



Response submitted to UK Government
consultation

Banning conversion therapy

January 2022

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Introduction

About Our Duty

Founded in 2018, Our Duty supports and advocates on behalf of parents of children who have been led to believe that they are transgender.

As the only UK based parent organisation to reject the medical imitation of the opposite sex as a palliative treatment, we advocate for changes to medical practice that would target 100% desistance from transgender ideation.

International in scope, Our Duty has over 600 members in over a dozen countries.

Our Duty challenged the practices at The Tavistock and Portman NHS Foundation Trust in Autumn 2019¹

We advocate the repeal of the Gender Recognition Act 2004 and the redrafting of 'gender reassignment' in the Equality Act 2010 so that it protects those not conforming to traditional sex-based stereotypes without incurring unintended consequences.

Our mission is primarily the safeguarding of adolescents.

How we have approached this response

In our response, we focus on analysing the adolescent safeguarding implications of the proposals in the consultation.

Our definition of adolescent is a person of age between the onset of puberty and 25 years.

¹ <https://www.thetimes.co.uk/article/parents-battle-state-sponsored-sterilisation-of-trans-children-mb55fxt60>

It is the view of Our Duty that one person medically transitioned in error is one too many.

General observations

Before addressing the specific consultation questions, we have some general comments about the Government's proposals and the consultation approach:

First, the consultation document is unclear as to what would be the legal definition of "conversion therapy". Our mission is to help families help their children reject a transgender identity. We do this because we wish to protect children from the clear and obvious harms of transgender ideation. We do not consider our work and advice to be conversion therapy (but those with no concern for adolescent safeguarding might take a different view) we are concerned that there is an obvious risk that the Government's proposals might prohibit us from providing appropriate care and support for families with individuals who have acquired a transgender identity.

The proposals need to be clearer as to what constitutes "being transgender" – our experience with families with adolescents who claim to be transgender is that this word means different things to different people. A person might have acquired a transgender identity through grooming (is that conversion therapy?) and been corrupted with opposite sex imitation medicine through medical malpractice (is that conversion therapy?), such a person might describe themselves as transgender and yet their parents (quite rightly) reject such a label.

If the definition of "being transgender" is to be based upon "gender reassignment" (as used in the Equality Act), then this will have the same problems as that legislation. The "intending to undertake" part of that definition has resulted in "Self-Identification" into that protected class in all but name. There have been unintended consequences from this which have yet to be tested in court. All Government legislation seeking to address issues of 'gender' (as distinct from sex) has been riven with unintended consequences. There is a compelling case for the removal of the word 'gender' from all statute and public administration.

Of particular concern is the aggregation of sexual orientation and transgender ideation as if they were similar things. Our experience is that, frequently, young people adopt a transgender identity in response to adolescent angst around their emerging sexual orientation. When this happens, it is clear that transgender ideation is just a poor coping mechanism. Lobby groups have succeeded in persuading powerful people that transgender identities need cementing in law – however, this pressure comes largely from middle aged men adopting feminine identities, treating adolescents as useful pawns in their quest for validation. It is time the Government saw through this charade – it has been well documented.

There is almost no evidence of conversion therapy in relation to transgender ideation, and that which there is, such as the Coventry University Report is of extremely poor quality.

The case of Keira Bell (Bell v Tavistock) has highlighted, at the very least, that imposing a ratchet on transgender identities will result in harm². Keira Bell would have benefited from help to rid her of her transgender ideation before she embarked on her now famous medical transition – we cannot be thinking of outlawing the help she so desperately needed³, can we?

The Government via the NHS has commissioned an independent review of gender identity services for children and young people led by Dr Hilary Cass OBE. While it is unfortunate that this review seems to be built upon finding a consensus⁴ (as distinct from finding objective truth, or at least an ethical outcome that prevents further harm), and so carries the risk of recommending an inappropriate compromise, its mere existence is an admission that more information is required as to the nature of adolescent transgender ideation.

² https://segm.org/UK_HighCourt_Rules_PubertyBlockers_Experimental

³ <https://www.persuasion.community/p/keira-bell-my-story>

⁴ <https://cass.independent-review.uk/about-the-review/approach/>

It is the position of Our Duty that all so called ‘gender identity clinics’ – places which provide opposite sex imitation treatment (on demand for adults) – should be closed down. There are only two types of people with a ‘gender identity’ – the dysphoric and the political activists who are promoting this concept. The dysphoric need help with whatever underlying problem contributes to their dysphoria. It is disturbing to see powerful lobby groups and even the United Nations pushing the idea that everyone has a gender identity. The best thing anyone who acquires a ‘gender identity’ can do is to find a way of getting rid of it. Everyone must feel empowered to help those so afflicted to emancipate themselves from ‘gender identity’. One thing is certain, ‘gender identity’ must never be enshrined in law.

As regards the consultation itself, this has had all the appearance of a ‘sham consultation’. The initial, unusually short consultation period seemed designed to exclude those without the information or resources to learn of and to respond to the consultation. The extension to 4th February was the right thing to do.

The advertising showing the Government had made up its mind to legislate for both sexual orientation and “being transgender” indicates either a pretence at consultation or a failure to consult properly in the first phase (Our Duty was not consulted) and a failure to critically examine that evidence which was presented.

The prior consultation seemed to take at face-value testimony from Mermaids and the Beaumont Society. This testimony was light on truth and heavy on political hyperbole presented as fact. It was almost entirely subjective. Regrettably, the parliamentarian conducting the interview lacked either the wherewithal or impartiality to challenge the evidence as presented. Our Duty did not have the time or resources to submit an objective rebuttal to that evidence.

An associated ‘Westminster Hall Debate’ was similarly one-sided and lacking in the parliamentary scrutiny one would expect.⁵

⁵ <https://ourduty.group/2021/03/10/conversion-therapy-petition/>

It is inappropriate to include “being transgender” and/or “gender identity” in this bill. This remains such a hotly contested subject. Unlike sexual orientation, which is an objective attribute, “being transgender” is an entirely subjective attribute – even Stonewall and the United Nations admit to it being just a feeling⁶. Therefore, it is our view that any legislation banning conversion therapy should only be about attempting to change a person’s sexual orientation.

Any legislation to ban conversion therapy attempting to change a person **to** being transgender requires Government and parliamentarians to be far better informed. For example, we are aware of activist teachers in UK schools pushing children to think of themselves as transgender. Peer pressure in real-life and/or online has been cited in every case we deal with. The charity Mermaids encourages young people to consider themselves to be transgender. The BBC promotes transgenderism. Our children need protecting from all these malign forces – but can legislation, this or any other, achieve that?

Any legislation to ban conversion therapy attempting to change a person **from** being transgender requires far more information, research, and consultation with a particular focus on any unintended consequences. It will be necessary to differentiate ‘conversion therapy’ from normal talking therapies aimed at helping a person reject their transgender identity (which is clearly a good thing). Any legislation which acts as a ‘chilling effect’ inhibiting Our Duty from performing its necessary and vital role helping parents help their children reject an incongruent gender identity risks more young people being medically transitioned in error (aren’t they all?).

Pre-legislative scrutiny by a Committee of both Houses of Parliament is a clear necessity for such a contentious piece of legislation, particularly one fraught with the dangers of demonstrably harmful unintended consequences.

⁶ <https://gcritical.org/2020/07/12/what-is-trans/>

Our Duty calls upon the Government to consider the key facts regarding adolescent transgender ideation:

It is a social contagion⁷

The medical treatment provided is experimental, unethical and must be curtailed

Regret, desistance and detransition are real.

It is reasonable and right to seek a cure for possession of an incongruent gender identity.

It is reasonable and right to seek to prevent acquisition of an incongruent gender identity.

Non-conformity with traditional sex-based stereotypes does not make someone 'transgender'.

Any Government action which young, confused, vulnerable people can interpret as legitimising their harmful delusion will have catastrophic consequences.

⁷Lisa Marchiano (2017) Outbreak: On Transgender Teens and Psychic Epidemics, *Psychological Perspectives*, 60:3, 345-366, DOI: 10.1080/00332925.2017.1350804
<https://www.tandfonline.com/doi/pdf/10.1080/00332925.2017.1350804>

Views on banning conversion therapy

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

1. We agree that the Government should intervene to end conversion therapy in principle. However, this view is predicated on a meaningful, clear, unambiguous, and objective definition of conversion therapy, and upon our concerns regarding the safeguarding of adolescents prone to transgender ideation being satisfactorily addressed.
2. The abolition of NHS Gender Identity Clinics will go a long way to ending the conversion of lesbian, gay and bisexual (LGB) adolescents to being transgender.
3. It is our view that outlawing LGB conversion therapy, i.e. conversion therapy to change a person's sexual orientation is to be welcomed.
4. We believe that every parent, and society at large, has a duty to prevent a child or young person from acquiring an incongruent gender identity (a.k.a. 'becoming transgender').
5. We believe that parents, and society at large, should be empowered to do everything that is lawful to help a child or young person reject an incongruent gender identity.
6. Any legislation needs to ensure that objective truth is not usurped by subjective feelings.
7. The right of parents to parent as they see fit, within the law, needs to be upheld.

Consultation questions

Question 1: To what extent do you support, or not support, the government's proposal for addressing physical acts of conversion therapy? Why do you think this?

8. There is no clinical justification for medical interventions to alter a healthy body to approximate the appearance of the opposite sex. These are uncontrolled medical experiments which perpetuated by activists for ideological reasons⁸. Such medical interventions are what we consider to be physical conversion therapy.
9. A bilateral mastectomy conducted on an adolescent female person without any clinical justification is a grievous act of violence for which the existing sentencing extends to life imprisonment⁹. It would be appropriate for there to be prosecutions under existing law, with sentencing guidelines at the top end of the scale.
10. An orchiectomy conducted on an adolescent male person without any clinical justification is a grievous act of violence for which the existing sentencing extends to life imprisonment. It would be appropriate for there to be prosecutions under existing law, with sentencing guidelines at the top end of the scale.
11. The principle of universality is misguided. It is inherently preferable to not be transgender.

⁸ <https://www.transgendertrend.com/current-evidence/>

⁹ <https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard>

Question 2: The government considers that delivering talking conversion therapy with the intention of changing a person's sexual orientation or changing them from being transgender or to being transgender, either to someone who is under 18, or to someone who is 18 or over and who has not consented or lacks the capacity to do so, should be considered a criminal offence. The consultation document describes proposals to introduce new criminal law that will capture this. How far do you agree or disagree with this?

12. We are clear and unequivocal in our demand to be free to support parents wishing to help their children reject a transgender identification. We expect any reasonable person to accept that our mission is not conversion therapy. It would be constructive to have our mission explicitly protected in any legislation.
13. The people with whom we are most concerned are adolescents. Full cognitive maturation does not occur until approximately 25 years of age. Parents need to have the confidence that they can exert influence over their children even when they are cognitively immature adults.

14. Our Duty is concerned that banning conversion therapy might constrain the ability of healthcare professionals to provide legitimate support for those who seek counselling about their transgender ideation. The current Memorandum of Understanding (MOUv2)¹⁰ already inhibits such work and needs to be withdrawn. Harm is occurring as a direct result of young people not being able to access appropriate (i.e., 'gender critical') care. All healthcare professionals need to recognise the binary and immutable nature of sex and the dangers of transgender ideation. We must expect them to build their practice on these principles and to reject the ideological principles which drive transgenderism. Fundamentally, professionals must commit to the principle of 'First do no Harm' and acknowledge that transgender ideation is both harmful and almost always leads the victim onto a pathway to harm.
15. This offence should not capture communication such as exerting parental authority, the help of family or close friends (e.g., godparents), casual conversations, exchanges of views, or private prayer. The rights to free speech and of parents to parent need to be upheld and specifically protected in the legislation.

Question 3: How far do you agree or disagree with the penalties being proposed?

16. We would like to see the penalties for anyone grooming a young person to be transgender to be at the top end of the sentencing scale for offences against the person.

¹⁰ <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/>

Question 4: Do you think that these proposals miss anything? If yes, can you tell us what you think we have missed?

17. Clear definitions.
18. A commitment to safeguarding the health and wellbeing of adolescents at risk from transgender ideation.
19. A commitment to objectivity (and a rejection of subjectivity).
20. A recognition that it is inherently preferable not to have a gender identity.
21. A recognition that transgender ideation is something that requires prevention and cure and rehabilitation.
22. There needs to be a compensation framework for persons converted to being transgender who medical professionals have harmed.

Consultation questions on the promotion of conversion therapy

Question 5: The Government considers that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion therapy. How far do you agree or disagree with this? Why do you think this?

23. If Ofcom's Broadcasting Code provides measures against the broadcasting and promotion of conversion therapy, then this Code is not being followed and not being enforced. The conversion of people to be transgender is promoted widely on television.
24. Internet websites such as Tumblr, TikTok, Reddit are the main promoters of conversion therapy. Teenagers are encouraged to adopt a gender identity. Medical transition is celebrated. This is grooming. The organisations and infrastructure which exists to curtail child exploitation online need to have their remit extended to prevent these activities. There is much overlap with grooming into transgenderism being tied up with pornography. Moreover, the resulting medical harm is as much a sexual offence (being as the harm is to sexual organs) as any other.
25. We need to reach the point where even suggesting to a child that they might be transgender is considered as grave as showing them pornography.

Question 6: Do you know of any examples of broadcasting that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

YES

26. Almost all current broadcasting is biased in favour of the political position that “transwomen are women”. This extends to all media outlets using feminine pronouns for male feminine people although they are not actually women. The effect this has is to legitimise in the minds of our children the belief that they can be recognised by society as the opposite sex. This climate serves to reinforce transgender ideation in adolescents and hence we would consider it to be conversion therapy. However, we know that society at large can see through these pretences. Our children are ill-prepared for the real world when media (and academia) humour their delusions. The rest of society is neither as gullible nor as ideologically captured.
27. The list of all those broadcasts which have used female pronouns for males is far too numerous to list.
28. Examples of broadcasting which has explicitly promoted transgenderism (and so helped ‘convert’ our youngsters) include:
- “First Day” (CBBC, 2021)
 - “Butterfly” (ITV, 2017)
 - “My Life: I Am Leo” (CBBC, 2014)

Question 7: The Government considers that the existing codes set out by the Advertising Standards Authority and the Committee of Advertising Practice already prohibits the advertisement of conversion therapy. How far do you agree or disagree with this?

WE DISAGREE

Question 8: Do you know of any examples of advertisements that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

29. Starbucks' 'What's your name' advertisement¹¹ promoted being transgender. This advertisement gave false legitimacy to young people pursuing their misguided ideation and made it harder for parents to resist their child's adoption of a new, gender-incongruent, name. Such "social affirmation" is an insidious form of conversion therapy which strengthens an adolescent's commitment to pursue harmful opposite sex imitation treatment. This advertisement should have been banned.

¹¹ <https://www.dailymail.co.uk/news/article-8008871/Starbucks-rapped-100-000-controversial-transgender-charity.html>

Consultation questions on protecting people from being taken overseas

Question 9: The consultation document describes proposals to introduce conversion therapy protection orders to tackle a gap in provision for victims of the practice. To what extent do you agree or disagree that there is a gap in the provision for victims of conversion therapy?

30. We agree that there is a gap in the provision for victims of conversion therapy in relation to protection orders.

Question 10: To what extent do you agree or disagree with our proposals for addressing the gap we have identified?

31. We have reservations regarding the proposals to introduce Conversion Therapy Protection Orders.
32. Our Duty advocates the removal of a child experiencing transgender ideation to a different, safer (in terms of gender ideology) place if the family can afford the move. This has resulted in successful instances of desistance from transgender ideation. This means that children and adolescents have been protected from the irrefutable harms of transgender ideation by removing them from locations where that ideation is encouraged. We celebrate these successes. Isolating a child who thinks they are transgender from the peer groups and media which are encouraging their incongruent identity works. We do not consider this to be 'conversion therapy', however we are concerned that this useful option might fall foul of badly drafted legislation.

Question 11: Charity trustees are the people who are responsible for governing a charity and directing how it is managed and run. The consultation document describes proposals whereby anyone found guilty of carrying out conversion therapy will have the case against them for being disqualified from serving as a trustee at any charity strengthened. To what extent do you agree or disagree with this approach? Why do you think this?

33. While we welcome proposals to strengthen measures to prevent charities carrying out conversion therapy, our experience is that much of the conversion of young people to “being transgender” is done by schools, by peer groups and by online communities. However, when these modes of corruption occur in a school setting it is frequently because the schools have enlisted third-party organisations, which are often charities, to provide resources and training (we know of at least twenty). Current school guidelines seem intended to prevent this from happening, but our experience is that these guidelines are ignored. The marketing of ‘gender ideology’ in schools by these organisations is what we might term ‘pre-conversion’, and there needs to be robust legislation to ban such proselytising.
34. Every NHS Trust, especially the Tavistock and Portman NHS Foundation Trust and those running so-called Gender Identity Clinics is practising or complicit in violent conversion therapy. As are any private healthcare charities working on behalf of the NHS e.g., Nuffield Health. Our children are being sterilised with opposite sex hormones and having sexual organs removed.
35. We are aware of groups (the majority are charities) which portray themselves as LGBT support groups which are prone to converting LGB adolescents to transgender. This occurs when an LGB young person goes to these groups expecting support with their sexual orientation and receiving grooming into being transgender instead. Some of these groups are practising their conversion therapy with public funds.

36. Mermaids Gender, a charity, appears to be the largest organisation actively converting young people into being transgender. There are others. Their activities include “affirming” incongruent gender identities and providing guidance on how to get onto medical pathways. These activities result in harm to adolescents as well as emotional harm to their families. We would like to see an end to this harm.

Question 12: To what extent do you agree or disagree that the following organisations are providing adequate action against people who might already be carrying out conversion therapy? (Police; Crown Prosecution Service; OTHER statutory service)? Why do you think this?

WE DISAGREE

37. The Police appear to be ‘cognitively captured’ by gender ideology. The Police activities of promoting transgenderism is in our estimation the sort of conversion therapy which should be outlawed.
38. The Crown Prosecution Service appears to be cognitively captured by gender ideology and has yet to prosecute a medical professional involved in harming our children.

Question 13: To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy? (Police; Crown Prosecution Service; OTHER statutory service)? Why do you think this?

WE DISAGREE

39. To the best of our knowledge, the Police have not investigated the surgeons performing opposite sex imitation treatment on adolescents.
40. The Crown Prosecution Service has yet to prosecute a medical professional involved in harming our children.

41. We are concerned that cognitive capture of the Police and CPS, has resulted in environments in which these statutory services are not minded to investigate the grievous harms of the 'gender affirmative model of treatment'. The impossibility of consent, the experimental nature of the treatment, and the absence of any clinical need would seem to point towards these so-called treatments being criminal in their nature (and the medical defence not applicable).

Q14. Do you think that these services can do more to support victims of conversion therapy? If yes, what more do you think they could do?

YES

42. The Police can investigate those medical professionals involved in harming our children.
43. The Crown Prosecution Service can prosecute those medical professionals involved in harming our children.

Economic appraisal

Question 15: Do you have any evidence on the economic or financial costs or benefits of any of the proposals set out in the consultation? If yes, please can you provide us with details of this evidence, including where possible, any references to publications?

The main economic benefits of outlawing conversion therapy will be:

44. Savings made by closing down gender identity clinics.
45. Savings by ceasing opposite sex imitation medicine.
46. Savings in ending the pipeline of claims to be made by detransitioners for medical negligence.

The main economic costs of outlawing conversion therapy will be:

47. The cost of providing urgent mental health support for the underlying conditions of those presenting with incongruent gender ideation.

Equalities impacts appraisal

Question 16: There is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act 2010. Do you have any evidence of the equalities impacts of any proposals set out in the consultation?

48. We have no specific observations to make in respect of The Equality Act 2010 save to reiterate that 'gender reassignment' serves to enshrine gender in law and that this is unhelpful. The legislation would be better if it made non-conformity with sex-based stereotypes a protected characteristic instead of the flawed and too loosely drafted 'gender reassignment'.

Questions related to privacy

Question 17: Would you like your response to be treated as confidential?

NO

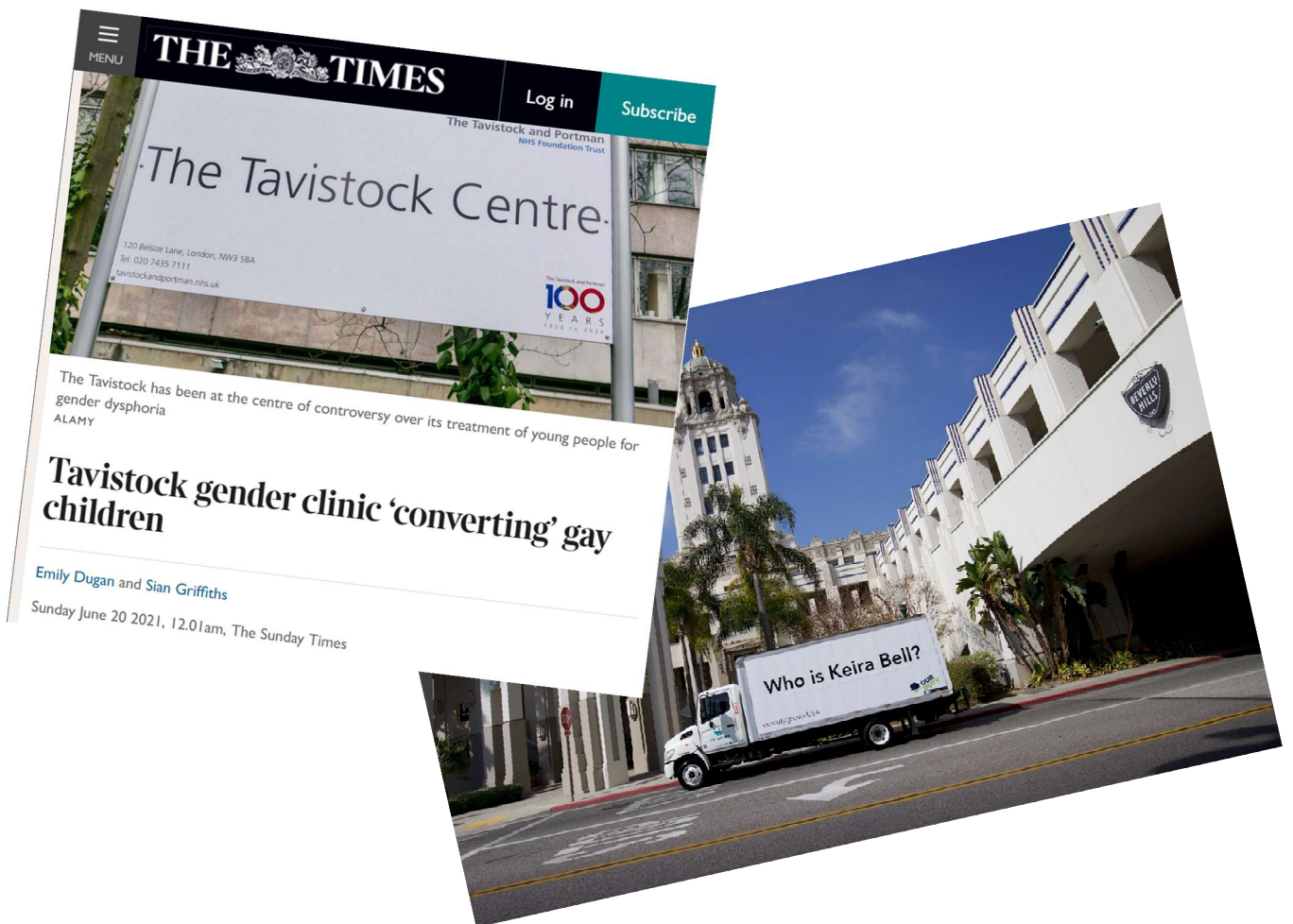
Q18. What is your email address? If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

info@ourduty.group

Contacts

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