

## **The Albany Trust: Memorandum of Understanding Coalition Against Conversion Therapy Webinar**

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**JC:** Welcome everybody to this webinar on the subject of conversion therapy, and proposals for a law to ban conversion therapy. I'm really delighted that we're joined by so many people - and more people are joining as I speak - we've had tremendous interest in this subject and this webinar, so I'm looking forward to a great discussion amongst the panel. I will just do a very brief welcome and introduction for people.

The webinar is organized on behalf of the MoU Coalition Against Conversion Therapy, which is the group of professional bodies that are supporting this webinar that signed up to the MoU. I'm the Chair of the Albany Trust, which is one of the signatory organizations. You all have the Q&A function for participating in the webinar tonight - there won't be any chat usage. The Q&A allows you to ask questions and also vote on the questions that are up there that other people have asked, and if you vote on the ones that you want to be asked first the most popular ones will go to the top. We'll make sure then to answer those, and the panellists will also try and answer some of the questions in writing as well if we don't get to them all. For those people who need to take a break or can't join us for the whole session, we are recording the webinar, and we will send everybody details afterwards of the recording and where they can access that, so that they can see the whole webinar later on.

In 1954 Alan Turing, the person who helped us win the Second World War through his amazing work in intelligence and decoding the Enigma Code, died, and the coroner recorded his death as 'suicide'. And as Alicia Kearns was one of the first people to point out recently when we commemorated Alan Turing for his achievements, he was a victim of conversion therapy. He was arrested and convicted of gross indecency for a consensual sexual relationship with someone in his own home, which at that time was against the law. He was offered, as an alternative to imprisonment, chemical treatment. In other words, chemical castration, which he opted for as a way of keeping his job at Manchester University at the time. It was Winston Churchill as Prime Minister who asked Lord Wolfenden to set up the Wolfenden Commission to look into what was then called 'the social evil of homosexuality' and that term, along with other terms such as 'perversion' or 'disorder', was the way people thought about sexual and gender diversity back in the 1950s. Essentially, these were things that should be prevented if possible, if not prevented they should be cured. If they couldn't be cured, then people should be put in prison to protect society from them.

So we've come a long way obviously since then, but it's thanks to Alicia Kearns, who we're going to hear from in a moment, who's grasped the nettle of conversion therapy, that we are now recognizing that these so-called cures are not cures at all. They are forms of abuse. **All forms [of] conversion therapy are abusive**, and people need protecting from them, and that's going to be the subject that we will discuss from a range of different angles. What I'm really delighted about with this webinar is that not only have we got all the mental health disciplines represented - so we've got psychiatry, psychology, psychotherapy and counselling, all the professions who are collaborating within the MoU to support this ban - but we've also got a range of different expert opinions represented on this panel. We've got experts in the law and human rights, we've got mental health experts, and above all we're privileged to have people with lived experience, who are courageous enough to talk about their own experiences and perspective about conversion therapy, from a personal point of view.

### **SESSION ONE: Dr Ranj Singh, Alicia Kearns MP**

**JC:** Let me introduce our first session. It's going to be chaired by Dr Ranj Singh, who is a specialist paediatrician in child health. He's one of those people who seems to have managed to squash several lives into one already. He's a multi-talented author of several books for children, he's a TV presenter, he's opening a musical singing and dancing, he's been on the sewing program, there's no end to it! Most of my nieces, and most of you I imagine, will know him from his appearance as a contestant on *Strictly Come Dancing*. Sadly he's not going to be able to show us the foxtrot tonight! But we are absolutely delighted that he's going to join us for this first session, to talk to Alicia Kearns MP, who is the MP for Rutland & Melton and is an amazing campaigner. One of the new Conservative MPs elected at the last election, who campaigns on behalf of oppressed minorities around the globe in fact, and is earning a reputation for her work around social justice and in particular, campaigning on this issue, to the point where you might wonder why she's a Tory at all! But I didn't say that Alicia! So with that said, I should probably hand over to Dr Singh to start us off on this first session. Thank you Ranj, over to you.

**RS:** Thank you Jeremy for that lovely introduction. Yes, my name is Ranj Singh, I am an emergency paediatrician based in London, and I also have a couple of other roles. Predominantly I talk about health promotion and health matters, particularly those that affect the LGBTQ+ community, in the media. I have spoken about conversion therapy for years both from a personal and a professional perspective, and this is a discussion that is so important, and so overdue, so thank you very much for having me as part of it. I'm very honoured to be interviewing Alicia as well, so we're just going to get straight into it. I know many of us on the panel will be very familiar with the principles and what conversion therapy claims to be, some of our audience will be as well, but just to refresh our memories a little bit, what do we know about conversion therapy in the UK today? And what sort of prevalence does it have? And what do we know about the extent of how harmful it is?

**AK:** First of all thank you so much for having me, although I'm not sure I should welcome Jeremy's introduction of me, but we'll move swiftly on! It's a real privilege to speak, and thank you for inviting me. Look, conversion therapy was not something that had really come across my radar, and then just before I got elected, I saw these conversations happening online, people talking about it, and I think like most people potentially on this call, went 'how is this still legal?' 'how is this something that exists in our country and actually exists in most countries around the world and it's only just in the last year that we've seen countries finally legislating to make it illegal?'

So in **2018 the Government did the first - the biggest ever - survey of an LGBTQ+ community anywhere in the world, in any country, and about 2% of people responded saying that they've**

been victims of conversion therapy. Now some people would say 2% - that's not a lot - that is still thousands of people, and to my mind, one person going through conversion therapy is too many. So we know it's a problem, we know it's happening in this country, but also I think it's really important when people respond to that survey, they might not have all had the courage to say 'I went through conversion therapy' and they might not all have recognized that what they went through was conversion therapy. So I suspect it's like when we talk about forced marriage or female genital mutilation. It's really under-recognized.

You ask what kind of form it takes - people have reported to GALOP, which is an incredible LGBT community advocacy group that has a hotline - people have been forced to imbibe substances that will make them straight and they've ended up in hospital as a result, because it's quackery. People are being forced into marriages. I've met victims of that. People are being electrocuted. We have the amazing Carolyn on this call, who's probably going to share her personal story later. We have people who are being put through corrective rape. We have people who are being socially policed; they can't go anywhere in their community without being followed. It's being made to behave in certain ways, exorcism, **prayed over**, beaten and whipped. There are all sorts of forms of this taking place, **so it really is broad and that's one of the challenges with the legislation.**

So in terms of who it directly is impacting, what do we know about that - and has this actually changed over time **as the nature of conversion therapy changed over time and is it taking a more insidious form now**, and in terms of its impact as well has changed - so I think in terms of who it's affecting (and there'll be people in this call who are even more expert than I am) but I think the way it's changed particularly is that it was kind of fully endorsed by institutions not so long ago. The NHS was the one offering this sort of treatment, but also it was very much focused on gay men and then it evolved into lesbian women. **But actually nowadays the people most likely to be forced through this are transgender individuals**, so it really is shifting through time as we as a society evolve in terms of what we accept and as we come to demand better of our institutions **and essentially eradicate homophobia from within those institutions**. So it is evolving, but unfortunately it's still there. We've got a lot of people from the psychological and therapeutic community on this webinar, and most talking therapists I imagine will believe that this actually is a thing of the past/it's not something that happens anymore. Although, saying that, it has been gaining some more attention in the news very very recently. **Up until yesterday there was discussions around possible exemptions for prayer around people's sexuality and that in itself is a massive discussion and an important one to have how far do you think attempts to treat or cure someone's sexuality or gender using so-called conversion therapy** are still casting a bit of a dark shadow over this profession today. I mean I think I think it's an enormously difficult one, because I think there are people out there who are charlatans who are claiming that they are therapists. I think it's probably across the board where you have people who claim to provide all sorts of therapy that we know are not therapies, and that's why it's so central to this legislation in my mind that we need a specific accreditation for psychotherapy, for psychologists, for medical professionals, for GPs, **because there are critical conversations that have to take place with someone and there will be people who will want to seek out advice and support and have questions about their sexuality or their gender identity. But it's about making sure, through legislation, that they take place in safe places with legitimate medical advisors. We can't have quacks out there saying 'I can offer you a therapy to make you straight' - because it isn't possible. It is not. There is no such thing as a therapy that can make you straight. That is the fundamental of this, and so anyone who is suggesting they can, it is fraud. Plain and simple. It's fraud, it's quackery, it's abhorrent, and it's wrong, and so for me the really crucial thing is actually through this legislation, not only can we ban those people who are behaving appallingly, but actually we can create a clearer direction of support for those who need**

to go to someone who is legitimate and accredited and who will do no harm by providing a medically trained and appropriate setting for those conversations to take place if somebody wants them.

RS: So you mentioned there, there is nothing that is going to make you straight. It's quite important to point out there's nothing that's going to make you gay either, because often that is the argument some people will have heard. You touch on the wording actually, because that brings us quite nicely onto that. So you've proposed the wording of a law to ban conversion therapy?

AK: Yeah

RS: There's been a lot of talk around this, because in many ways people are worried that it's not nuanced enough. Some people feel it's too nuanced and is open to interpretation and it's important, I think, to work out exactly what we mean. So tell us about what you're arguing for, what it includes, and how you think that's going to work. Talk us through some of those details and the reasons why the Prime Minister has said *specifically* that it is technically difficult.

AK: Yeah so if this is straightforward it would have been done overnight and we all wish it'd been overnight. We all wish this could have been done years ago, and actually when Boris Johnson was Mayor of London he actually made it illegal to advertise conversion therapy on the Tube, so we know he's taken action in his past. He was horrified when I raised with him the fact this still exists, because it is not something that any of us think does. So in terms of the legislation, what I've put forward with the support of over 15 LGBTQ+ organizations, a large group of religious leaders and over 40 Conservative MPs (that is not necessarily what the Government will bring forward, because obviously civil servants are working on a number of different types of legislation) **but the legislation I've been looking at, the things I want us to do, is criminalize people who force someone to undergo conversion therapy. This isn't about criminalizing people who seek help, it's those who try and force someone. So, using existing child abuse legislation but also putting in new protocols.**

We need to deal with people who aid and abet, procure this sort of treatment, people who fail to protect children who are under 16, and people who advertise it. I want a ban for advertising. **And some of the ways that legislation will protect young people, for example, is introducing what I would call 'Conversion Therapy Protection Orders'. So this is where the Family Court puts in place protections to protect children or vulnerable adults who are at risk of conversion therapy within their household, within their community. We should also create a legal, managed duty to report to Police suspected cases of this, which will be put on health and social care professionals and teachers. There should be a duty for survivors to be able to get support under the Victims Code, because they currently don't have that. As I said, fraudulent advertisers should be dealt with and also if we don't have legislation we can't have a conversion therapy helpline, which is something we need for people to have to whistleblow but also to be able to call to get support.**

**It is incredibly difficult, this legislation, because it does touch on very sensitive issues such as consent - can you ever consent to something like this? Now my personal belief is you cannot consent to abuse. Parliament and our courts have long said you cannot consent to Actual Bodily Harm and torture, and that is often what conversion therapy is. I think that should also be extended to mental torture and abuse because victims of this therapy bear those scars for life.**

**Secondly, there are questions about infringing on practice of religion and religious belief. Now I absolutely understand the concerns around that, that religious liberty is fundamental, but I would also argue, so is the ability to live your life free of identity-based violence and abuse, which is what conversion therapy is.**

So under the definition I've put together with all those amazing LGBTQ groups, 10 religious leaders representing every major faith, as well as a large group of Conservative MPs, it **would allow religious leaders to still have discussions about identity, sexual identity, sexual orientation and gender identity with their flock, but what it also [says] is that the moment that that individual does something where the individual *feels* they are being forced to go through some kind of conversion therapy, they can get recourse to justice, they can go to the Police and say 'I was put through something that was abuse', 'I was forced to try and convert my gender identity or my sexual orientation' and they can get that. This isn't about a fight between faith and unbelief, but about protecting people from practices that no qualified mental health professional would be allowed to undertake.** I've discussed this with the most senior religious representatives in our country, and they have supported me, that **that would not prevent seeking guidance from faith leaders but gives that recourse to justice for people who have been abused when they've gone to religious leaders for help.**

There's also a few other issues, which is the ban might not end the practice but drive it underground. That always could happen, absolutely. When I pulled together the proposal for how we legislate I looked at forced marriage and FGM. Both those things the same concerns were there but that doesn't mean we shouldn't legislate against it, because every day we don't legislate against it there are people out there in our country saying that it is a legitimate practice and should be able to continue. **And actually, because conversion therapy is so broad, we need to legislate to recognize that it is a problem rather than relying on GBH or other types of legislation.**

Finally, there are people who say that it's too difficult to do because transgender individuals are technically going through a conversion; they are converting from one gender to another, so you can't include transgender with any ban. But I would argue that you absolutely can include protection for transgender people **there just needs to be a specific opt-out that recognizes that once again transgender individuals should be able to go to a CQC-accredited list,** or to GPs, or to psychotherapists, anyone who has professionally accredited training to get that support.

**RS:** So, you brought up the topic of FGM there, and as you know it wasn't that long ago that a legal framework was put in around that. But interestingly, it didn't actually result in the kind of numbers of prosecutions we thought it was going to, because obviously FGM is still quite prevalent, more prevalent than ever. It should be just like conversion therapy. How do we stop that happening with conversion therapy, because we know it's happening? We know it's happening and we know there are individuals out there who will therefore be breaking the law, but how are we going to actually enforce this and make sure it's actually effective?

**AK:** So it's a really good point, and it's an enormous challenge, and I think with FGM, although there hasn't been what we wanted - which is you know prosecution of every single individual that tries to abet it or definitely undertakes it. What it has done is made clear to so many people out there, that it is not an acceptable practice and we shouldn't underestimate the importance of sending that message out into the community. **The same is true of conversion therapy. As soon as we say 'this is not acceptable in our country, it is illegal', it will have an impact and it will reduce numbers happening. But in terms of getting prosecutions, it's about making sure that, like I said, the support line is there for people to call and say 'I have been a victim' and for them to be supported through the process of going to get justice.**

**It's about making sure we have whistleblowing so we can identify the repeat offenders - because this will be a very small number of repeat offenders that we need to identify and crack down on. And then it's about making sure that we have the right legislation to do so, and a public**

communications campaign. I want to see the Government fund a communications campaign targeting *exactly* who we need, to say 'come forward, this isn't acceptable, you shouldn't have gone through it'. But it will take time and I don't think if we brought it in tomorrow we would suddenly see a flood of people coming forward and saying 'I want justice'. It's a gradual thing, sadly, where over time people will get that confidence and realize that legislation will protect them.

**RS:** I'm glad that you've brought up the support for victims, and that's hugely important, and what you're saying all sounds very hopeful and promising - in a way - but have you come up with much opposition against this? What kind of opposition have you been met with? And what do you say to those opponents? Because I'm guessing there's some concerns and objections that will be framed in good faith?

**AK:** So some in good faith, some in not so good faith. My inbox has had some 'interesting' entries should we say, since I was elected and started talking about this. I think what's really interesting is that we have to remember: Faith is one of the conversations that comes up most frequently. **We have to recognize that the majority of conversion therapy is taking place within faith-based settings. That is not something you can get around. It's not something we should pretend isn't true, and if you speak to *any* senior religious leader they will say that is a perversion of faith, that is a perversion of the way they wish to see faith preached and for faith to be treated. I have had the privilege of speaking to some of the most foremost theologians of our time about this, and that is why the Church of England has voted to ban conversion therapy. It is why the representatives of every major faith in this country want to see a ban but there are people who have concerns about how this will impinge on rights and they do express it very strongly.**

But that is why I go back to this constant point about *it is about creating recourse to justice* - this isn't about criminalizing discussion. **I think we had similar conversations in the same-sex marriage debate, where people said 'well this is going to infringe on the ability of people to carry out their religion'. It doesn't, because you still have, unfortunately, religious figures around the country who preach that same-sex marriage, will stand up and say that 'sodomy' is a sin, and the fact that word 'sodomy' is still used is *deeply offensive*. It will still be possible for those people to stand up and say that 'being gay is a sin'. It is wrong and it shouldn't be able to happen, but unfortunately that is freedom of speech and it's heartbreaking that that will continue.** But what this does do - it says that if an individual crosses the line and tries to actively put someone through a therapy which is to convert their sexuality - which we know is something that cannot be done - that individual can get recourse to justice.

If there is no recourse to justice, then that is utterly the saddest state of affairs, and wrong. We have to give people - survivors - I want to try and call them survivors as much as possible rather than victims because the people who've been through this are so courageous and so strong to speak out against it because so often it results in their communities turning against them or individuals around them - but it is about recourse to justice. This isn't about criminalizing individual conversations or faith or anything along those lines.

**RS:** Do you think that some of these objections have some grounds? Is there some sort of sympathy you have for them to understand where they're coming from? And do you think there's a responsibility for Government to even try to meet them halfway or some sort of compromise at all?

**AK:** **There's a responsibility of Government to look at unintended consequences.** They have to for every single legislation, and there's responsibility for Government to listen to all voices. That is the duty of Government. However, also fundamentally, the first and foremost job of Government is to



keep its people safe and that extends to protecting people's right to liberty and live their lives as they want.

Jeremy talked about being a Conservative - **Conservatives believe that you should be able to live your life as you want with as little state intervention as possible. You live your life freely until you hurt someone else and then the state comes down on you like a ton of bricks. And that is exactly what should happen here. Let people live their lives. Let people love as they want to love. Love is not a pathology, and if you treat it as such the law should deal with you.**

**RS:** What about opposition from your colleagues? Have you come across much of that, and how have you dealt with it?

**AK:** Interestingly, opposition has come from across the House of Commons, rather than one particular party. I think what's been really important is the respectful nature of that discussion, and it is absolutely right that people want it to be the best possible legislation. I think **there are people who feel that perhaps there's been too many attacks on religion or the family or however they want to call it.** However, fundamentally, this is, as I said, about letting people live their lives. There is no one being hurt by two people living their lives and loving as they will. People are being hurt, people put through this **absolute abhorrent quackery and we have to make sure that we don't allow this barbaric practice, which has no place in scientific fact, in medicine or even within mainstream culture, within Britain.**

**If you go anywhere, if you went any to any high street in this country, and you said to the average person vox pops 'did you know that we still have conversion therapy in this country?', people would say 'are you kidding me?' and they would just say 'ban it', 'get it done with'. They wouldn't be upset about it, they wouldn't be talking about 'oh you know what about this and this?' They'd say 'of course it should go, it's barbaric'.** And so I think it's about making sure that we do our job, which is to protect people who are being victimized and treated appallingly.

**RS:** Finally, I think this is the question that a lot of people will have on their minds and be keen to get an answer for - is can you *actually* give us any sort of prediction for if or when you think a legal ban will happen?

**AK:** So I have absolute certainty that there is going to be a ban and that is because since my election **I have been working behind the scenes, as I said, the Prime Minister, I've spoken to him about this** many times, is disgusted with the fact it still exists. He has been very clear with me and other colleagues that there will be a ban. He said so publicly last June. In September, both Matt Hancock the Health Secretary and Liz Truss the Equality Secretary said they would be bringing forward a legislative ban. I know people say 'well, why hasn't it happened yet? Why has it taken the time it has?' I'm afraid this is when it comes down to the reality of politics, and trust me I wish it could move faster, but since Theresa May first discussed a ban, we've had Brexit, then we've had a General Election, then we've had Brexit, then we've had a pandemic, and now we're *finally* starting to bring forward legislation on all the things we wanted to do, and it takes a long time. I worked at the Ministry of Justice as a civil servant before I went into politics, and when you do legislation it isn't as straightforward as 'come up with the legislation that sounds right', 'sounds good' and just crack on with it. It has to go through so many policy officials, so many rounds of research, then once your Department signs it off, all the other Government Departments' lawyers have to sign it off, then all the other Ministers from all the other Government Departments have to sign it off, then all the civil servants have to go through it. Then you have to do the risk assessment, then you have to work out the financial implications, then you have to check that the comma in this sentence doesn't actually

mean something other than if you had a semicolon or a hyphen, and I hate saying that because I am the MP who wants to make this happen and wish it had happened. It should never have been allowed in this country anyway, so it breaks my heart when I say it's about pragmatism in reality, which takes so long to bring forward legislation, which is why you see MPs standing on the floor of the House arguing about commerce but it is an incredibly intensive process. It isn't straightforward.

**We do need to deal with those tricky concepts around consent, freedom of religion, under 18s, over 18s, making sure that trans people are somehow not excluded from the legislation**, but I can absolutely assure you that the Prime Minister has been so clear on me with me on this. He will ban it, and it will come forward, but obviously I, like you, as a backbencher, I'm waiting to see exactly what the legislation is going to entail.

**RS:** Thank you very much for answering those questions. Right, people have been sending lots in, but before we get onto those we have been conducting a straw poll to start off with, around *'do you support a law to ban conversion therapy?'* I don't know whether there's been a result for it at the moment let me just have a look... 80% of people have voted so far, so the votes are coming in. Let's go to some of the questions that have been posed.

Alicia, the first one, one of the most popular questions is: *"It's been almost a thousand days since the Government promised a ban on so-called conversion therapy, and we heard yesterday that Liz Truss MP had disbanded the Advisory Panel. This has been in the news quite a lot recently, it's wonderful that you're taking this forward, but why is the Government delaying and ignoring the voices of so many LGBT+ people when it comes to this?"*

**AK:** This has been something that people have been shouting about for a while so I think I have to get back to the answer I just set out, which is about the reality, what else look at, how much the Government has wanted to legislate on all the different things we've wanted to bring forward legislation on since I was elected. But the facts are there has not been the time. I'm a new MP, I was elected in 2019. Literally I would say over 90% of the things I voted on since I was elected were Brexit or pandemic related. There has been no time in the legislative agenda to talk about other things, and I hate that, because it makes me sound like a bureaucrat and a politician, but the fact is our country has faced an incredibly tough last few years and, trust me, I know that every day that goes by, there is somebody out there who is being told that because there's no ban, it is legitimate to tell them that being gay is wrong or being trans is wrong, and I wish we could change that. By talking about it we are challenging those views, but it does take time.

On the Advisory Panel, I don't know the specifics because I'm technically meant for maternity leave (I have an 11-week-old baby), but the Advisory Panel was due to come to an end on 31 March anyway. In terms of whether it was going to be reconstituted or not, whether there's an alternative coming forward, I don't know that. But I do know that it was due to close anyway on 31 March. I'm happy to go away and kind of find out more about that and what's going on it, but the fact is I have been working behind the scenes on this. I know how much attention is being put into it. I've had lengthy phone calls with No. 10, lengthy phone calls with the Government Equalities Office, discussions about what exactly, in terms of foreign policy, which governments have put forward good legislation, which ones haven't, which bits do we want to steal, which bits do we not... **There was a real challenge in September where the Government said to me 'look, we're having problems getting agreement on a definition of conversion therapy'. That's when I went out to many of the people on this panel and said 'help me, let's pull a definition together and put it into Government' and they were so grateful.**



So back in September, they were working on this when the media wasn't really talking about it - and people weren't in general, back in June - they were working on this in March. When I first put forward my proposals, the civil servants were like 'great, we're working on this, this is where we are with the process'. I think it's a really difficult one, because I'd like to see more communication proactively about where they were with things, yes. But would it have been headline-grabbing, that we're now at the stage of comparing and contrasting different legislations from other countries? No, nobody's going to report on that. So I totally understand that from the outside, people want to see constant pushes forward and updates and developments, but the process of legislation isn't sexy and it isn't interesting, and it's incredibly difficult, yeah, and it's frustrating I think for everyone, given that there's so many important issues such as this one, that unfortunately don't seem to be making any progress, despite everybody usually saying the same thing. I promise you on conversion therapy watch this space, don't worry, go on taking the word for it.

**RS:** There's lots of questions coming in, they keep changing priorities. I'm trying to keep an eye on it. There's one from Chris Black that says: *"Will you be addressing the statistical realities, rather than the projections, on debating communities about the extent of conversion therapy?"* Related to that, just a minute ago we saw from Lydia: *"Is it mainly affecting BAME communities, and how can we tackle the racial and spiritual, I suppose, implications that that has?"*, and then Peter and Marion have both said *"Where is the evidence to support the assertion that majority of conversion therapy is in faith-based communities?"*

I guess those questions were related. Where is it actually happening? Where are we getting this data? Is there evidence to say that BAME people (I'm using the term BAME as an overarching term) are more commonly affected? and also on faith-based communications.

**AK:** So on the BAME question, that's actually one I think might be better dealt with - I can see Igi [Dr Igi Moon] nodding away, and lots of other people on the panel will be able to better talk about where exactly which communities are more affected - because actually that's not something that I think was dealt with in the Government survey of LGBTQ+ people.

I think people can have their suspicions, I've never publicly said that it is definitely happening more in BAME communities, because I've never seen official data or statistics that suggests that. Are there reasons to have concerns about that? Yes. Have I met with though the Hindu Council, who have talked about concerns? Have I met with members of the Jewish community who rose conversion therapy with me? Yes. Have I met with the evangelical community who've raised concerns to me about this? Yes. I have met with so many brave survivors and community groups who've wanted to talk about this happening within their own communities. **It's interesting to me that it is faith groups and representatives of faith groups who've come to me wanting to talk about this** and I have yet actually to meet a single survivor in the year that I've had an inbox (so many people have bravely written to me), **I don't think I've yet actually had anyone write to me that there wasn't a faith element within their conversion therapy.**

Now Matt [Matthew Hyndman] and Igi and the others might be able to give you examples of it happening *outside* of a faith-based setting. I think particularly within the transgender community, it's probably more likely that it's taking place without a faith-based aspect to it, but I can only speak in my personal experience. My inbox is open to anyone, but the people who've come forward and want to speak to me, and the organizations that want to speak to me, represent all faiths, people of all backgrounds, but actually faith has been a consistent aspect to this.

**RS:** And just last but not least, before we move on, just one question I'd like you to look at is: *"What can we do?"* There's lots of questions related to this. *"What can we do as practitioners to best protect trans and or non-binary people from conversion therapy?"*

**AK:** I mean I think the protections go back to the same aspect, which is as practitioners (and I'm by no means an expert in your field, so please do correct me) it's about providing a safe professional environment in which individuals can come forward and say 'I have questions', 'I would like to have a discussion', 'I would like to be able to work through how I'm feeling with you', 'I would like to be able to work through what I think is happening to me'. Being able to do so in a space where they know that the individual is not pushing an agenda, the individual's not automatically trying to push them towards a specific outcome, or a specific result, or a specific change, but creating that space and to have critical questions and accepting conversations. It's about both of those, and that is why having this specific opt-out about creating a CQC-accredited list of GPs or therapists we know, that anyone who is accredited would be having a professional conversation, where 'do no harm' is at its heart. That's what it's about, creating for anyone who's trans or non-binary or any one of any LGBTQ+ persuasion, because we need to create that opportunity. We can't just say 'well there needs to be no discussion about this', it's about the right, safe discussion with no one pushing therapies that are/that should be illegal and are no such therapies at all. It's offensive to call them therapies – they're abuse.

**RS:** Thank you so much, there's so many questions that we could go into but we unfortunately don't have time, but I do just want to cast an eye over the poll results very quickly that have come through. So the question was *"do you support a law to ban conversion therapy?"* 79% of people said yes, 18% said yes but with some questions, 3% said no but open to persuasion, and 2% said a flat-out no. We'll see how that changes towards the end of the session as well. Thank you so much for chatting to us and answering those questions, I know that some of the ones that haven't been able to be answered may be answered in writing later, so please everyone don't lose hope, you may still get an answer! But thank you for your time and thank you for having me.

**AK:** Oh thank you so much for speaking to me, and I think you know this is difficult and this isn't straightforward, and we wouldn't be holding this event if it wasn't that case, **so it's the 5% of you that we need to change the mind of. I'm happy to say conversion therapy is allowed within this debate! We're going to convert your views!** But thank you so much for inviting me. I'd also just like to say that the other panellists, I know all of you pretty much, and you have been incredible and you've worked so hard on this, and when we get this ban it will be because of the work of all of you, so I just want to say thank you to all of you. Back to Jeremy.

**JC:** Thank you so much Alicia and thank you also Ranj, that was a really informative opening session. It's very encouraging to see what the response is amongst practitioners in support for the ban and it's also very understandable to see there is a chunk of people who've got some questions, and as you've already said to us there are questions that will need to be bottomed out that we will need to do some work on in order to get this right, so thank you for a really informative, interesting opening session.

## SESSION TWO: Carolyn Mercer, Dr Craig Purshouse, Dr Ilias Trispiotis, Matthew Hyndman

**JC:** So it's a real pleasure and privilege now to move on to our next session, which we're going to start by hearing some testimony from Carolyn Mercer. Carolyn is a former headteacher, retired now, but former headteacher and an ambassador for Stonewall. We'll introduce a brief excerpt from a film that we're going to see, that Carolyn has made.

**CM:** Thank you. I'm Carolyn. I'm 73. I'm married with two children, a lovely granddaughter and I'm a trans-historied woman. Woman pronouns please, she/her. From the age of three or four, I felt at odds with my gender, and no one knew about it. But when I was 17 or 18, chronically struggling, suicidal, I talked with my vicar. I so desperately wanted to be cured, because my feelings didn't make any sense to me at all. The vicar knew a psychiatrist he'd worked with, who then referred me to an NHS hospital where this was therapy. I have to say, you may find some of it distressing, so please don't hesitate to look away. Could we start the film please?

*"I remember with the noise now, clearly. I was taken into a room, windowless room, and in the centre was a wooden chair I also later learned was called an epidiascope. A large light, that managed to project pictures to the wall in front of me, there was a fan to cool the epidiascope because the light was so bright that made a noise, I remember the noise now clearly, as I was sitting there strapped in. They soaked electrodes in saltwater, in brine, and attach them to my arm. They had explained to me that what they were going to do was to inflict pain so that I associated pain with what I wanted to do. I was sitting there, electrodes stuck to my arms, strapped to the wooden chair, and the lights were turned out, you could feel the warmth from the epidiascope, you could smell, the saltwater on the electrodes, a picture was shown onto the wall opposite - a picture of an item of female clothing. Nothing happened. Second picture. Nothing happened. The third picture, and the switch was thrown. My hand shot up in the air, but of course my arm didn't because it was strapped to the chair. I cried. 'Why are you crying?' said the doctor. 'Because it hurts', I said. I didn't mind being hurt if it helped me, if it cured me. The smell of the saltwater changed as it was burning. You could smell the burning seawater and the salt strange acrid smell in the air. The epidiascope was still going. Through my tears, another picture and another picture and then the pain and that continued. The referral was to help me. The referral was to cure me. The referral was to give me treatment that made me better."*

The worst thing was not the pain, not the cruelty, not the barbarism. The worst thing was it didn't work. What it did do though, is for the next 40 years of my life, every time I recalled those episodes I physically shivered, whether I was working, whether I was driving the car, I physically shivered every time the thought of that treatment passed through my head. It doesn't now, I can talk about it, talk about it with some emotion, but I can talk about it and I'm not going to shiver. Am I cured? Yes, but not through that treatment. I'm cured *from* that treatment, not *by* that treatment.

**Of course, that particular type of psychotherapy or conversion practice doesn't happen now, but it's not the type of conversion practice that's the issue. It's the assertion that action not to accept yourself is needed at all.** Although I don't shiver anymore, and I'm not totally cured from that treatment, I can't be, you can't undo the past, you can only come to terms with it. Also, when I say it didn't work, it did in a way. It taught me to hate not just that part of me related to gender; it taught me to hate myself. Attempts at suicide (and what a waste that would have been), bulimia and lifelong self-hatred. Yes even now I'm not able to feel positive emotions in the way I should, because of it.

Similar to being left-handed. In my generation, youngsters had their hands strapped to their sides or they were hit with sticks to stop them using their natural hand. And biblical - **it wasn't biblical but it was religion** - who talked about driving out the Devil. You can see the comparison. Conversion practice can suppress behaviour, it can change how you are seen by other people, but it can't change your natural self. It can damage you, can't heal you, there's nothing to heal other than self-acceptance. **Peer pressure or even peer preference can cause damage**. Now, why does it matter to any other person how I look, how I live, or who I love? **Affirmation is what I needed**, someone to say that my feelings were valid and for them to provide support, perhaps to say 'look, some things you don't have to understand'. You just have to accept I'm damaged but against the odds I survived and succeeded, but at times it was a very close-run thing. I chose to have so-called conversion therapy inflicted on me. It shouldn't have been allowed. I was weak, vulnerable, misguided and I needed support and protection, not rejection and punishment. Please, please don't ever use it, and please help it to be banned. You can't help me, it's too late, but you can help present and future generations. Please help.

**JC:** Thank you very much Carolyn. Very important to hear your story, very powerful and very emotional to listen to and I'm sure all the people who are attending will be moved by your testimony, so thank you enormously for your courage in being able to tell that story. OK, that is the backdrop to a discussion now, about responding to Carolyn's plea to respect the human rights and dignity of people by banning conversion therapy. I'm delighted that we have with us two of the legal experts: Dr Ilias Trispiotis and Dr Craig Purshouse from the University of Leeds. I want to hand over now to Ilias to chair the rest of this session.

**IT:** Thank you Jeremy for inviting me. It's a pleasure and privilege to be here, and that was really powerful, thank you Carolyn. This film extract is actually a terrific bridge between the discussion we just had about the campaign in Parliament and the legal reasons why a ban on conversion therapy is necessary, at least as a matter of human rights law. This is where Craig Purshouse and I will focus for the next 20 minutes or so. So Craig, over to you.

**CP:** Thank you. So Ilias and I were both legal academics working at the University of Leeds. Ilias specializes in human rights law, I specialize in medical law and medical negligence. Like Alicia, when we first heard about conversion therapy, **we were really surprised that the practice still goes on** and we thought *surely* this must be unlawful. So we started to look at the law surrounding conversion therapy, and what started off as a small project has then taken on a life of its own. This position is quite complicated, so what we're going to discuss today is we're going to look at two of the arguments against a ban on conversion therapy.

1. *Legislation against 'conversion therapy' is redundant. Existing laws provide adequate protection from 'conversion therapy'*

We're going to argue that this is not the case, and I'll focus on that. I'll then hand over to Ilias, and he's going to look at another counter-argument:

2. *Legislation against 'conversion therapy' could be a disproportionate interference, and therefore a violation, of specific human rights, such as the right to freedom of religion of 'therapy' providers.*

We'll then also look at one concern which I think will be very relevant for this audience:

- *Legislation against 'conversion therapy' can impose liability on bona fide therapists and/or medical professionals.*

We'll show how this is not necessarily the case.

So I'll begin on whether any new legislation is redundant, because sometimes people say 'well, surely the current law will capture conversion therapy'. Now it's certainly true that the current law will capture some forms of conversion therapy. Alicia talked about 'corrective rape'; rape is a criminal offence. If somebody was correctively raping somebody, the criminal law would capture this. So it's not the case that all conversion practices aren't captured by the current law. However, when we started to explore different areas of law we found that there are a number of gaps in the protection of the current law, so they don't always capture conversion therapy. I'm going to discuss a couple of examples now, as I can't go through every area of law.

So one example is the law on harassment. Harassment is a criminal offence, and you can also bring civil claims for harassment, and it can capture harassing conduct, so we might think that perhaps conversion therapy would fall under harassment. However, this is not the case. So, a recent case **involved a doctor who was inculcating his patient in his religion and took her to exorcisms**. Now this sometimes takes place in conversion therapy. We might think that that doctor has acted completely inappropriately in doing that, but the court said in order for it to be harassment it has to be *unwanted* conduct, and because the patient had agreed to go, this wasn't unwanted conduct. So if somebody approaches their therapist and agrees to undergo conversion therapy, they couldn't bring a claim in harassment.

Similarly in cases of deceit or fraud, this has sometimes been successful in the United States under consumer protection law, however it might be very difficult to establish that in this country because there's this requirement of dishonesty. The therapist must believe that what they're proposing doesn't work. So, if the therapist wants to convert somebody and they wrongly think that you can change somebody's sexuality and turn somebody straight or change somebody's gender identity - if they honestly believe this, then a case of deceit or fraud would not be successful either, as they wouldn't have the requisite intention.

There are also lots of gaps in the law of negligence. We might think that a conversion therapy therapist is acting negligently when they propose this practice. After all, most professional bodies are opposed to it. However, the number of claimants wouldn't be able to succeed in a negligence action. So for example to bring a claim in negligence, you've got to show that you're suffering from a recognized psychiatric injury (something that's listed in DSM or the ICD-10). Other forms of emotional harm that don't meet the requirement of a recognized psychiatric injury would fall outside the law of negligence, so they wouldn't be able to claim. There's also a lower standard of care for alternative therapies – these are not held to the same standard. For example, a practitioner of traditional Chinese herbal medicine wouldn't have to meet the standard of orthodox medicine. If somebody's practicing outside of the mainstream in alternative therapies they'll have a lower standard of care to reach as well, so this might make it difficult to bring claims.

The law of consent is another area where there are problems. To bring a claim in negligence, provided that the therapist is going through the risks and benefits of the potential treatment, you wouldn't be able to bring a claim if you've then consented to it after receiving that. Now this might mean that some people can claim if the therapist hasn't provided them with sufficient information, but if they do go through the options, it's potentially the case that a claim would fail. I could go more into consent in the Q&A, but I'll hand over to Ilias now to ensure that we stick to time.

**IT:** Thank you Craig. So the argument that legislation against conversion therapy is redundant is false. Now I will focus on the second counterargument, which is that *legislation against conversion*

*therapy could be a disproportionate interference and therefore a violation of specific human rights such as the right to freedom of religion or belief of the providers of such practices.*

From my perspective **as an expert in human rights law, I think that this argument is quite exaggerated. Banning conversion therapy does not violate the right to freedom of religion of those who offer that practice because of their religion. The freedom to manifest religion in public, which is a core aspect of freedom of religion, which is protected in UK law and also in international human rights law, is what we call a 'qualified right'. That means that limitations on this right are legitimate. In other words, they are compatible with human rights law under specific circumstances. And specifically, as the European Court of Human Rights has held in the Ladele Case, the prohibition of discrimination on the grounds of sexual orientation or gender identity is a legitimate reason to limit religious freedom.**

Moreover, international human rights law prohibits what is called 'abuse of rights'. No one can use one of their rights in order to destroy the rights of other people. Article 17 of the European Convention on Human Rights is an example of this prohibition. The argument goes further than that though, **banning conversion therapy is not just compatible with a human rights law; it is actually required by human rights law** and I will explain why this is the case. This is a point actually that Craig and I analyse into forthcoming law articles - **remarkably legal scholarship so far has not engaged with this point sufficiently so what follows is very much the product of original research** that we have done on this on this subject.

So why does international human rights law require banning conversion therapy? This is because **conversion therapy in all of its forms is a serious violation of human dignity**, and I want to be clear on this point: conversion therapy is a serious violation of human dignity because it is an extreme form of disrespect for the equal moral value of LGBTIQ persons. Why is it such a serious form of disrespect? This is because, uniquely, conversion therapy combines proved potential for grave physical or psychological harm with direct discrimination on the grounds of sexual orientation or gender identity. **It is the inherently discriminatory character of conversion therapy that differentiates it from other harmful or medically negligent practices.** Because conversion therapy disrespects basic autonomy-related interests of LGBT people, and because disrespecting those interests actually **amplifies a message of contempt for LGBT identities which grounds actually the disempowerment of LGBT people** in many societies, **all forms of conversion therapy violate core aspects of liberty and equality that are central to the idea of human dignity as understood in law.**

**This is precisely because all forms of conversion therapy amount to a serious violation of human dignity** that all forms of conversion therapy amount - at the minimum - to degrading treatment under international human rights law. In fact, there is consistent case law according to which the point of the prohibition of degrading treatment in law is to protect individuals from serious violations of human dignity. **Specifically, any serious violations of human dignity may be classified as degrading treatment under human rights law, even when no bodily injury and no intense physical or mental suffering is involved.**

It is because of this specific principle that the European Court of Human Rights has found several forms of ill-treatment which have not caused sustained injuries or suffering in violation of the prohibition of degrading treatment. Examples here include being forced to parade naked in front of other soldiers as punishment in a case against Russia, and several cases involving forced strip-searches, when the purpose was just to provoke feelings of humiliation. These cases involved treatments lacking severe physical or mental effects on their victims. Nevertheless, the European Court of Human Rights found them in violation of the prohibition of degrading treatment. **This is**



because those decisions are guided by important qualitative rather than quantitative considerations underlying the prohibition of degrading treatment.

One particularly important qualitative consideration in this context is that, as we saw, all forms of conversion therapy directly discriminate on the grounds of sexual orientation or gender identity. Direct discrimination is an aggravating factor whenever the courts consider whether a particular form of ill-treatment amounts to degrading treatment for the purposes of international human rights law.

So where particular forms of conversion therapy sit on the scale of the absolute prohibition of torture or degrading treatment – so, in other words, whether particular therapies constitute torture or degrading treatment would depend on their intensity in the context of the case - but what is important is that all of them amount at a minimum to degrading treatment under international human rights law, and that is enough to ground a positive obligation on states to prohibit all forms of conversion therapy. This legal obligation flows from the absolute prohibition of torture in human or degrading treatment in international human rights law.

Now there is significant support for this position in international human rights law. For instance, the concluding observations of the UN Committee Against Torture on the recent state periodic reports from China and Ecuador confirmed the conclusion that conversion therapy violates the prohibition of torture or degrading treatment. The UN Committee Against Torture actually called on China and Ecuador to outlaw all abusive treatments targeting LGBTIQ people, which is important also because the Committee Against Torture did not focus on the enforceable conversion therapy. All such abusive practices have to be outlawed, according to the UN Committee Against Torture.

Now, if this argument is right, which we believe of course is the case, then it's worth focusing on the positive state obligations that are created by the absolute prohibition of torture or degrading treatment in international human rights law. The positive state obligation here in this context is to set up and apply effectively a system punishing the perpetrators of degrading treatment and offering sufficient protection for victims and survivors. A general legal ban, on all forms of conversion therapy, is central to this positive state obligation. The observations of the UN Committee Against Torture on China's and Ecuador's periodic reports all but confirm that this positive state obligation applies in the case of conversion therapy. So this is the reason why a ban on conversion therapy not only is compatible with human rights law, but it is required by it.

Now what should a ban on conversion therapy look like? There are four points I'd like to briefly add at this point. Firstly, there is significant evidence that conversion therapy often takes place outside the public eye, sometimes in spaces provided by faith organizations. Therefore the positive state obligation to provide effective protection from conversion therapy cannot be fully discharged if the legal response to the practice is reduced to disciplinary measures against health professionals, as it happens, for example, in legislation in Albania against conversion therapy.

Secondly, given that the state obligation to ban conversion therapy stems from the absolute prohibition of torture or degrading treatment in international human rights law, the ban must cover all potential providers, including religious counsellors, even when they offer conversion therapy whilst not acting as therapists.

Thirdly, in international human rights law, both forcible and non-forcible forms of conversion therapy amount to degrading treatment. A particular treatment can be degrading because of its potential to cause grave harm, combined with the way it disregards the dignity of others, for example by directly discriminating against the protected group of people. Consent here in this

**context is not decisive.** Specifically, the courts place less emphasis on the fact of a person's choice to undergo a specific treatment, and place much more emphasis on the circumstances under which a person made that choice. **Such circumstances include for example the existence of widespread prejudice against the protected group of people, the vulnerability of the victim, the objective potential of the practice to cause harm.** So for all those reasons, **both forcible and non-forcible forms of conversion therapy amount to degrading treatment, and as a result a ban has to cover both.**

Finally, this argument does not suggest that a legislative ban on conversion therapy can on its own eradicate the practice or provide sufficient protection to LGBTIQ people. Other steps that ought to be considered include professional regulation, specific protection for children and vulnerable adults, including **provisions in relation to parents, legal guardians and the education context** as Alicia mentioned earlier, support for survivors, public communications campaigns, **outreach programs involving religious and community groups**, and other measures. Those non-legislative measures can complement but not replace legislative measures against conversion therapy, which for the reasons I mentioned are actually required by international human rights law.

Now let me conclude by sketching a very brief response to the concern that *legislation against conversion therapy can impose liability on bona fide therapists and/or medical professionals*. Legislation against conversion therapy from Queensland and **Victoria in Australia expressly exempts all practices that assist persons undergoing gender transition or provide acceptance and support to persons**, so that they can express themselves and cope with their identities. Legislation also expressly exempts practices by health service providers that are necessary to provide a health service or comply with professional health service obligations. This clear exemption is justified because none of those practices pathologize any sexualities or gender identities, so there are good reasons why they fall outside the scope of conversion therapy. Such a clear exemption is probably the only way to reassure *bona fide* therapists and medical professionals, so it would be a good idea, we think, for any UK legislation to consider following the example of Queensland and Victoria in this context.

Of course, overall, even though a legal ban on all forms of conversion therapy needs to be accompanied by additional measures, our focus in this very short presentation was on the reasons why human rights law requires such a ban in the first place. We know that there are many more questions that we could not address in just 15 minutes, but we're happy to answer any other questions you have. Now thank you very much for your attention. Those are two papers that are forthcoming by Craig and I, and those are our email addresses:

- C. Purshouse and I. Trispiotis, 'Is "Conversion Therapy" Tortious?' (2021) *Legal Studies* (forthcoming)
- I. Trispiotis and C. Purshouse, '"Conversion Therapy" as Degrading Treatment' (under final stages of peer-review)
- [c.j.purshouse@leeds.ac.uk](mailto:c.j.purshouse@leeds.ac.uk); [i.trispiotis@leeds.ac.uk](mailto:i.trispiotis@leeds.ac.uk)

Let me pass the torch now to Matt Hyndman, who will provide the response regarding what survivors of conversion therapy want from talking therapy professionals. Just let me say that Matt is a terrific campaigner, and he is a co-founder of the Ban Conversion Therapy group.

**MH:** Thank you Ilias, and thanks very much for sharing all that as well. Hi everyone, I appreciate staying after 18:00, I'm sure you're all just finished work. So, I had a little script that I wanted to talk

through, but reading through some of the questions I feel a little inspired to go off-script, but I think I'll begin just by sharing a little bit about my background.

So, I grew up in rural Northern Ireland in a very religious community, and from a very young age had this understanding of my sexuality, but - and I hope you can all understand the complexity of this - lived in this space between awareness and denial, which is a huge burden. I spent many years praying and pleading not to be gay, not wanting to be gay, and it was a great burden and something that I didn't share with anyone, and so it was something I carried completely in secret and entirely to myself. Often what happens is you want to fight against it as much as possible and fit in, and being from a religious community, pursuing faith - that I believe that I really did have - was the inevitable choice, and so I became a missionary. For two years I served as a missionary overseas and during that time, this is when things started to really become quite difficult for me, I was wrestling with this growing awareness of sexuality, **which I had been told for as long as I could remember was sinful and would lead to an eternity in Hell**. Whilst I was a missionary, somehow (this is a long story, which I won't tell you) but I managed to accidentally out myself by email to 100 members of my church community back home in Northern Ireland and various other people who were supporting me. As I'm sure you can imagine, that was an awful experience, incredibly traumatic, and **instead of being supported and comforted and make sure that I was okay and embraced, the immediate reaction of my religious leaders and the people around me was to turn to the business of my sins. They wanted me to publicly repent**, they asked me to rate on a scale of 1-10 how gay I was, they told me stories of gay people who had now changed and had found real love who were married with kids, and this could be made available to me too, all I had to do was ask for it, and they asked me to go through counselling.

Thankfully, somehow I found the strength of mind, and on this journey I had found complete belief and assurance in who I was; that I was gay, that this was not something that could change. I prayed my entire life and nothing had changed, and the only reasonable thing I could do was to accept it, and I refused them and I refused these offers. But that refusal came at a high price, and this is something which I think a lot of people perhaps don't understand, it's complicated. For many, and this was the case for me, refusing this help means the risk of losing everyone that you know and love. It's all interconnected: your family, your faith, your community, your career, perhaps your friends, your entire life, it's all connected. So while people might think that conversion therapy is consensual or something that people willingly seek, this must be questioned when someone's entire life is at stake. It can seem impossible, almost, to even imagine another life.

I think many people who go through conversion therapy do so because **of the stigma and shame put on them for being LGBT by their family and community**. They may agree to it, but it's important to understand that the threat or pressure of losing family and community can put people in an impossible position. You're ultimately being asked to choose between losing your community or losing yourself. There was a question asked 'Well, what about people who don't want to be gay, what about them?' and I think we have to ask 'Why? Why don't they want to be gay? and what influences have been projected on them to make them feel so deeply ashamed of who they are that they would change? that they would want to change?'. **I think it's important to say that any ban on conversion therapy would not prevent anyone from seeking help. I needed help, but what I needed was not a directive approach. So often you're told the support that people get in the form of conversion therapy is very directive and they're told being gay is wrong and it's sinful and it's something that can and should change, but what people need is non-directive support, to talk and discuss and try to understand who they are and the feelings that they have, and that's something that just was never provided.**

There's this fantastic quote which I heard in a podcast, which I'm going to read because I just think it's really powerful and probably in a better way than I can express this. A guy called Charles Weinstein and it was said in 1972:

*"To suggest that a person comes voluntarily to change his sexual orientation is to ignore the powerful environmental stress, oppression if you will, that has been telling him for years that he should change, to grow up in a family where the word 'homosexual' was whispered, to play on the playground and hear the words 'faggot' and 'queer', to go to church and hear of sin and then to college and hear of illness, and finally to the counselling centre that promises to cure, is hardly to create an environment of freedom and voluntary choice. The homosexual is expected to want to be changed and his application for treatment is implicitly praised as the first step toward 'normal' behaviour.*

*"What brings them into the counselling centre is guilt, shame, and the loneliness that comes from their secret. If you really wish to help them freely choose, I suggest you first desensitize them to their guilt. Allow them to dissolve the shame about their desires and actions and to feel comfortable with their sexuality."*

**IT:** Thank you Matt, that's really really powerful. We have now a few minutes for questions and answers, so let me go to the Q&A box and see which questions have received a very high number of votes. So there is a question on asexuality, that I understand Igi is going to answer this - I will read the question, and it says underneath 'Dr Igi Moon is going to answer this question live', but if you don't want to answer, we can venture out. So the question is: *"Will asexuality be included in the legal framework? Asexual people are the most at risk of being offered or having conversion therapy to try to make them sexual, even therapists are ignorant of this and collude with it."*

Let me just sketch an answer, but Craig or Matt or Igi, you can, or any other panellist, might want to come in here.

So I think yes. I think that asexuality will be included in the legal framework, it should be included in the legal framework. The legal framework has to protect people from any conversion practices that pathologize any sexualities and try to change someone's sexuality, so asexuality is included in this definition. In fact there was a discussion on this before the Victoria bill and specifically on this question, and so I can see no legal reason why asexuality should not be included, on the contrary.

**IM:** My finding is that it is included, so, considering that asexual people are the most likely to undergo and be offered conversion therapy, in terms of sexual orientation, we certainly were advocating that asexual people were included.

**IT:** Thanks. Let me take another legal question: *"Once legislation has been passed, would survivors have recourse to justice under the law if the activity took place before the ban was introduced?"*

That's about the retroactivity of laws. Craig would you like to sketch an answer to this?

**CP:** Yeah, I can answer this. So normally when legislation's introduced, it's from that point onwards that there'd be prosecutions, because they don't tend to prosecute you for crimes that weren't a crime at the time that you committed them, so it would be future-oriented. Of course it depends what the person has done, so if they have violated an existing law that was unlawful at that time then there could be a prosecution, or they could be sued, it's normally judged though at the time that they committed the alleged act or offence.

IT: Great, thanks Craig. Another question that is very high in votes: **"Will you address the myths about 'trans and the gay away' that are arising from TERF ideology?"**

Are there any panellists that would like to say anything about this?

CM: **I think it's absurd.** I'm regarded as a tough old bird, the difficulties going through gender identity clinic took years. They presented as many obstacles to me recognizing myself as someone who was transgendered and became a trans-historied woman, so that's one aspect. Secondly, in terms of trans, the public awareness is quite different to if you are gay, lesbian or bisexual. You have a choice about who you disclose it to publicly, whereas if you're trans - the first time that I went out dressed as myself after aligning my gender presentation with my gender identity, I realized, before I went out, that this was an opportunity to make myself completely vulnerable. It hasn't happened. From 2002 onwards, when I did align my gender presentation with my gender identity, I've lived in the same area, I haven't lost any family members, I haven't lost any friends, I'm still in touch with 400+ of my former pupils, I haven't had a single problem to my face. But that's not what was anticipated. And the third thing is 'what is a woman?' I describe myself as a trans-historied woman, and somebody said to me 'well, you're not a proper woman are you?' Well, how do you define it? I am very happy - and perhaps this is the mistake that has been made - **I am very happy to discuss semantics, I'm happy to discuss definitions. I am not prepared to discuss my gender identity.** That's mine. Nobody else's.

IT: Thank you Carolyn. Igi is there anything you'd like to add here?

IM: Yeah there is. There's a lot of myth going around about gender and sex and sexuality. I think probably I've had to read most of it. I remember when I was out as a lesbian back in the 1980s there was a lot about lesbian and gay stuff and gay women with this, lesbians with this, and gay men were... I think at the moment, what we need to remember is that we need to be looking at what the impact is on young LGBTQAI people of a society where there's a real hatred that's going around. If I had to, **if I was to put together a DSM category it would be on hate and vitriol.** Because I read some of these comments, let me say a quote - a prime task - I'm talking the hope to the broad number of therapists and psychologists - and there are debates to be had about whether you want to agree with a realist position and you really believe there are real bodies that are really this and that or whether it's a phenomenological existential set of meanings that we seem to want to explore. Now, **all of us are entitled to opinion, but we're not entitled to use opinion to hate people .**

Now, my own research since 1994, of which there are consistent evidence-based findings, shows that therapists including psychotherapists, psychologists, analysts etc., in terms of understanding gender, sex, sexuality, race, ethnicity, disability, class and religion, will receive anything between absolutely nothing up to a maximum of 16 hours in total over seven years of training addressing those issues. Now I've been training for a long time and I'm pretty much aware of the level of ignorance, actually, that most people seem to commandeer, and use opinion to create half-baked myths through.

**So if you want to use a two-sex model as a version of reality, fine! You stick to it. But there isn't only a two-sex model. There are plenty of other ways of understanding bodies and the way that we are allowed to live in this world.** I just want to finish on a quote:

*"Our prime task, as humans, is to preserve in all our relationships the respect for the basic values that constitute a human world."*

And that was Frantz Fanon, a black male psychiatrist who was hounded because he was black.

**IT:** Thank you so much, again. Now we are out of time I'm afraid for this part of the session. I will be typing some answers to questions that are related to the legislation, but now I'll hand back the discussion to Jeremy for the next part.

**JC:** Thanks very much Ilias and Craig, that was a really clear discussion of the human rights issues and the arguments both for and against the ban and taking us through those and how we actually do have a duty to bring in this legislation. That was really helpful. Just to reiterate again thanks to both Carolyn and Matt for your contributions there, and also Igi to what you've just said. I had intended to make a brief comment myself, which is slightly disappointing to have to make. Almost all the questions that have come in are good questions, valid questions and people do have concerns about, and we're coming on now in this final session to address the ethical issues which are not necessarily straightforward in relation to conversion therapy, but **since this is an audience of practitioners and professionals it is disappointing that we are getting some questions that are raised in a disrespectful way**. I would ask people just to remember the impact on those of us who identify as LGBT+ on the webinar ourselves, whether we're practitioners or not, but also on anybody else. Questions should be raised in a respectful way, even if you have a strong opinion behind the question so that's just a reminder please.



**SESSION THREE: Dr Trudi Seneviratne OBE (RCPsych), Pam Gawler-Wright (UKCP), Dr Igi Moon (BPS, Chair of MoU Coalition), Jayne Ozanne, (Ozanne Foundation)**

**JC:** So we come then to our final session, and I will just start by introducing the panellists who I'm really pleased we've got with us. As I said at the start, and this is unusual for mental health conferences to be able to bring together the different professional disciplines in the same space. Normally psychiatrists just talk to other psychiatrists, and psychologists just talk to other psychologists, and counsellors and psychotherapists sometimes talk to each other, but mostly to themselves, and it's not that often that we are able to bring the different disciplines into the same forum and we all have things to learn from each other. What has been great within the MoU, which Igi chairs, has been to see the extent of collaboration between the different disciplines on trying to support this issue.

So we're going to begin with some questions that Igi and Pam and Trudi and myself will be addressing, and then I'm also really delighted that we're joined by Jayne Ozanne, who will give a response from her perspective to the kind of professional viewpoints that we've been putting forward about this subject. So I'll just introduce each of the panellists before we get started on the questions.

Trudi Seneviratne is the registrar at the Royal College of Psychiatrists and a consultant psychiatrist in the South London and Maudsley NHS Foundation Trust, where she leads the perinatal mental health services.

Pam Gawler-Wright is a psychotherapist who is qualified and accredited with the UK Council for Psychotherapy (UKCP), and Pam has been part of the MoU group since the start, and as a specialist and expert in sexual and gender diversity and the ethics of working with sexual and gender diversity. And, in fact, has written the ethical guidelines for the MoU.

Dr Igi Moon is the independent Chair of the MoU. As well as being, as she's already said, a lecturer and researcher who specializes in gender diversity and is based at the moment at Roehampton University but also has a position at Warwick University as well. I've been really privileged to work alongside Igi in this last phase of the campaigning, encouraged by Alicia to be setting up meetings for MPs, which Igi has been speaking at.

We will then be having a response from Jayne Ozanne, and **Jayne is one of the best known evangelical members of the Christian church** and sits on the General Synod, and was, as perhaps she will say a little bit more about (because I saw her rather sort of shaking her head when Alicia was talking about the Government Advisory Panel), Jayne was a member of the Government LGBT Advisory Panel until recently. And then, **with great integrity**, resigned at the point where the MPs held a petitions debate and we had a response from the Minister which was disappointing, and when we have been waiting for a thousand more days now for the Government to deliver its promise. I think **Jayne has now discovered her inner Peter Tatchell**, because she has been an absolute force in speaking up on this issue and is really **one of the bravest campaigners around this issue** because she herself has undergone conversion therapy in an evangelical faith setting. I'm really pleased that Jayne has been able to join us this evening as well look forward to hearing what she's got to say.

So Trudi and I will co-chair this first section. I started our webinar off by reminding people about what happened back in the 1950s, but I wanted to start really by asking everybody to say something from the perspective of their own discipline about what it is we have got wrong over the years in relation to LGBT+ people and their identities, because we've got a lot of work to do in terms of

building trust and dealing with this issue is one of those issues. So perhaps I could ask you Trudi to start that off.

**TS:** Thank you Jeremy, and can I just thank everybody today for the most fantastic reflections and accounts and honesty? It's really quite humbling to hear some of this and I think this is such an important meeting, actually, and a platform to take this forward. So, so important, so just thank you everybody and many of you are the experts here - I'm not an expert in this, although I've, you know, I've, I guess, in my own personal clinical practice, have made sure that this is an important part of how I have practised as a psychiatrist the whole time I've been a psychiatrist since I became you know entered the profession sort of in the early 90s I guess. But I get, you know, I think, certainly for psychiatrists, and for, you know, for Royal College of Psychiatrists everywhere, we can hold our hands up and say 'actually. we got an awful lot wrong, historically'. An awful lot wrong, and you know we've sort of apologized for it, I hope. I know that successive presidents have said various things, and we've joined the MoU to sort of be that voice, if you like, from the perspective of psychiatrists. And certainly from the Royal College of Psychiatrists we want things to be different for people moving forwards.

You started Jeremy with the story of Alan Turing, and we've heard Carolyn give her amazing account. That can never happen, and is an absolute violation of people's wishes and rights to be who they want to be. And so, you know, I guess as psychiatrists or as Colleges we can't change history, we can only now pull together and work collaboratively to do the right thing moving forwards and that very much includes thinking about and moving towards a legal ban. I think we need to, you know, be very careful that people are able to still come forward for the support that they need. **There's been lots of talk already about the stigma that there is, so widespread across the world, across people, societies, faiths, religions, it's really difficult. So you know however the, you know, the legal ban, the work, goes forwards, people need to be able to come forward to have the right conversations in the right places that support them to be who they want to be** and that's really important. So with that, you know, we've talked about some of the legislation and having, you know, safeguards in place for the clinicians and the practitioners that have regulatory bodies, but I think I'd really like to touch on what Igi said. I think psychiatrists... perhaps rather than the other disciplines, it's enormous amounts of learning that people have to do, actually. There isn't - although we have training, I think the volume of knowledge that people need to have to be able to deal with this for everybody is considerably more than we have at the moment. I think actually that's something we need to be doing as a College to ensure that our practitioners have that level of knowledge to be able to engage in those conversations in the right places. Obviously, there are other people that have, you know, this additional training when they are involved in specific services perhaps, but there's something much more about everybody having that knowledge to have the right conversations in the right places.

I liaise with Máire Cooney actually, she's the Chair of our Rainbow SIG at the Royal College earlier and Máire was also very helpful - I believe she's on the call, she was earlier anyway - but **Máire was very helpfully saying that it's important for us to know actually what constitutes a conversion therapy, because I think there can be lack of clarity about what that actually means, and just to be very clear in the legislation around what that might constitute,** and the fundamental issue of people being able to come forward to have the right sort of treatment and support or therapeutic conversation perhaps that they need. I think it's very helpful to see the legal frameworks that we've heard today and the human rights conversations, and it's very helpful to see how in one part of the world, the work that's happened in Victoria and Queensland, they have been able to move to a position where this has happened.

So Jeremy I could probably go on for a very long time but I will stop because I'm sure other people want to say something as well and we'll have an opportunity to say to say more

JC: Thanks very much Trudi, and thank you to Adrian James, who's the current President of the College, for the support that he's shown and leadership he's shown on this issue, as well as yourself, in the meetings with MPs that we've been holding and that are coming up as well.

Pam, can I turn to you to speak a bit about the discipline of psychotherapy in relation to what we need to do and, say, to take responsibility around these issues ourselves?

PGW: Yes, thanks Jeremy. **It's interesting for me to hear about people's perception of this being placed mainly in religious and faith environments, because the issue first came to my attention just in mainstream therapy and mainstream therapy training.** Because we have to remember that throughout the 20th century, when psychotherapeutic theory was being formed, homosexuality was illegal - and if you were compassionate you might call it an affliction - and certainly anyone with a gender identity that experienced being non-binary in any way, was not just pathology but often connected with things like psychopathy.

So when I in 2009 first started bringing this issue to the Ethics Committee in UKCP, I thought it would be fairly simple to say 'hey guys: DO. GOOD. THERAPY. It's not happening with LGBT people', and 12 years and now a 12-page document later, I think one of the things that we see is that **as soon as sexuality or gender identity come into the door, people's unconscious bias and internal unexpressed phobia suddenly is activated** and situations that we deal with that are complex but very every day for psychotherapists, as soon as they are in this context, people become afraid. That's what homophobia is. Most homophobia is not mean people wanting to be nasty. It is people not realizing that they are not treating people as equally valid - and equally valid means also having the right to having sometimes confusions and difficulties and questions, and above all finding themselves in situations where who they are is a person who oscillates between different presentations that they must live in the world and conflicting parts of who they are that haven't yet found integration or a way to live authentically and peacefully in the world around them. So, when we do encounter these ethical questions, it's important to remember: *that's psychotherapy*, because that's human life, and that if we bring our wisdom and our ethics and our human rights application - I'm so glad to hear Ilias and Craig's work today - to these contexts, then this is about applying these generic principles to specific situations. And that means coming into the therapy room every day, not knowing, but holding that space where we don't have to understand all the nuances of the client's life and identity to actually hold them in dignity and hold them in safety and respect as they begin to find a way that's right for them to live their lives.

JC: Thanks Pam. Igi, I want to come to yourself to talk a bit about psychology - but maybe just for me to add to what Pam has said, since I come from a psychoanalytic psychotherapy background, that part of the difficulty, I mean, within the theory as you said Pam - we set out with an idea that maturity and development towards maturity had as its end goal a heterosexual outcome. And that in a way was what the training 'required you to see' as health, as the goal of treatment, and as what defined health and what defined a mature individual. So like Igi I was trained using most of these texts and theories and books that were awful to read, really awful to read, because they were saying things about me (I identified as gay, openly gay, and therefore not allowed in fact at that time to train on certain of the training. They simply wouldn't accept an openly gay person. They might accept someone who said he would be willing to be cured, but I'm afraid I never thought there was any chance of that in my case anyway, so...). It was distressing. It was distressing, it was isolating.

I just want to make a comment. What Matt was saying reminded me of it actually, that I mean when you hear people's experience, comment about this notion that we should be neutral, you know. When I hear experiences of racism in the consulting room, I'm not going to sit there and say 'well that's something I take a neutral stance on actually, I want to I want to keep a neutral open mind about that', you know, that is not helpful or therapeutic, or listening and empathizing with the experience that the person is telling you about. And since that's the reality, that that experience is the reality all around us, for the therapist then to say 'well my position is neutral', is actually not neutral. It's anything but neutral. It's, as you say, unconsciously biased and hostile in fact. Cold and hostile.

I think that the part of the difficulty that people have in approaching the issue about what's referred to as 'affirmative' therapy, is failing to recognize that we actually need to be empathic and supportive when we are addressing these kinds of situations. That's simply what affirmative is about, being empathic and supportive to the person in front of us and affirming that the experience they're telling us about actually is traumatizing and distressing and that we recognize that. The psychoanalytic aspect side of the discipline has been very slow - it is changing - but it has been very slow and amongst the slowest to make the apology that Trudi was talking about. I'm pleased to say there was an apology on behalf of the British Psychoanalytic Council issued recently, but it didn't include an apology to trans people, which I'm afraid is a disappointing reflection on where we still are and the journey we still have to go on.

Perhaps you could say a little bit about your perspective within the discipline of psychology there?

**IM:** Yeah. Can I just go back? There was a point raised earlier about BA - your BIPOD people in the study - I just want to say: What Penny Mordaunt and extended now with Alicia - Penny Mordaunt did the LG, well through mandated, basically, the LGBT Survey that appeared in 2018, if you go online and look at the long version of that excellent piece of work (truly outstanding piece of work that I am incredibly grateful for and would like to thank Penny Mordaunt for). If you look at page 84 you will see the stats. So for example, Black African Caribbean British people - this is talking about conversion therapy to those who have undergone and offered it - 13% of that community had either often offered it or undergone it; Asian/Asian-British 14%; other ethnic groups 15%; White 7%, and it also does religious groups. I don't want to go into the details I think you should go and look at page 84 and the rest of the survey because that survey is tremendous and a real brilliant piece of work.

**JC:** Thank you for that Igi, that was really helpful and it underscores the sort of point about the intersectionality of this issue, and the increased vulnerability around the those different intersections of ethnicity, religion...

**IM:** ...and the work that we need to do! It's going to come back to the point that I think must keep making actually, but in life.

I just want to answer a little statement that's been made. The MoU, the Memorandum of Understanding Against Conversion Therapy, has on it: the Royal College of General Practitioners, the Royal College of Psychiatrists, the BPS, UKCP, BACP, NHS England, NHS Scotland and the Government Equalities Office Attend. So, to the person who said 'it's full of queer and trans activists', it has some people on that are trans and queer and lesbian and gay, heterosexual, cisgendered and whatever you wish to be, so I think it's got a fairly good professional and robust approach to the work that we're trying to do, OK? I just want to make that clear.

**PGW:** It's also got the Association of Christian Counsellors on there.

IM: Yeah, it's got quite a broad number of people at the table, and we're very pleased with everything that they bring to that table.

In terms of psychology, and I don't think that this I mean I go back to this position, **suddenly social justice is part of our necessary political, social, cultural climate, but it's also part of our subjectivity**. Now as a person of the age that I am (and age comes into this as an intersectional factor), in my very early 20s when I was out as a lesbian I was very very aware that actually to be on a counselling site - well it wasn't counselling site then - to be on a psychology course that was about counselling psychology, was, I was left to do the teaching about LGB, because nobody else was gonna do it. I think we'll probably find that that hasn't changed that much, OK? So what we do know is that the subjectivity of someone who comes through the door that may define themselves as black and trans, is already going to fall through a rather large hole, because it's highly likely that the people who are psychologists that I know of - and I think probably I know a fair number and I've been quite involved in the BPS for a lot of years on this very issue (because I requested that a committee was set up about social justice, equality and diversity, where we did discover that actually there is a big issue with equality and those now equalities often obviously brought on - but actually, the problem for me and one that I think we need to address in psychology across the board is one of training. **I don't mean just banging in a little bit about gender and a little bit about sexuality and a little bit about race. I teach social justice inclusion and ethics, and I'm very aware that quite often the mix of the class - and I think you'll find this also across the board - is not diverse. It's quite privileged, it looks very white, it looks predominantly but not exclusively female, it looks quite able-bodied, the courses cost money so obviously people have to have a bit of cash in their pocket to be able to do all of this. So we can see already that we need to address these issues of class and ideology and whatnot, not for the sake of talking about classes, talking about gender, but looking at this in a much deeper phenomenological way.**

What is it really like for a person on a course who identifies as black to feel alone, having gone through life feeling object? to find themselves on a therapy or psychology course where they feel, yet again, like they are either doing the mouthpiece for the course? And what does this mean? Quite often it means that the dominant voices begin to shroud out what the experiences are for that woman, for the man who's transgendered. I interviewed a number of trans and gender non-conforming people we were on psychotherapy courses. There was nothing about gender on any of the courses, and most of them felt they were there to either speak about their experiences to help the class to understand, or to keep quiet completely and that was that.

Now we have to think about what this means. We know, from all of the studies that have been done, that there's a gender lockdown for 16 to 24-year-olds. What do we know about that? Well, **we do know that most 16 to 24-year-olds from the LGBT community are going to be offered or given (but likely to be offered) conversion therapy**. Those young people are our future, and we know that 80% of those people, young trans people, cannot get anywhere near a clinic. So the idea that somehow they're not really this and they're not really that - I mean people, we need to be looking at policy. We need to be looking at how we can help them. What do we need to be setting up regionally to help our young people to live a liveable life? Not, as we find with 16 to 24-year-old trans people that they are in fact terrified of going to the gym or going for a swim or going to a leisure centre or going to a park or living in their own home! That is what we're creating. My role as a psychologist is not - if people don't want to believe about trans, then don't - but I'm not here to believe that, I'm here to help our young people and our older people to live a liveable life! I am not having people scorned and hated, because I know what that is like. I lived through that, and I am not going to stand by and let that happen to young people and older people.

[incensed] You heard the story earlier. To turn around and say for a person to say 'it's too late', it's abhorrent! We have got to think about what we are doing as psychologists! **I am not going to entertain the nonsense that keeps coming at us about 'oh well, you know a trans woman isn't really a woman?' Alright, so you know that do you??? You know what constitutes a woman? You've sat and explored your gender? Openly? In a room? With a psychotherapist? Because you haven't! and I know that from research. People need us. Any of us in this room anybody can go and explore their gender, explore their sexuality. And it's frightening. It's frightening. Because if you look at Black Lives Matter- George Floyd is a symbol of the terror that people want to be rid of within themselves. It's not acceptable that we go down that line.** We're here to do a job. And that job is to support people who want to explore how they may live a liveable life. And that is what I am going to do. And I would ask others to join.

JC: Thank you Igi. I want to bring Jayne into the conversation now, but before I do bring Jayne in, and this will be for Trudi and Igi and Pam to comment on as well if they want to, but we've got some testimony on video from a trainee therapist, a young black trans man, Alex, who has provided us with this testimony. I think it helps us now get into the aspect of the conversation, some of the questions that have been raised about what constitutes conversion therapy, the definition of it, what defines it, and how we need to differentiate what we are doing from conversion therapy.

*"Hi my name is Alex, I apologize for not being able to make the meeting but I do appreciate being given the space to share my experience. I'm a trans man, and I'm a counsellor in a final year of training. **I do have some personal experience of conversion therapy, although I would say that it wasn't really obvious to me what happened until after the experience.***

*"So, it was about 10 years ago, and it was before I began medically transitioning. At the time I was only out as trans to my parents. I was attending a church with my mum and my siblings, where I'd got talking with the pastor and basically I was quite desperate for therapy. I was on a waiting list that seemed very long, I couldn't afford it privately, so the church or the pastor arranged for me to have therapy for free. It turned out to be with a counsellor who they knew personally and who attended the church, so the pastor funded it.*

*"I told him about how I felt, and said 'you know, this is how I felt since I was very young'. I'd had a lot of difficulty because I'd never felt accepted in terms of my faith, my religion. **I was raised Christian, and there had often been a sense of rejection from the church and from God, really, and in talking about all this, the pastor reiterated that, that God had a design and a plan, and that if I were to transition I would go to Hell, that it was an abomination, and that being attracted to women was sinful, that the relationships were sinful, and that marriage was only reserved for a man and woman or i.e. a cis-man, a cis-woman.***

*"These were all things I'd heard before, but I just wanted to talk to someone, but the pastor had required me to sign the documents which would allow him to have access to the material of the sessions between me and the counsellor.*

*"Looking back on it I think I was quite naive and maybe too desperate to stand up for myself, so I went ahead with it, and I went to therapy. In therapy, first the counsellor seemed quite nice, I thought. It was just nice to be able to talk about it. But then when I was talking about some of the discomfort I had with my body and saying how I had really wanted to be able to have top surgery so I could become more comfortable with my chest, **she told me outright that I shouldn't have surgery and to leave my chest alone, to not adapt my body.***



*"At that point I started feeling like I couldn't really be as open with her as I thought I could, and I went back to the pastor and spoke to him. **He basically said if I was looking for acceptance I wouldn't get it there,** and I think maybe at that point I started to feel that **OK, I think there's an agenda here to try and get me to be OK with the body I was in and to adapt my sexuality, which I really believed wasn't gonna happen.**"*

*"I did try and talk about these things, **and there was a lot of talk around me 'embracing the lie',** and that's why I felt uncomfortable with my identity. **The reason that what I was hearing was hurtful to me was because it was about a fight, and I was basically fighting with the Devil or whatever it kind of possessed me to be trans, and he didn't really believe that it was a thing.** So it was a really painful experience for me, and I feel that if it wasn't for more my mum at the time I'm not sure how I would have dealt with an experience like that.*

*"You know, as a trans person, to be told to strip naked in front of a mirror and thank God for my female body, was quite damaging and I'm just grateful that I had support outside of that otherwise I'm not sure I would have had the courage to step away. When I did step away I decided to go ahead and medically transition, and I'm glad that I did, because for me that was life-saving - I think that's something that's said often, but it is the case for a lot of people and was definitely the case for me - and I'm more content in my body now than I ever have been, but I will say that **there is still a lot of scarring. Not just from this church but I suppose from that same kind of ideas that I've had to battle throughout life, where I think there's a specific idea about how we're supposed to be,** how people are supposed to be, and when you don't meet those requirements or meet those standards then this push to kind of adapt a person to meet societal conventions of what's normal, and yeah I'm just grateful that I was able to come out that. Thanks."*

**JC:** Thanks very much to Alex for that. Jayne, can I come to you? You've been talking to people in the church and in different faith groups, but in the evangelical church in particular now for some years, and Alex's story must resonate with other stories that you've heard. So perhaps I could ask you for a response to that?

**JO:** Thank you Jeremy. I'm thrilled to see so many people on the call. I know we've had quite a meal of speeches and I'm conscious I'm coming last. I've been reflecting on what I can add which will be useful, and if I may I'm going to share a little bit of my own testimony but turn that then into asks of each of you, depending on where you come from yourselves in terms of faith and beliefs around LGBT people.

For nearly 30 years I struggled with a massive secret. I was, in the world's eyes, seen as someone who'd been very successful. I'd been through Cambridge, I had an extraordinary career and I was a senior at the BBC and I hadn't even turned 30! And yet I felt a complete failure, because I carried a secret that I daren't tell anybody - that I was attracted to women, and I felt that this was an abomination and that it was a curse. The first person I felt able or indeed felt I had to speak to was a psychiatrist at the priory, and that came after a time of being in the Cromwell Hospital where my body had literally started to shut down because of stress, and it had taken the consultant a young consultant to confront me and say, 'Jayne, I think you're hiding a secret that you haven't even told yourself', and I decided to share it.

I sat with my psychiatrist and just decided that she was the first person I should explain that I had this terrible dilemma; that I wanted to love and be loved. I longed for intimacy and yet the object of my love, a woman, was forbidden fruit and I knew I'd never be able to go there. She sat and looked

at me and said 'well, it's simple Jayne, you need to change your religion'. And at that point I realized that I really was in a hellish place because there were very few people who understood the dilemma I was facing. Now for me that meant I closed up, I didn't speak to anybody else about that trauma until I met some Christian counsellors who I was advised to see through my church. Of course, they wanted to help, then I spent literally tens of thousands of pounds seeking support for reasons why I was gay, to looking into every aspect of my life, every part of my emotional makeup with my relationships with my parents, the fact I've been raped, the fact that I'd had inappropriate relationships with older men, you name it. It was all unpacked. Either one-on-one or in groups with one, always with people who had trained as counsellors, who meant me well, who I trusted because they were in positions of power over me, and those who I looked to as religious leaders also had advised me to see.

But those 10 years of counselling, which then moved into exorcism, and whilst I was on the Archbishop's Council of the Church of England, I was a Director of the Church of England (very senior role), I didn't want anyone to know I was going through this. So actually I saw counselling, not just in the UK but overseas as well. That took me sadly to a second spell in hospital with my back, my body, breaking under the stress and a second breakdown. I eventually came out *to myself*, which was a journey in itself wonderfully met a woman, thank God, who was good and true. I went through some pretty horrendous - because I was so naive and so ill-prepared for the world of dating - some very difficult traumatic experiences, but met a woman and then I had to confront the truth that I was gay. And as Matthew's explained, coming out cost me literally everything, virtually every friend, most of my family relationships at the time, certainly all my work prospects, and frankly any future I thought I had. But it was worth it because I was in love.

And then I started to having to unpack where my faith was in all of this. And that itself was a journey which is not for now, but you'll see if you look at my website I now call myself unashamedly gay and unashamedly Christian. And I use the word shame because that is what kills most of us on the route. **Yes we think we're sinful, yes we know that others disagree, but it's that shame that really sticks and actually still could curse us.** But the real problem then - this is when I'm 45/50, 10 or so years ago - was I needed a counsellor who understood the journey I'd been on, who could give me the trauma counselling that I needed, to unpack all the exorcisms, the deliverance ministry, the vomiting the eyes that were popping out, all sorts of things that many of you may not even know that young people are being put through. **And I didn't go through corrective rape although, arguably, me trying to date men and making myself have sex to try and make myself straight, would perhaps be called corrective rape.** But I didn't know where to go, and I looked online and I had no idea if I was confronted with a Christian counsellor, if that would mean that you would be against me - or if you were a secular counsellor, if you would say what my psychiatrist said.

So from points of action, please make it clear to your clients that you - I hope - present a safe space where they can explore who they are without any judgment, without any predetermined outcome. **If you have a faith and you feel it is wrong to be LGBT, please state that, perhaps. Be clear or perhaps change jobs, because I would suggest your role is to provide safe spaces for people to find themselves not be directed.** If you have a faith and you are exercised by this please talk to local faith leaders in your community and talk about the harm. You are in a position of power and your voice will be heard when others won't. If you don't have a faith then please respect it in others and don't prejudice them either, as indeed I felt I was, but perhaps be aware that that faith will cause conflict, and if the client presenting is young that they may well have come from a community where that conflict will have taken them to a very dark place.

I suggest that it is the counselling, the psychotherapists, the psychiatrists, who have the power to be able to challenge beliefs within leadership. I am working, as Jeremy has explained, with religious leaders around the world now to try and tackle discrimination and prejudice, but most importantly we're trying to safeguard LGBT people in those communities. **The current focus is banning conversion therapy and as we've heard one of the greatest challenges will be on freedom of religion or belief.** Tomorrow we're hosting a briefing where the UN Special Rapporteur for Freedom of Religion or Belief will address parliamentarians, and that speech will be made publicly available. I'll put the link in the chat once it's free.

But the Government has dragged its feet over this, and for whatever reasons - yes there's been a lot in the parliamentary timetable - but **for the last three years it's been because they haven't wanted to tread on the toes of the evangelicals.** Now what many don't know is that the Church of England had a debate which I led in 2017, where we had a Private Member's Motion that looked to sign up to the MoU and called on the Government to ban conversion therapy. I'm now working with many other religions to do exactly the same. **But it is evangelicals and Catholics and charismatics and those who believe that it is wrong to be LGBT who want to continue to pray for people to be either healed or changed or suppressed, and that is harmful.**

There is a huge amount of evidence which the Government itself has, and indeed foundations like mine have done with very reputable statisticians, to look at the evidence of harm amongst LGB and now T people. There is international evidence, and the International Council for the Rehabilitation of Victims has called it 'torture'. **'Do no harm' should be the motto of every religious leader as well as every medical professional. And it is when there is harm that the freedom for religion is brought to an end. We already legislate in the UK against forced marriage, female genital mutilation and hate speech. And this is hate prayer, I'm afraid, it's hate practice. It's the practice. We can't legislate against belief, but we can legislate against the practice.** It is that that the UN rapporteur will say tomorrow, and indeed what he will tell the Prime Minister and what other faith leaders will say too.

I'm happy to take questions this probably isn't the for all that so you may want to listen to that speech and reflect on it, but that is the issue that we have right now. In the past we've been very happy to legislate against other faiths, like Islam, like Buddhism and Hinduism and Sikhism. **We've never wanted to legislate against Christianity, but it is time where we draw the line - I speak as a Christian - so we stop doing harm** and sending other young people sadly to a place where they feel the only option they have is to take their lives.

JC: Thank you very much Jayne.

We have just under 10 minutes left and there are some questions I want us to come to, but listening to Jayne's own story as well as Alex's story that we heard, raises the question and perhaps this does come into the questions that have been asked as well, about **fundamental issues to do with safety and trust in therapeutic relationships, and how that can be policed, how that can be regulated, how that can be monitored, how our professions can be held to account for those things, and whether bringing in a law will assist that.**

So there's quite a complex set of themes there around this fundamental issue of safety and trust, about what goes on in therapeutic relationships in relation to sexuality and gender, so could I just invite any of the three of you to help give some responses to that please?

PGW: I think one of the things that really ties these different positions together is to understand that when somebody presents in conflict in these areas *they are at very high risk*. Not just of corporal

harm to themselves; they can they lose they could be losing their family, their sense of a future where they can be loved, and that **their faith, their spiritual self, is as crucial to them as our identity in gender or sexuality**. And one of the things that has been alarming is that there has been an unintended consequence in response to the idea of a ban which is 'oh, I as a therapist then shouldn't touch someone who's in this kind of conflict, because it's too risky'. That is pushing that vulnerable person into the arms of a conversion therapist who will say '**come unto me**, I will listen to both parts of you'. It's the experience of overt conversion therapy like Alex spoke of, where in the guise of listening, in the guise of caring, whether that's from a faith position or a rejection of a person's faith from a secular position without understanding either way, actually exacerbates that conflict that is tearing that person apart, and baseline training of all psychotherapeutic and psychological professionals must be part of this change.

JC: Thank you Pam. Igi?

IM: Well going beyond what I said earlier, but, you know... It's my brother's anniversary on Friday night, and he killed himself. He was a nice guy and I loved him, and it's not really just to say that, but life is very short. It's tremendously short. And you listen to these stories of what people have gone through, and part of our work is to work with those who were going through trauma, who are going through what it feels like to be hated, who are feeling at a loss because their life is no longer how they wish it to be. **They don't even sometimes want to be alive anymore. We have to be open to that**. I am not here - you know of course we all have - what we do is as therapists, if we don't like certain people or things or we don't like our parents or we're unhappy with our job, we go into therapy and we share it and we talk about it and we try to find out what really is this about? why am I really feeling the way that I'm feeling? and we try and dig around and we try and get to a better place so we can open the door and go in the world, and we can want to be in it.

Now I've lived with somebody who didn't want to be in the world, and it is a dreadful experience to go through. Every day I want that person to be back, and they aren't going to be back, so I have to live in my life, in my world, with that experience. And I just ask as all as therapists, when somebody comes through the door, *they need to know they are safe*, they need to know that you are they and you don't hate them for what they do, or who they are, or who they've had sex with, or who they want to have sex with, or who they want to lie with in their dream. We're simply there to listen to those stories and help people to want to live in the world and I hope that that's what we do. **If you really do hate a trans person or a gay person because of what you think is that they somehow represent something that's so much of an anathema you can't tolerate it anymore, I would ask you to go and actually share that with somebody and to really find out why you want somebody to maybe not want to be in the world.** I think that's a responsibility.

JC: Thank you for reminding us of that fundamental reason why we do the work we do. I'm going to come to you, Trudi, but I just want to tell you the results of the second poll before I ask you what you're taking away. You said at the start you weren't coming to this seminar as the expert but perhaps you could say what you're taking away from this evening.

In the vote, we've moved people in the direction of supporting the ban 87% of votes were 'yes' for the ban. We still had 2%, so the same 2% who said 'no', they don't support, remained unconvinced. Of the people who had questions, we had 18% previously 'with questions but supportive' and we have 11% 'still supported but with some questions that we haven't yet resolved'.

Trudi what are you taking away from this evening?

**TS:** Gosh that's an enormous question Jeremy. Yeah I don't know why I sort of said I wasn't an expert, especially that's probably not a right thing to have said, perhaps I was coming perhaps I said that because I you know I don't spend all of my clinical life, you know, having psychotherapeutic conversations, because that's, you know, I'm part, you know, that's my world, but, you know, I have seen thousands, probably, of people in the world of perinatal mental health, which is where, I say, you know, people having children, babies, partners' families, you know, who've brought so many conversations about, you know, both their sexual identity and gender identity in the wake of having children, and the suffering, actually, more than anything the suffering that people experience when the right thing isn't there for them. So what I'm taking away is that actually you know a legal ban is very much about people not suffering, and doing no harm. You know, as people we can't be taking part in anything that deliberately harms other people, and I think we have a collective responsibility to make sure that if anybody needs help and wants a conversation, either about, you know, their sexual identity or their gender identity, that they're able to come to a safe place, and if we're talking about the healthcare world, then they need to be able to come forward and those practitioners need to have the right set of skills to be able to allow that conversation to happen to help the individual. So that's what I'm taking away, that, actually, you know, this needs to happen for people for their human right, and we can't continue to do any more harm than has been inflicted on so many people for, you know, in history.

**JC:** Thank you Trudi. That is a very good note for us to bring this webinar to an end. I want to thank all our attendees who have been with us throughout, and just to say that we have been recording the webinar and so for both the people who weren't able to join us this evening and people who've only been able to stay for part of it, we will send everybody the link to access the recording.

It just remains for me then to say a huge thank you to everybody on the panel who's brought such a range of fascinating, informative and inspiring and moving contribution to the webinar. I think it's been a really excellent discussion. I hope the attendees are taking lots away from this, I certainly am. This will be the first of hopefully several more such conferences, given the interest that we've had, but I would like to thank the coalition of organizations in the Memorandum of Understanding group who have helped us to put on this event tonight, and look forward to future events on this topic coming over the summer.

Thank you very much everybody and have a good evening the rest of your evening.