

# Conversion Therapy



The UK Government intends to prepare legislation in the new year to ban 'conversion therapy' (CT) in England and Wales, for introduction when parliamentary time allows. This POSTnote outlines data on CT and reviews the quality of available research evidence and the impact of CT. It summarises UK stakeholder perspectives on a CT ban and outlines key challenges for policymakers to consider.

## Background

'Conversion therapy' (CT) doesn't have a settled definition but refers broadly to a range of practices that seek to change, 'cure' or suppress a person's sexual orientation or gender identity. There are different definitions of sexual orientation and gender identity. The Office for National Statistics defines sexual orientation as "an umbrella concept that encapsulates sexual identity, behaviour and attraction" (for example heterosexual, gay, lesbian, bisexual or asexual).<sup>1</sup> It defines gender identity as "a personal internal perception of oneself" (for example, man, woman or non-binary).<sup>2</sup> A person's gender identity may be different from the sex registered at birth (transgender or non-binary people).<sup>3</sup> CT practices range from psychological treatments and spiritual counselling, which are legal in the UK, to sexual violence and electric shock therapy, which are illegal in the UK.

The UK Government committed in the 2018 Lesbian, Gay, Bisexual and Transgender (LGBT) Action Plan to bring forward proposals to end what it calls the "abhorrent" practice of CT.<sup>4</sup> The 2021 Queen's Speech set out the Government's plans for legislation to ban CT.<sup>5</sup> In October 2021, the Government launched a six-week consultation (subsequently extended to 14 weeks<sup>6</sup>) on its proposals to ban CT in England and Wales (see

## Overview

- There is limited research on the prevalence and nature of conversion therapy (CT). It is difficult to robustly assess the effect of CT because study designs such as Randomised Controlled Trials (RCTs) cannot be used.
- The best available scientific research suggests that there is evidence of serious harm associated with CT and very little evidence that CT can change a person's sexual orientation or gender identity.
- Key challenges for policymakers include addressing the often conflicting interests and concerns of stakeholders about how to define CT in law and balance human rights.
- A key debate raised by the Government's proposals is whether to allow adults to give informed consent for non-physical CT practices, or whether a complete ban is necessary to protect people.

Box 1).<sup>7</sup> The proposals apply to attempts to "change" a person's sexual orientation or "to change another from being transgender or to being transgender". The House of Commons Women and Equalities Committee has taken evidence on the Government's consultation.<sup>8-10</sup> The Scottish Government has said it is "strongly supportive of the UK Government's commitment to ban CT" and is considering next steps.<sup>11</sup> In July to August 2021, the Equalities, Human Rights and Civil Justice Committee in the Scottish Parliament invited views on a public petition to end CT.<sup>12</sup> The Northern Ireland Assembly passed a motion in 2021 calling for a ban.<sup>13</sup> The Equality and Human Rights Commission (EHRC) is the statutory national equality body for Scotland, England and Wales. The EHRC supports the principle of ending CT and has stated that the policy aim should be to end, rather than just ban, CT.<sup>14,15</sup>

## Contemporary UK context Prevalence

There are limited data on the prevalence and nature of CT in the UK.<sup>16-19</sup> In 2017, the Government undertook the largest national survey of LGBT people in the world to date, which received over 108,000 self-selected responses from people aged 16 and above in the UK. CT was defined in the survey questions as any attempt to 'cure' a person of being LGBT.

Respondents were not asked when or where they had been offered or received CT. 2% of respondents reported having undergone CT and a further 5% reported to have been offered it. According to the National LGBT Survey, the prevalence of CT was relatively consistent across age groups, and slightly higher among some minority ethnic groups. Respondents were most likely to say that CT had been conducted by faith organisations or groups (51%), followed by healthcare providers or medical professionals (19%) and parents, guardians, or other family members (16%). Transgender respondents were more likely to have undergone or been offered CT (13%) than respondents who were not transgender (7%). Transgender respondents who had experienced CT were more likely to have received it from healthcare providers or medical professionals (29%) than respondents who were not transgender (15%).<sup>20</sup>

### Public attitudes to conversion therapy

In March 2021 the Government responded to an e-petition calling for a ban on CT which received over 256,000 signatures.<sup>21,22</sup> In a representative YouGov survey of over 1,800 adults in April 2021, 64% reported that CT should be banned, though specific CT practices were not defined in the survey questions.<sup>23</sup> A self-selected survey of over 4,000 people in 2018, co-ordinated by the Ozanne Foundation, found that respondents who had experienced "sexual orientation change therapy" were slightly more likely to support a ban (60%) compared to those who had not (50%).<sup>24</sup>

#### Box 1: UK Government consultation and proposals

In October 2021 the Government launched a consultation on a package of proposed measures that would apply to England and Wales.<sup>7</sup> The key proposals centre on:

- **Talking conversion therapies:** to introduce a new criminal offence of delivering a talking therapy with the intention of changing a person's sexual orientation or changing them to or from being transgender. This would apply to any person under 18, or to a person who is 18 or over and who has not given informed consent, or due to their vulnerability is unable to do so.
- **Physical acts of conversion therapy:** to legislate to ensure that when any existing violent offences are motivated by conversion therapy, this would be considered by the judge as a potential aggravating factor when sentencing.
- **Additional non-legislative policy tools:** including Conversion Therapy Protection Orders, support for victims, restricting promotion, removing profit streams, and strengthening the case for disqualification from holding a senior role in a charity.

### Quality of the research evidence

No [Randomised Control Trials \(RCTs\)](#), the 'gold standard' in clinical evidence for establishing causation and assessing effectiveness, have been conducted in relation to whether CT is safe or effective. However, RCTs would be practically and ethically impossible. The evidence base is dominated by studies about CT to change sexual orientation.<sup>16</sup> Most available studies on the outcomes of CT have methodological limitations. These include: most study designs did not robustly examine causal relationships; not defining CT; not following the same individuals over time; and relying on retrospective self-reporting and self-selected samples.<sup>25,26</sup> Much of the evidence base is necessarily qualitative, often taking the form of personal

accounts or self-reported surveys, making it difficult to draw general conclusions. Most of the scientific research focuses on North America, and there are very few scientifically valid UK-based studies. To inform its work, the Government commissioned researchers at Coventry University to carry out a rapid evidence assessment (REA) of research published from January 2000 to June 2020 and a qualitative study to gather evidence on the experiences of people in the UK who had undergone CT (see Box 2).<sup>16</sup> Key findings are outlined below.

## Impact of conversion therapy

### Motivations

The REA found that most people who undergo CT appear to do so voluntarily, but they also describe being encouraged into CT by people in a position of authority in religious institutions or families.<sup>16,27</sup> People may seek CT for several reasons, including a perceived incompatibility between their religious values and sexual orientation or gender identity, internalised homophobia (a person directing negative social attitudes toward themselves) or pressure from their community or family.<sup>27-37</sup> Practitioners of CT may have a variety of motivations. For example, some practitioners may believe that a person's gender identity is not separate from their sex registered at birth, or see homosexuality or being transgender as a disorder or the result of trauma.<sup>16,34,38,39</sup> Some CT practitioners may not distinguish between gender identity and sexual orientation and may see homosexuality as a "gender identity problem."<sup>16,38,40,41</sup>

### Whether conversion therapy 'works'

The REA, which included three [systematic reviews](#), found there is very little robust evidence that CT is effective in achieving its aim of changing a person's sexual orientation or gender identity.<sup>26,29,42</sup> There is some limited evidence that CT might aid a person to suppress behaviours, but this does not mean that the person has changed their internal sense of sexual orientation or gender identity. In the largest (but non-representative) survey of people who had undergone CT for same-sex attraction, only one respondent out of around 1,000 (0.1%) subsequently identified as heterosexual, and only 3% reported "some type of" change in their sexuality.<sup>43</sup> Some participants in qualitative studies report that CT has been effective to varying degrees.<sup>33,35,39,44-47</sup> However, some also report pretending to have changed their behaviour in order to conform to others' expectations, and perceived effectiveness might also change over time.<sup>16,34,36,39,48</sup>

### Health outcomes

The REA found that a growing number of scientific studies report that those who undergo CT for sexual orientation and gender identity show signs of poor physical and psychological health. Quantitative studies have found evidence of a statistical association with serious harms.<sup>37,43,49-52</sup> For example, studies that make comparisons between LGBT people who have had CT and those who have not show that exposure to CT is linked to a statistically higher likelihood of suicidal thoughts and suicide attempts.<sup>16,52-54</sup> In qualitative studies, other harms reported by people who have undergone CT include: loss of self-esteem; anxiety; depression; social isolation; intimacy difficulty; self-hatred; shame and guilt; sexual dysfunction; and symptoms of post-traumatic stress disorder.<sup>29,30,33,35-37,39,43,55-59</sup> Some individuals report benefits of CT in self-reported surveys and

qualitative studies, such as experiencing an increased sense of belonging, experiencing understanding and recognition of religious values, and receiving empathy and social support.<sup>29,33,36,38,40,56,60,61</sup> However, the REA found that these benefits are not unique to CT and are common across most types of therapy and support groups.<sup>16</sup>

### Box 2: UK Government-commissioned research

Researchers at Coventry University undertook a rapid evidence assessment (REA) of research on CT published from January 2000 to June 2020, and conducted a search of the non-academic literature to identify measures taken around the world to end CT.<sup>16</sup> They also carried out a qualitative interview study with 30 people who had undergone CT in the UK in the last 20 years. They were self-selected and assessed for eligibility. The key findings from the research were that:

- Modern forms of CT are largely talking therapies and spiritual interventions, such as prayer or exorcisms.
- There is no robust evidence to support claims that conversion therapy is effective at changing sexual orientation or gender identity.
- There is evidence that CT can be harmful, but there is no robust evidence that distinguishes between CT practices and whether some are more harmful than others.

### Societal impacts

The UN Independent Expert on protection against violence and discrimination and the Independent Forensic Expert Group (IFEG) of the International Rehabilitation Council for Torture Victims both conclude that CT practices are “inherently” discriminatory.<sup>62,63</sup> There is some evidence that stigma associated with minority sexual orientation and gender identity is a cause of chronic stress and negative mental health.<sup>54,64–67</sup> In its consultation, the UK Government stated that a ban on CT is part of its work to “champion equality for LGBT people.”<sup>77</sup>

### UK stakeholder perspectives

The UK Government intends to publish the result from the consultation on its specific proposals in 2022. The following section summarises general perspectives on three key areas.

#### Health, therapy, and counselling stakeholders

There is wide agreement across major organisations representing regulated health professionals and registered therapists that CT for sexual orientation and gender identity should be banned. In 2017, 21 UK organisations, including major professional health and therapy bodies such as NHS England, NHS Scotland, the British Psychological Society, Royal College of General Practitioners, Royal College of Psychiatrists and Relate, signed a Memorandum of Understanding (MoU), defining CT and stating their commitment to end CT in the UK.<sup>68</sup> Signatories agree that the practice of CT is “unethical and potentially harmful”.<sup>68,69</sup> A very small number of UK-based organisations that specifically provide or promote what they term “change allowing therapy” for people experiencing ‘unwanted’ same sex attraction oppose a CT ban. For example, the International Federation for Therapeutic and Counselling Choice (IFTCC) states that there are benefits of “change allowing therapy”.<sup>45,70,71</sup> It argues that the MoU stifles debate and restricts the freedom of clients to seek help.<sup>72</sup>

#### Access to transgender healthcare and gender identity services

The Government has stated that the proposals do not alter the existing clinical regulatory framework or the independence of regulated clinicians working within their professional obligations and that it is important that “people are supported in exploring their identity without being encouraged towards one particular path.”<sup>7,10</sup> While supporting a ban, some stakeholders are concerned that too broad a ban could have an adverse affect on the ability of mental health professionals to treat some patients. This includes concerns that it could deter professionals from exploring the origins and nature of an individual’s distress (in regard to their gender identity or sexual orientation) with the intention of supporting their wellbeing.<sup>41,73</sup> It also includes concerns that it could limit professional support for people who have changed their gender presentation or made physical alterations as part of gender reassignment, and who then decide to cease or reverse the process (‘de-transition’).<sup>74</sup>

These concerns reflect wider debates about access to specialised gender identity services for “gender dysphoria” – a term used by the NHS to describe a “sense of unease that a person may have because of a mismatch between their biological sex and their gender identity”<sup>75</sup> (see the Commons Library briefing on [Gender recognition reform](#)). An independent review of gender identity services for children and young people (the Cass Review), commissioned by NHS England and NHS Improvement, is due to report in 2022.<sup>76</sup>

#### Religious stakeholders

The 2017 National LGBT survey indicates that most CT takes place in religious settings (51%).<sup>20</sup> For a ban to be effective, advocates argue that it would need to cover religious settings and practices. Some religious organisations in the UK support a CT ban, including the Methodist Church, the Quakers, and the Hindu Council UK.<sup>77–82</sup> In 2017, the Church of England’s General Synod backed a motion calling for a CT ban and endorsing the MoU in relation to CT for sexual orientation only.<sup>83</sup> Some religious groups, notably the Evangelical Alliance, Christian Concern and the Christian Institute are concerned that a broad definition of CT in a ban would interfere with the preaching and practice of religious teachings on sexuality and gender, and their ability to provide pastoral advice to this effect.<sup>8,84–87</sup>

Overall, there is a lack of representation in the literature of non-Christian religions. This leaves a knowledge gap, because the National LGBT Survey found that Muslim respondents were the most likely to have had or been offered CT (27%), followed by Jewish (16%), Hindu, (16%) and Sikh (15%) communities.<sup>20</sup> Some organisations that state they provide support to people with ‘unwanted’ same-sex attraction, such as IFTCC (Judeo-Christian) and Strong Support (Muslim), have raised concerns that people who do not identify as LGB, but who experience same sex attraction, are not represented in the debate.<sup>46,88,89</sup> They argue that people have the right to seek help to overcome feelings that are incongruent with their life choices.

#### LGBT stakeholders

There is wide agreement across major LGBT organisations that CT for sexual orientation and gender identity should be banned. These includes Galop,<sup>90</sup> Gendered Intelligence,<sup>91</sup> the LGBT Foundation,<sup>92</sup> Mermaids,<sup>93</sup> and Stonewall.<sup>55,94</sup> LGBT organisations point to Victoria, Queensland and Madrid as the



most comprehensive existing CT bans (see Box 3).<sup>55,42,55,95,96</sup> By contrast, the LGB Alliance considers that CT for sexual orientation and CT for gender identity should not be combined in a single Bill and has called on the Government to wait for the Cass Review before drafting legislation for transgender CT.<sup>97</sup> Some LGBT organisations have called for changes to make it easier for people who have experienced CT to access support services such as emergency safe accommodation and protections to ensure anonymity and confidentiality. Some LGBT organisations are also calling for a wider application of the civil law so that people at risk of CT can access protection orders.<sup>98,99</sup> Many charities for religious LGBT people also support a CT ban, such as Hidayah<sup>100</sup> (Muslim) and Keshet<sup>101</sup> (Jewish) and the Ozanne Foundation<sup>102</sup> (multi-faith).

## Key challenges for policy interventions

The Government has stated that legislative and non-legislative action needs to be proportionate and effective.<sup>7</sup> However, stakeholders have different perspectives as to how this can best be achieved. Different approaches have been taken globally (see Box 3). Because these are relatively new, there is a lack of evidence as to the effectiveness of any of these approaches. Legislation is also being proposed in the Republic of Ireland, France and New Zealand.<sup>103–105</sup> Key challenges are below.

### Legislative challenges

#### *Balancing human rights*

Banning CT raises questions about how to balance rights under the Human Rights Act 1998 and the European Convention on Human Rights (ECHR). Article 3 of the ECHR, freedom from torture and inhuman or degrading treatment, is an absolute right enshrined in UK law. Other human rights are qualified, which means they can be restricted in some circumstances and within limits. These include the right to private and family life (Article 8), freedom of thought, belief and religion (Article 9), and freedom of assembly and association (Article 10). There is discussion among human rights experts as to how best to protect rights which need to be balanced with each other.<sup>106,107</sup>

The IFEG report concluded that CT can constitute cruel, inhuman, or degrading treatment and torture “when it is conducted forcibly or without an individual’s consent”.<sup>63</sup> The UN Independent Expert and the Ban Conversion Therapy Legal Forum (the Forum), commissioned by the Ozanne Foundation and chaired by Baroness Helena Kennedy QC, argue that CT is inherently degrading, as it is rooted in the belief that LGBT persons are somehow inferior.<sup>62,99,108</sup> The Forum argues that a broad definition of CT “is essential to ensure that all forms of these practices are captured in legislation and so prevent the exploitation of loopholes”. It suggests that CT should be referred to in legislation as “conversion practices” and that these should amount to CT when they are directed at another person or group of persons with a “predetermined purpose” to change, ‘cure’, or suppress their sexual orientation or gender identity. It argues that such a distinction sets a “proper limit as to where religious or cultural expression is permitted, and where such freedoms should end.”<sup>99</sup> By contrast, a legal opinion provided to the Christian Institute argued that a broad definition of CT in a ban “would prohibit actions in a range of commonplace situations, which do not involve improper pressure or coercion, or abuse of power, or incitement to

hatred, where the relevant beliefs are expressed, taught or applied as a matter of church discipline.”<sup>109</sup>

#### *Defining conversion therapy*

Stakeholders emphasise that to be effective and proportionate, CT must be adequately defined in legislation. Different definitions are used in legislation globally (see Box 3). The main considerations raised by UK stakeholders are whether a definition should apply to all forms of conversion practices in any setting or whether it should be limited to practices where:

- the **intention of the practitioner** is specifically to change or suppress a person’s sexual orientation or gender identity;
- it is **directed at a specific person** or group of persons;
- it **causes harms**, even if carried out in the claimed best interests of the person;
- it is conducted in a **specific setting**, such as healthcare settings or religious settings; and/or
- it is **conducted under force or coercion**.<sup>14,55,69,85,99</sup>

#### *Informed consent*

The draft proposals put forward by the UK Government in October 2021 would introduce a new talking CT criminal offence (Box 1). It would allow a person who is 18 or over to enter into talking CT, provided that consent is voluntary and informed, and that they have capacity to make the decision. To protect people from being coerced into talking CT, the Government has proposed to build on the existing coercive controlling behaviour offence in Section 76 of the Serious Crime Act 2015, where the talking therapy act is motivated by CT.<sup>110</sup> Not allowing adults the freedom to consent to talking CT might outlaw some activities which some people may find valuable or consider to be reasonable.<sup>111,112</sup> However, some advocates of a CT ban consider that the law should not allow for informed consent. They argue that it does not recognise that the individual is making a decision against a backdrop of historical stigmatisation and that there is a significant power imbalance in CT practices.<sup>99,108,113</sup> The MoU Coalition notes that health professionals and therapists are bound by a duty of care, which they argue prevents them from offering CT because of “unacceptable risk of serious harm” to the individual.<sup>69</sup>

### Non-legislative challenges

The EHRC, LGBT organisations and other advocates of a CT ban have argued that it will take more than a legislative ban to end CT.<sup>14</sup> This includes restricting the advertising and promotion of CT, measures to protect people from being sent overseas for CT or from being given CT online, use of Protection Orders, expanding education on LGBT issues and providing support for those negatively impacted by CT.<sup>55,90–92,98,99</sup>

#### **Box 3: International examples of legislation**

A growing number of countries and legal jurisdictions have passed legislation to restrict or end CT for sexual orientation and gender identity.<sup>114–116</sup> The breadth and scope of legislation and penalties varies. For example, some:

- apply only to health professionals (including Germany,<sup>117</sup> Ontario,<sup>118</sup> Nova Scotia<sup>118</sup> and Murcia<sup>119</sup>);
- apply only to CT practiced with minors and vulnerable people (including Germany,<sup>117</sup> Malta,<sup>120</sup> Queensland,<sup>121</sup> most Canadian Provinces<sup>114</sup> and some US States<sup>114</sup>);
- apply to any form of CT in any setting and is criminal regardless of consent (including Madrid<sup>122</sup> and Victoria<sup>123</sup>).

**Endnotes**

1. Office for National Statistics (2021). [Sexual orientation QMI](#).
2. Office for National Statistics (2020). [Gender identity](#).
3. Office for National Statistics (2019). [What is the difference between sex and gender?](#)
4. Government Equalities Office (2018). [LGBT Action Plan](#).
5. HM Government (2021). [Queen's Speech 2021](#).
6. Government Equalities Office (2021). [Government extends consultation to help shape future Conversion Therapy legislation](#).
7. Government Equalities Office (2021). [Banning Conversion Therapy: Government Consultation](#).
8. Women and Equalities Committee (2021). [Non-inquiry session: The Government's consultation on conversion therapy](#).
9. Women and Equalities Committee (2021). News article. [Banning conversion practices: MPs express concern about Government's proposals](#).
10. Women and Equalities Committee (2021). [Oral evidence session: The Government's consultation on conversion therapy](#). HC 878. 30 November 2021.
11. Scottish Government (2021). [Correspondence relating to conversion therapy in Scotland: FOI release](#).
12. Equalities, Human Rights and Civil Justice Committee (2021). [Views on the 'End Conversion Therapy' petition. Published responses](#). The Scottish Parliament
13. Kelpie, C. (2021). [Gay conversion ban: Therapy is a 'humiliating and harmful practice'](#). *BBC News*.
14. Equality and Human Rights Commission (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 778871053](#).
15. Equality and Human Rights Commission (2021). [Response to the LGBT Consortium's open letter](#).
16. Jowett *et al.*, A. (2021). [Conversion therapy: an evidence assessment and qualitative study](#).
17. Government Equalities Office (2021). [An assessment of the evidence on conversion therapy for sexual orientation and gender identity](#).
18. Government Equalities Office (2021). [The prevalence of conversion therapy in the UK](#).
19. Bachmann, C. L. *et al.* (2017). [LGBT in Britain: Hate Crime and Discrimination](#). 18.
20. Government Equalities Office (2018). [National LGBT Survey: Research Report](#).
21. E-petition number 300976 (2021): [Make LGBT conversion therapy illegal in the UK](#).
22. Commons Library briefing (2021). [Debate on an E-petition relating to LGBT conversion therapy](#).
23. YouGov (2021). [Britons want to see LGBT conversion therapy banned](#).
24. Ozanne Foundation (2018). [National Faith & Sexuality Survey](#).
25. Jowett *et al.* A. (2021). [Appendix 2: Research Method](#).
26. Serovich, J. M. *et al.* (2008). [A Systematic Review of the Research Base on Sexual Reorientation Therapies](#). *Journal of Marital and Family Therapy*, Vol 34, 227–238.
27. Maccio, E. M. (2010). [Influence of Family, Religion, and Social Conformity on Client Participation in Sexual Reorientation Therapy](#). *Journal of Homosexuality*, Vol 57, 441–458. Routledge.
28. Tozer, E. E. *et al.* (2004). [Why Do Individuals Seek Conversion Therapy?: The Role of Religiosity, Internalized Homonegativity, and Identity Development](#). *The Counseling Psychologist*, Vol 32, 716–740. SAGE Publications Inc.
29. American Psychological Association (2009). [Appropriate Therapeutic Responses to Sexual Orientation](#).
30. Flentje, A. *et al.* (2014). [Experiences of Ex-Ex-Gay Individuals in Sexual Reorientation Therapy: Reasons for Seeking Treatment, Perceived Helpfulness and Harmfulness of Treatment, and Post-Treatment Identification](#). *Journal of Homosexuality*, Vol 61, 1242–1268. Routledge.
31. Flentje, A. *et al.* (2013). [Sexual Reorientation Therapy Interventions: Perspectives of Ex-Ex-Gay Individuals](#). *Journal of Gay & Lesbian Mental Health*, Vol 17, 256–277. Routledge.
32. Karten, E. Y. *et al.* (2010). [Sexual orientation change efforts in men: A client perspective](#). *The Journal of Men's Studies*, Vol 18, 84–102. Men's Studies Press.
33. Shidlo, A. *et al.* (2002). [Changing sexual orientation: A consumers' report](#). *Professional Psychology: Research and Practice*, Vol 33, 249–259. American Psychological Association.
34. Schroeder, M. *et al.* (2002). [Ethical Issues in Sexual Orientation Conversion Therapies: An Empirical Study of Consumers](#). *Journal of Gay & Lesbian Psychotherapy*, Vol 5, 131–166. Routledge.
35. Van Zyl, J. *et al.* (2017). [Reparative sexual orientation therapy effects on gay sexual identities](#). *Journal of Psychology in Africa*, Vol 27, 191–197. Routledge.
36. Weiss, E. M. *et al.* (2010). [A Qualitative Study of Ex-Gay and Ex-Ex-Gay Experiences](#). *Journal of Gay & Lesbian Mental Health*, Vol 14, 291–319. Routledge.
37. Ryan, C. *et al.* (2020). [Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment](#). *Journal of Homosexuality*, Vol 67, 159–173. Routledge.
38. Nicolosi, J. *et al.* (2000). [Beliefs and Practices of Therapists who Practice Sexual Reorientation Psychotherapy](#). *Psychol Rep*, Vol 86, 689–702. SAGE Publications Inc.
39. Fjellstrom, J. (2013). [Sexual Orientation Change Efforts and the Search for Authenticity](#). *Journal of Homosexuality*, Vol 60, 801–827. Routledge.
40. Robinson, C. M. *et al.* (2019). [Ungodly Genders: Deconstructing Ex-Gay Movement Discourses of "Transgenderism" in the US](#). *Social Sciences*, Vol 8, 191. Multidisciplinary Digital Publishing Institute.
41. Wright, T. *et al.* (2018). [Conversion therapies and access to transition-related healthcare in transgender people: a narrative systematic review](#). *BMJ Open*, Vol 8, e022425. British Medical Journal Publishing Group.
42. King *et al.*, M. B. *et al.* (2007). [A systematic review of research on counselling and psychotherapy for lesbian, gay, bisexual & transgender people](#). British Association for Counselling & Psychotherapy.
43. Dehlin, J. P. *et al.* (2015). [Sexual orientation change efforts among current or former LDS church members](#). *J Couns Psychol*, Vol 62, 95–105.
44. Johnston, L. B. *et al.* (2006). [Lesbians and Gay Men Embrace Their Sexual Orientation After Conversion Therapy and Ex-Gay Ministries](#). *Social Work in Mental Health*, Vol 4, 61–82. Routledge.
45. Pela, C. (2021). [Sexual Attraction Fluidity and Well-Being in Men: A Therapeutic Outcome Study](#). 26.
46. Rosik, C. H. *et al.* (2021). [Sexual Minorities who Reject an LGB Identity: Who Are They and Why Does It Matter?](#) *Issues Law Med*, Vol 36, 27–43.
47. Sullins, D. P. *et al.* (2021). [Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men](#). *F1000Res*, Vol 10, 222.
48. Borowich, A. E. (2008). [Failed Reparative Therapy of Orthodox Jewish Homosexuals](#). *Journal of Gay & Lesbian Mental Health*, Vol 12, 167–177. Routledge.
49. Blois, J. R. *et al.* (2020). [Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide](#)

- [Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018.](#) *Am J Public Health*, Vol 110, 1024–1030. American Public Health Association.
50. Meanley, S. *et al.* (2020). [Lifetime Exposure to Conversion Therapy and Psychosocial Health Among Midlife and Older Adult Men Who Have Sex With Men.](#) *The Gerontologist*, Vol 60, 1291–1302.
  51. Salway, T. *et al.* (2020). [Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes among Canadian Sexual Minority Men.](#) *Can J Psychiatry*, Vol 65, 502–509. SAGE Publications Inc.
  52. Turban, J. L. *et al.* (2020). [Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults.](#) *JAMA Psychiatry*, Vol 77, 68–76.
  53. Green, A. E. *et al.* (2020). [Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018.](#) *Am J Public Health*, Vol 110, 1221–1227. American Public Health Association.
  54. McNeil, J. *et al.* (2017). [Suicide in trans populations: A systematic review of prevalence and correlates.](#) *Psychology of Sexual Orientation and Gender Diversity*, *Psychology of Sexual Orientation and Gender Diversity*.
  55. Stonewall *et al.* (2020). [‘Conversion Therapy’ and Gender Identity Survey.](#)
  56. Bradshaw, K. *et al.* (2015). [Sexual Orientation Change Efforts Through Psychotherapy for LGBTQ Individuals Affiliated With the Church of Jesus Christ of Latter-day Saints.](#) *Journal of Sex & Marital Therapy*, Vol 41, 391–412. Routledge.
  57. Mikulak, M. (2020). [Telling a poor man he can become rich: Reparative therapy in contemporary Poland.](#) *Sexualities*, Vol 23, 44–63. SAGE Publications Ltd.
  58. Beckstead, A. L. (2002). [Cures versus Choices: Agendas in Sexual Reorientation Therapy.](#) *Journal of Gay & Lesbian Psychotherapy*, Vol 5, 87–115. Routledge.
  59. Beckstead, A. L. *et al.* (2004). [Mormon clients’ experiences of conversion therapy: The need for a new treatment approach.](#) *The Counseling Psychologist*, Vol 32, 651–690. Sage Publications.
  60. Throckmorton, W. *et al.* (2005). [Counseling practices as they relate to ratings of helpfulness by consumers of sexual reorientation therapy.](#) *Journal of Psychology and Christianity*, Vol 24, 332–342. Christian Assn for Psychological Studies.
  61. X-OUT-LOUD (2020). [X-OUT-LOUD: Emerging X-LGBT Voices.](#)
  62. Madrigal-Borloz, V. (2020). [Practices of so-called “conversion therapy”, Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity.](#) Koninklijke Brill NV.
  63. Alempijevic, D. *et al.* (2020). [Statement of the Independent Forensic Expert Group on Conversion Therapy.](#) *Torture*, Vol 30, 66–78.
  64. Meyer, I. H. (1995). [Minority Stress and Mental Health in Gay Men.](#) *Journal of Health and Social Behavior*, Vol 36, 38–56. [American Sociological Association, Sage Publications, Inc.].
  65. Meyer, I. H. (2003). [Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence.](#) *Psychological Bulletin*,
  66. Grossman, L. *et al.* (2015). [Minority stress and mechanisms of risk for depression and suicidal ideation among lesbian, gay, and bisexual youth.](#)
  67. Meyer, I. H. *et al.* (2021). [Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample.](#) *PLoS One*, Vol 16, e0246827.
  68. British Psychological Society *et al.* (2017). [Memorandum of Understanding on Conversion Therapy in the UK, Version 2.](#)
  69. MoU Coalition Against Conversion Therapy (2021). [Banning conversion therapy consultation December 2021: Key Messages.](#)
  70. International Federation for Therapeutic and Counselling Choice (IFTCC) (2021). [A Response to the UK Government’s Intended Ban on Therapeutic Choice.](#)
  71. International Federation for Therapeutic and Counselling Choice (IFTCC) (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 737101460.](#)
  72. International Federation for Therapeutic and Counselling Choice (IFTCC) (2021). [IFTCC.](#)
  73. Wyatt, T. (2021). [Conversion therapy ban ‘would criminalise Christian parents stopping children seeking transgender treatment’.](#) *The Telegraph.*
  74. Vandebussche, E. (2021). [Detransition-Related Needs and Support: A Cross-Sectional Online Survey.](#) *Journal of Homosexuality*, Vol 0, 1–19. Routledge.
  75. NHS (2020). [Gender dysphoria.](#)
  76. Cass Review (2021). [Independent Review of Gender Identity Services for Children and Young People.](#)
  77. General Synod of the Church of England (2017). [Private Member’s Motion: Conversion Therapy.](#) *The Church of England.*
  78. Hindu Council UK (2021). [HCUK calls for an immediate ban on the so called ‘Conversion Therapy.’](#)
  79. Ozanne Foundation (2020). [Inter-Religious Advisory Board.](#)
  80. Sherwood, H. (2020). [Senior faith leaders call for global decriminalisation of LGBT+ people.](#) *The Guardian.*
  81. The Methodist Church (2021). [Methodist Conference votes on banning of conversion therapy.](#)
  82. Quakers in Britain (2021). [Quakers back ban on conversion therapy.](#) *Quakers.*
  83. The Church of England (2017). [General Synod backs ban on conversion therapy.](#) *The Church of England.*
  84. Christian Concern (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 1041314544.](#)
  85. Christian Institute (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 641838394.](#)
  86. Bothwell Evangelical Church (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 214317027.](#)
  87. Evangelical Alliance Theology Advisory Group (2018). [Reviewing the Discourse of ‘Spiritual Abuse: Logical Problems and Unintended Consequences.](#)
  88. Strong Support (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 473281341.](#)
  89. Strong Support (2021). [Strong Support: Creating Safe Spaces For Muslims.](#)
  90. Galop (2021). [Conversion therapy.](#)
  91. Gendered Intelligence (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy.](#)
  92. LGBT Foundation (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy.](#)



93. Mermaids (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 391407720.](#)
94. Stonewall (2021). [Conversion Therapy.](#)
95. British Psychological Society (2019). [Guidelines for psychologists working with gender, sexuality and relationship diversity.](#)
96. Ashley, F. (2020). [Homophobia, conversion therapy, and care models for trans youth: defending the gender-affirmative approach.](#) *Journal of LGBT Youth*, Vol 17, 361–383. Routledge.
97. LGB Alliance (2021). [LGB Alliance’s Response to the Government Consultation on Banning Conversion Therapy.](#)
98. Purshouse, C. *et al.* (2021). [Is ‘conversion therapy’ tortious?](#) *Legal Studies*, 1–19. Cambridge University Press.
99. Ban ‘Conversion Therapy’ Legal Forum (2021). [The Cooper Report: Recommendations on Legislating Effectively for a Ban on Conversion Practices.](#)
100. Hidayah (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 399016191.](#)
101. Salisbury, J. (2021). [Conversion therapy ban ‘essential’ but more education needed, says charity.](#) *Jewish News.*
102. Ozanne Foundation (2021). [Ozanne Foundation.](#)
103. Thomas, C. [‘A person’s sexual orientation is not up for debate’: O’Gorman moves to outlaw conversion therapy in Ireland.](#) *TheJournal.ie.*
104. Euronews (2021). [France moves closer to banning so-called gay conversion therapy.](#)
105. New Zealand Parliament (2021). [Conversion Practices Prohibition Legislation Bill.](#)
106. Women and Equalities Committee (2021). [Oral evidence session: The Government’s consultation on conversion therapy.](#) 24 November 2021.
107. Equalities, Human Rights and Civil Justice Committee (2021). [Conversion Therapy \(PE1817\).](#) The Scottish Parliament.
108. Trispiotis, I. *et al.* (2021). [‘Conversion Therapy’ As Degrading Treatment.](#) *Oxford Journal of Legal Studies,*
109. Coppel, J. (2021). [Human Rights Implications of Proposals to Ban “Conversion Therapy”.](#)
110. [Serious Crime Act \(2015\)](#)
111. Catholic Parliamentary Office of the Bishops’ Conference of Scotland (2021). [Submission to the Equalities, Human Rights and Civil Justice Committee consultation on public petition PE1817: End Conversion Therapy. Response 825749215.](#)
112. Haldeman, D. C. (2004). [When Sexual and Religious Orientation Collide:: Considerations in Working with Conflicted Same-Sex Attracted Male Clients.](#) *The Counseling Psychologist*, Vol 32, 691–715. SAGE Publications Inc.
113. Ozanne, J. (2021). [Point of View: “Conversion Therapy”, Spiritual Abuse and Human Rights.](#) *EHRLR,*
114. Jowett *et al.*, A. (2021). [Appendix 3: Measures taken by country.](#)
115. ILGA (2020). [Curbing Deception: A world survey on legal regulation of so-called “conversion therapies”.](#)
116. Drescher, J. *et al.* (2016). [The Growing Regulation of Conversion Therapy.](#) *Journal of Medical Regulation*, Vol 102, 7–12.
117. [Conversion Treatment Protection Act 2020.](#) Germany.
118. [Affirming Sexual Orientation and Gender Identity Act, 2015.](#) Ontario, Canada.
119. Law 8/2016 Lesbian, gay, bisexual, transgender, and intersex social equality, and policy equality actions against discrimination on sexual orientation and gender identity in the Autonomous Community of Murcia. Community of Murcia (Spain).
120. [The Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act, 2016.](#) Malta.
121. [Health Legislation Amendment Act 2020.](#) Queensland (Australia).
122. Law 3/2016 Comprehensive Protection against LGTBPhobia and Discrimination for Reason of Orientation and Sexual Identity in the community of Madrid. Community of Madrid (Spain).
123. [Change or Suppression \(Conversion\) Practices Prohibition Act 2021.](#) Victoria (Australia).