief that a person's sexual orientation and gender identity, including gender expression, can and should be changed or suppressed when they do not fall under what others in a given setting and time perceive as the desirable norm, in particular when the person is lesbian, gay, bisexual, trans or gender diverse. Such practices are therefore consistently aimed at effecting a change from non-heterosexual to heterosexual and from trans or gender diverse to cisgender. It may be performed by health professionals, spiritual or religious leaders, and/or community or family members.

The term was intentionally left more open in order to allow people to reflect more freely on their experiences. The common element in GICT is that this happened to people who questioned their gender identity or thought themselves to be gender diverse. In response, someone, usually a professional, religious leader or family member, then attempted to convert their gender identity in order to make them believe that they were cis.

This survey looked to gain insight into the ways in which this so-called “therapy” impacts the people who have experienced it. This was done to provide evidence to the Government and Equalities Office (GEO) of the types of conversion therapies gender diverse people have in the past and still are being subjected to, and how it has affected them. This was with a view to helping inform and shape the government’s forthcoming proposals to end so-called “conversion therapy” in all its forms. As such, our findings have led us to generate a series of recommendations on ways to address and eradicate so-called gender identity “conversion therapy”.

It is important to note that the survey did not seek to measure or quantify prevalence of so-called “conversion therapy” amongst gender diverse people in the UK.

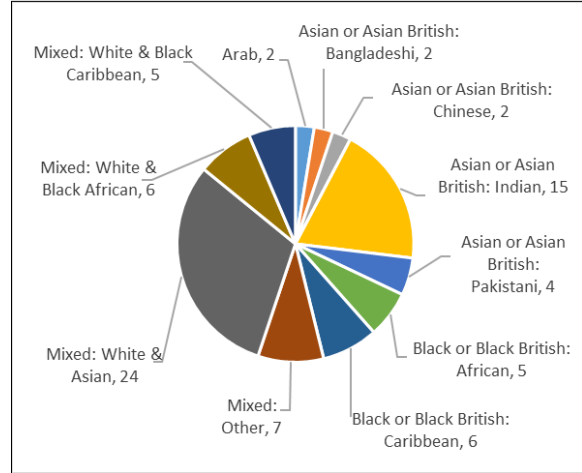
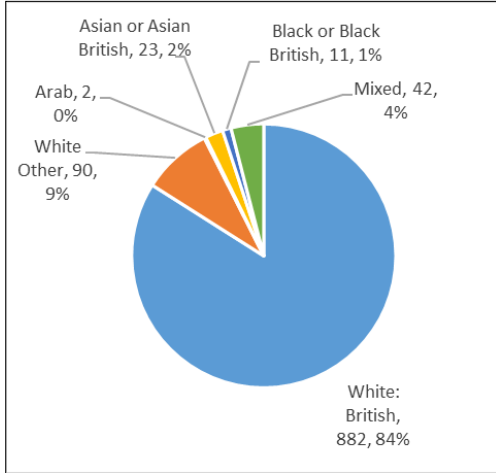
The survey ran from 8am October 2nd to midnight October 11th 2020, and was conducted online using Survey Monkey. It was promoted by the sponsoring organisations. The research was overseen by an independent research monitor, Richard Matousek, who provided an analysis plan to help ensure that all data were interrogated objectively.

The survey was open to all individuals currently living in the UK who were over 16. We received 1504 responses to the survey, of which 1086 were analysed in depth and 418 were excluded due to not meeting our quality control criteria. Responses were excluded if they came from outside of the UK, if the respondent was under 16, or if the respondent submitted false or irrelevant data in bad faith, which was typically made clear through their submissions in the free-entry text boxes (such as repeatedly-made transphobic remarks).

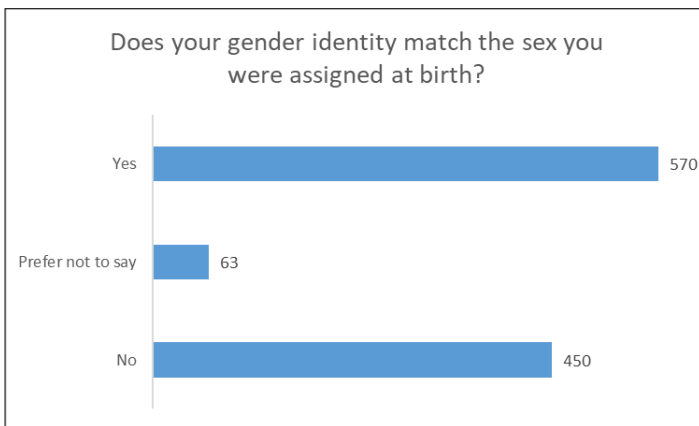
DEMOGRAPHICS

1. Ethnicity

The sample for the survey was overrepresented by white people, with 93% identifying as white versus the UK 2011 Census figure of 86%. Mixed ethnicity people were slightly overrepresented though still made up less than 5%, whilst Black and Asian people were underrepresented at 1% and 2% respectively. There was a wide range of those with mixed ethnicity, as shown below.



2. Gender Diversity



Cis people (ie those who answered “yes”) were included in this survey for a number of reasons. Firstly, it helped gauge general opinions on gender identity “conversion therapy” (GICT) and secondly, it enabled the views of cis people who may have been offered or been through gender identity “conversion therapy” to be captured. Some of these may well have been people who had questioned their gender identity but ultimately went on to no longer experience dysphoria and so live as their gender assumed at birth.

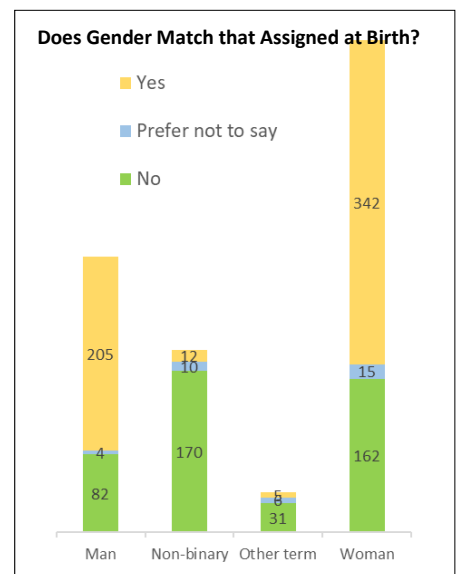
It is important to acknowledge that there was also a small number of respondents who went through gender identity “conversion therapy” and believed it had successfully made them cis.

By looking at gender and gender diversity together, it can be seen that the majority of responses were from women, with two thirds of the women who responded being cis.

Fewer non-binary people replied than either men or women. We are now witnessing a growing population of non-binary people who do not fit comfortably at one end of the gender spectrum or the other. Some non-binary people see themselves as fitting under the trans umbrella, others do not.

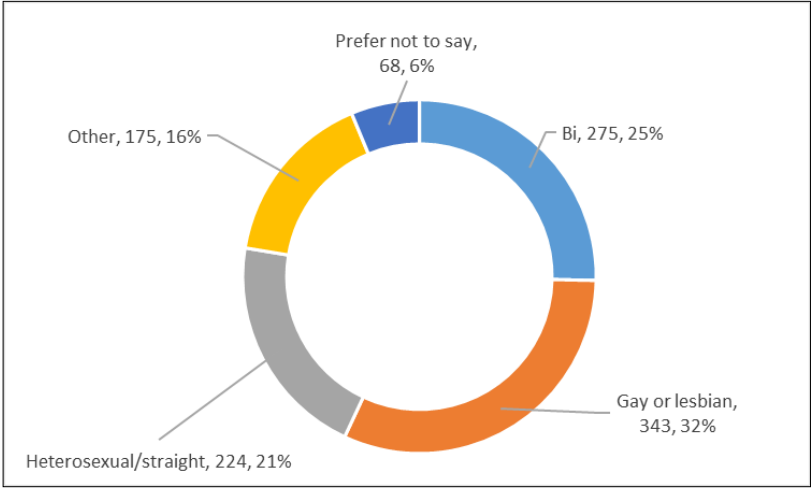
Some common other terms also used by respondents included “agender”, “questioning”, “genderfluid” and “transsexual”.

12 non-binary people agreed that their gender identity matched their sex assigned at birth, as opposed to 170 who believed it did not match.



3. Sexual Orientation

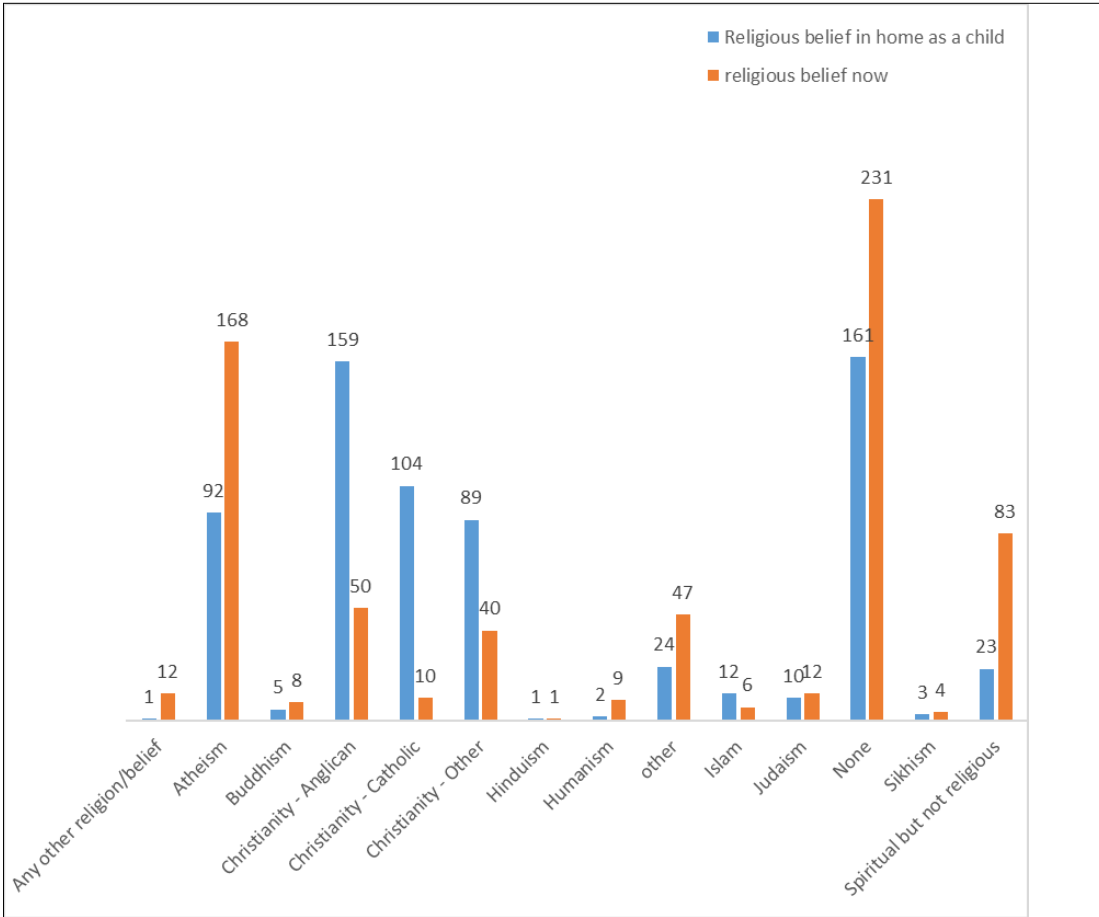
Whilst only a fifth of respondents (21%) said they were heterosexual, nearly a third (32%) said they were gay or lesbian and a quarter (25%) identified as bisexual.



Some other terms commonly used by respondents in relation to sexual orientation included “queer”, “asexual”, “pansexual”, or further qualifiers on the nuance of their identity, like “bi lesbian”, “aromantic bisexual”.

4. Religion

A large proportion of respondents came from Christian homes (51%), with the next largest group being those where “no religion” was practised (24%). Notably, there was a marked decline in the number of respondents who later said they were still Christian and a marked rise in the number who said they were either “atheist”, “spiritual but not religious” or had “no religion”.



FINDINGS ON GENDER IDENTITY “CONVERSION THERAPY”

This section covers the various findings regarding “conversion therapy” amongst the gender diverse community, exploring how people come to experience Gender Identity “Conversion Therapy”, what this so-called “therapy” commonly involves and how it impacted people.

These findings are explained in depth, and may make difficult and upsetting reading.

1. Whom Does Gender Identity Conversion Therapy Affect?

Our survey was primarily designed to capture the experiences of people who have gone through GICT, and to capture views around the practice. It should not be taken as a study of the prevalence of the practice, as this would require a larger randomised sample size.

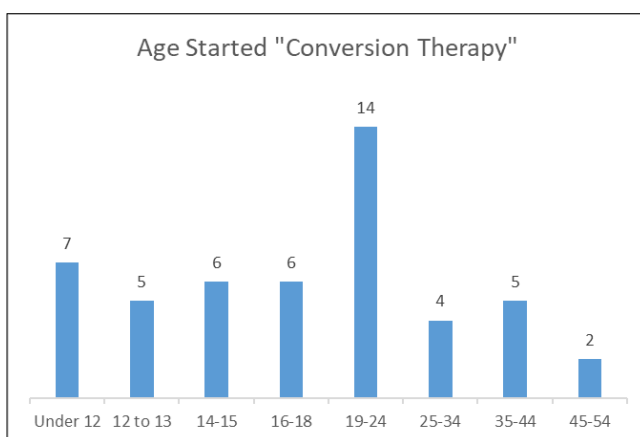
Of the people who completed our survey, 87 had been offered GICT, with 64 of those being people who now identify as gender diverse. 51 of the people who were offered GICT then went through it. Many of those who were offered GICT but did not identify as gender diverse had also said that they had at some point questioned their identity. It is clear that GICT therefore typically affects people who either believe themselves to be gender diverse or have questioned/are still questioning their gender.

When we asked people who had gone through GICT whether they believed at the time it was a free choice, we found that over half of the participants felt forced through GICT. Some people chose not to say, and others responded “not sure” and then went on to describe their experiences in the free textbox. This frequently contained details of abuse, coercion and direct pressure. Others suggested it was a choice and so these were recoded to reflect this. Those which were unclear were not recorded as either forced or freely chosen.

	All people	Gender Diverse	Cis People	Prefer not to say
Offered GICT	87	64	16	7
Gone through GICT	51	39	7	5
“Freely choose” GICT	21	16	1	4
“Forced” through GICT	26	19	6	1

The vast majority of respondents who went through GICT were from religious childhood households (46 out of 51). For the purpose of this analysis religious households are defined as homes which follow Buddhism, Christianity (any denomination), Hinduism, Islam, Judaism, Sikhism, or “any other religion/belief”. This has been known to be true for sexual orientation “conversion therapy” (Morrow & Beckstead, 2004; Ozanne, 2018; Meansly et al., 2020), and this survey shows it is true for GICT also.

We asked people who had undergone “conversion therapy”, including those who questioned whether what they had undergone constituted “conversion therapy”, how old they were when they first went through GICT. The overwhelming majority of participants reported that they went through GICT at a young age, with 49% of respondents being under 18 years of age when they began, and 78% being under 24. This shows that GICT typically affects younger people at a critical time of self-discovery.



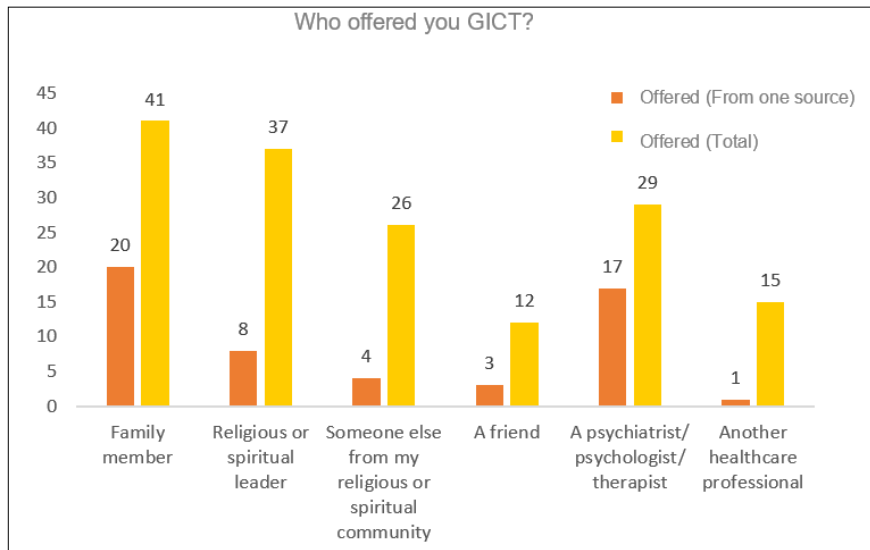
Age Started GICT	Responses
Under 12	7
12-13	5
14-15	6
16-18	6
19-24	14
25-34	4
35-44	5
45-54	2

2. Why Do People Go Through GICT?

“I thought I was being helped”
 Bi, gender diverse woman, 55 - 64

“I was coerced but chose to go through it because I wanted to belong and make others happy”
 Queer, gender diverse man, 35 - 44

The research found that 87 of our respondents were offered GICT, by a variety of different people in their life. It most frequently came from an authority figure like a family member, religious or spiritual leader or from a psychiatrist, psychologist or therapist. While some people may have been reporting historical experiences, it is important to note that a quarter of those offered “conversion therapy” by a mental health professional were under 25.



What emerges from these responses is that many had been offered “conversion therapy” by more than one group of people in their life. Religious leaders and communities were prominent in offering GICT but were not uniquely so.

That said, people who were offered “conversion therapy” by a “family member” or a “psychiatrist/psychologist/ therapist” were more likely to have been offered “conversion therapy” exclusively by these respective providers. These people accounted for 43% of those who had been offered “conversion therapy”. Further research would be valuable to understand these experiences more.

What Motivated You to Go Through GICT?	
My family/friends disapproved	16
I believed not being cisgender was “sinful”	15
I wanted to live as a cisgender person	15
I was given no choice and had to undergo it	14
I was ashamed of not being a cisgender person	13
My spiritual/religious leader disapproved	12
I didn’t want to be associated with LGBT+ people	7
It is not acceptable in my culture	7
Prefer not to say	14

The research found that the reasons stated for undergoing GICT were due to an array of factors, including disapproval by family, friends and spiritual/religious leaders. Religious belief played a key motivating factor for some respondents, along with a sense of shame. It should also be noted that for many, these motivations are not mutually exclusive.

3. What Happens to Those Who Undergo GICT?

“Ignoring my feelings, calling myself she at any possible moment to make myself feel worse, to the point now dysphoria is there but I don't acknowledge it and I'm making it worse but now calling myself trans feels like I'm lying”

Asexual gender diverse man, 19 - 24

“I didn't realise I was being subjected to conversion therapy, it was gradual drip/suggestion/gaslighting”

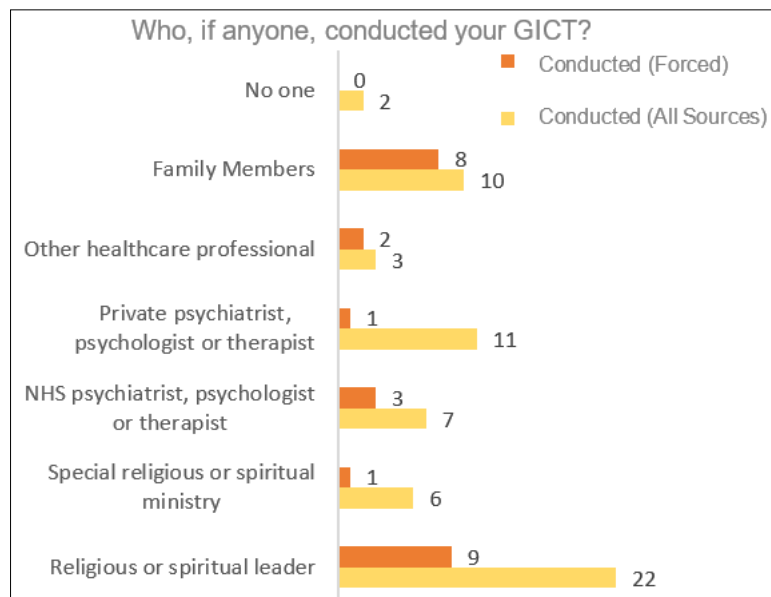
Asexual agender person, 55 - 64

“There was a course with mentoring designed to make me conform to traditional gender and sexuality roles, and an exorcism was performed to expel the ‘daemons’ causing me to not be cis (gender) het(erosexual). I was ultimately cast out of the church because it didn't work.”

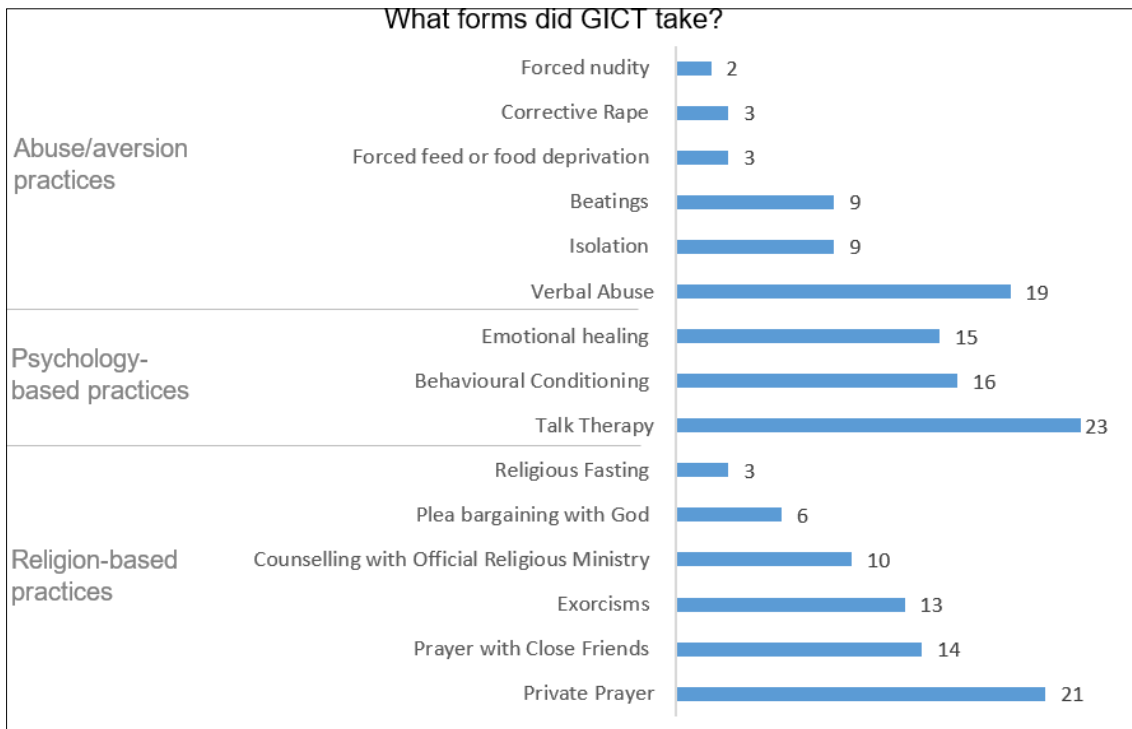
Queer, gender diverse man, 35 - 44

Of those who had gone through “conversion therapy” (a total of 51, 39 of whom defined themselves as gender diverse), we also asked who it was that had conducted it. We cross-referenced this to look at instances of “conversion therapy” being ‘forced’, from which we inferred that those who forced an individual to undergo the “conversion therapy” were also the person or group of people who went on to forcibly conduct the therapy. A large proportion of “conversion therapy” attempts were done by religious or spiritual leaders both in terms of conducted and forced.

When looking at what practices took place, these can be grouped into three main categories: religion-based, psychology-based and abuse/aversion. We say these practices are “religion” or “psychology” based, but recognise that they are not an intrinsic part of either religion or psychology. Rather, these “methods” are often associated with or based on certain religious practices (such as prayer or fasting), or psychological practices (such as ‘talking’ therapy). Religion-based practices to “convert” gender identity were found to be commonplace among respondents, along with talking therapies, verbal abuse and behavioural conditioning. The vast majority of participants reported experiencing multiple methods of attempted “conversion”.



Of great concern was the finding that some respondents also reported experiencing severe physical and sexual violence. It should be noted that many of these methods are criminal acts, and that they are happening to children and young people.



It is important to keep in mind when assessing this evidence that experiences of trauma are subjective, and the same incident can carry different levels of trauma for different people (Baols, 2018). Whilst some people may feel little impact from certain practices of “conversion therapy”, such as private prayer or talk therapy, for others these same practices may be invasive, traumatic and cause serious long-lasting harm.

“Unfortunately it has affected every aspect of my life so drastically I think I’ll be trying to heal for the rest of my life”

Queer, gender diverse man, 19-24

There were many people who responded that they were unsure whether or not their experiences actually constituted “conversion therapy”. Many people had felt that those around them had attempted to prevent them from being gender diverse, often through similar means to those who had undergone “conversion therapy”. The two quotes below demonstrate the ways in which gender diverse people may be subject to wider “conversion” processes by trying to diminish or reattribute their dysphoria in ways which may not be considered as clear-cut “conversion therapy”.

“I told a psychiatrist at the age of 6 I was a girl. I was sent to an all-boys school”

Bi, gender diverse woman, 45 - 54

“Kind of - two private psychotherapists tried to make me feel more comfortable with being a woman and blamed my gender on depression and autism.”

Asexual, gender diverse man, 35 - 44

4. What is the Impact of Gender Identity “Conversion Therapy”?

“Attempting to change how I felt about my gender only made me hide it. The only thing it did change is my ability to trust others and maintain relationships. Most of my life I’ve been on my own and struggled with feelings of loneliness and with little hope of living a full life.”

Bi, gender diverse woman, 45 - 54

The negative impact of GICT is clear. Those who have undergone GICT reported poor mental health outcomes, particularly around attempted suicide and suicidal thoughts. This is consistent with other research which shows that “conversion therapy” is gravely harmful.

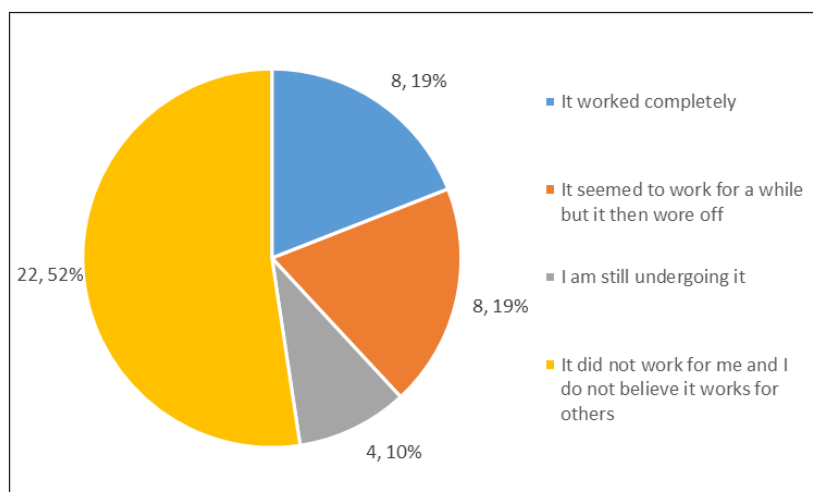
Almost all indicators of poor mental health were higher among gender diverse people who had experienced GICT compared to those who had not. We asked about experiences of attempted suicide, suicidal thoughts, self-harm, eating disorders and anxiety and depression. Apart from self-harm, all of these mental health conditions were more prevalent among gender diverse participants who’d been through GICT than those who hadn’t.

Experience of Mental Health issues	Gender diverse people who did not experience GICT (409)	Gender diverse people who experienced GICT (38)
Attempted suicide	106 (26%)	18 (47%)
Suicidal thoughts	309 (63%)	27 (71%)
Self-harm	180 (44%)	13 (34%)
Eating disorders	124 (30%)	15 (39%)
Anxiety/depression	322 (79%)	35 (92%)
No mental health issues	46 (11%)	2 (5%)

We asked people who said they had gone through “conversion therapy” what the outcome had been, and the overwhelming majority, 71% of participants, reported that “conversion therapy” did not prevent them from being gender diverse.

It is important to acknowledge that 8 respondents felt it worked completely. We also gave people the option to select the statement that whilst they felt it hadn’t work for them, they believed it could for others, but no-one in the final cut of data selected that option.

What was the Result of Undergoing GICT?



We asked participants who had undergone “conversion therapy” how much it had impacted various aspects of their life. Overall, most participants felt “conversion therapy” had made most aspects of their life worse, with mental health, family relationships and romantic relationships being the most affected.

In every aspect of life, at least 45% of people said these had been made worse or much worse.

Effect of GICT on Respondents	Much Worse	Worse	No Impact	Better	Much Better
Mental health	18 (45%)	10 (25%)	3 (8%)	1 (3%)	8 (20%)
Physical health	6 (15%)	12 (30%)	15 (38%)	0 (0%)	7 (18%)
Family relationships	15 (38%)	9 (23%)	8 (20%)	2 (5%)	6 (15%)
Peer relationships	9 (23%)	10 (25%)	13 (33%)	1 (3%)	7 (18%)
Community relationships	10 (27%)	10 (27%)	8 (22%)	4 (11%)	5 (14%)
Romantic relationships	11 (28%)	14 (36%)	7 (18%)	0 (0%)	7 (18%)

“Having gone through Gender Identity Conversion Therapy when I was younger, I can confidently say that it doesn't work. It just resulted in 23 years of depression, alcoholism and suicidal thoughts, until I transitioned in 2011”

Bi, gender diverse woman, 45 - 54

PERCEPTIONS OF GENDER IDENTITY “CONVERSION THERAPY”

1. Should Gender Identity “Conversion Therapy” be Banned?

*“A friend of mine was subjected to conversation therapy and it scars forever.
Please help stop this”
Bi cis woman, 16-18*

Both cis and gender diverse people were strongly in favour of banning gender-identity “conversion therapy”, with 89% of all responses thinking it should be banned.

Should GICT be Banned or Remain Legal?	It should be banned	Don't know	It should remain legal	Sub Group Total
Gender diverse responses	367	7	13	387
% of Sub Group	95%	2%	3%	100%
Cis responses	393	23	49	465
% of Sub Group	85%	5%	11%	100%
Total	760	30	62	852
% of Total	89%	4%	7%	100%

Notably, we can see that gender diverse people were more likely than cis people to want GICT to be banned, and cis people were more likely than gender diverse people to think it should remain legal. Cis people were also more likely than gender diverse people to be uncertain about whether it should be banned.

*“I am very worried that this ‘ban’ will be used to ban gender transition on the grounds that it is a form of conversion therapy for LGB people.”
Straight gender diverse woman, 55 - 64*

*“Therapy should be in the best interests of the patient. This may not always be to transition but to continue in gender assigned at birth. I believe that therapy aimed at ‘transition only’ and therapy aimed at ‘non transition’ only are both wrong.”
Bi, cis man, 35 - 44*

*“Banned by professionals but not made criminal”
Heterosexual, cis man, 45 - 54*

A concern voiced by several gender diverse respondents was that a ban on sexual orientation “conversion therapy” could be used to attempt to ban transition-affirming care. The claim that cis LGB young people are being forcibly transitioned into trans straight people is a common anti-trans argument. This falsely assumes that gender diverse people are exclusively heterosexual post-transition, which is more often than not untrue both in adults and in young people (Ashley, 2020; Toomey et al., 2018; James et al., 2016; Katz-Wise, Reisner, Hughto, & Keo-Meier, 2016; LGBT Foundation; 2020; LGBT Foundation & Manchester City Council, 2016; Scottish Trans Alliance, 2012; Human Rights Campaign, 2018).

Additionally, some shared their concerns over what a ban of “conversion therapy” might cover. This is exemplified in the second quote above, which outlines a concern that banning “conversion therapy” may lead to therapy which aims for transition only. Cis respondents also commented that they felt a ban on “conversion therapy” may ban anything other than an affirming, “pro-transition” treatment.

In other answers in the survey, respondents drew parallels between an “affirmation-based” approach, and sexual orientation “conversion therapy”. This is often based on a negative interpretation of what an “affirming approach” means, generally assuming that any person questioning their gender is then told they are trans. This emerged in the survey as a common view amongst cis people. “Affirming therapy” is instead centred on the individual and is about offering “developmentally appropriate care that is oriented toward understanding and appreciating the youth’s gender experience” (Rafferty, 2018).

Current research indicates that when working with gender diverse youth, an affirming approach is best and can create effective space to allow gender diverse people to be themselves. It also allows people who are not trans to explore their feelings and come to understand why they may feel discomfort with their gender (Ashley, 2020). Unlike “conversion therapy”, there is no “target outcome” within a gender affirming approach.

“CT is such a damaging experience. I feel so ashamed to have gone through it and I know it’s going to take years / if ever to get over it. The hatred / internalised HBT they instilled within me for the LGBTQ+ community is also one of the saddest things to have experienced. The pastors created a trust in me for them, that they knew what was best for me- when they didn’t. The covertness of it was sickening. Removing them from my life has meant I am now fully embracing my Transgender self and I couldn’t be happier.”

Straight, gender diverse man, 35-44

2. Transphobic Responses to the Survey

“The current social contagion of ‘transing the gay away’ is a horrific conversion therapy for homosexuals and should be illegal. ‘Transitioning’ to ‘correct’ homosexuality is criminal.”

Excluded response written for ‘Which of these comes closest to your attitude towards gender identity ‘conversion therapy’ in the UK?’

“Anger/headache and headrush at trans and 3rd wave feminists hatred of female born lesbians”

Excluded response written for ‘If you have experienced any mental health issues, what form(s) have these taken (please tick all that apply)?’

Perhaps one of the more disturbing threads throughout this survey was that it received a number of transphobic responses from people who took the opportunity to write anti-trans statements in every free-text box throughout the survey. This varied from people repeatedly making statements unrelated to the question like “gender identity doesn’t exist” to people intentionally twisting the provided open-text questions to share their transphobic views.

APPENDIX - REFERENCES & FURTHER READING

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