

Response ID [REDACTED]

Submitted to Ending conversion
practices in Scotland: consultation
Submitted on 2024-03-30 19:43:09

Defining conversion practices for this legislation

¹ Do you support our approach to defining conversion practices which focuses on behaviour motivated by the intention to change or suppress a person's sexual orientation or gender identity?

No

² Please give the reason for your answer to Question 1.

Please give us your views:

It is based on falsehoods. Voluntary, client-initiated conversations are the necessary foundation of conversations with therapists, clergy, and friends. Criminalizing that is unmerited and itself harmful.

Decades of literature shows the strong possibility of same-sex sexuality and bisexuality changing on its own over the years. Said literature also shows the overwhelming probability of desistance by adulthood of gender anxiety/dysphoria, over 85% of the time. So same-sex and bisexual sexual orientation and gender anxiety are neither inborn nor immutable, and asserting otherwise is ideological, not scientific.

.The 2014 APA Handbook states that sexual orientation may change over a person's lifetime especially during adolescence. APA Handbook on Sexuality and Psychology (American Psychological Association, 2014) V.1, p.636.

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Orientation and U.S. Legal Advocacy for Sexual Minorities." *Annals of Sex Research*. 00(00), 1-29, 2016.

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Kaltiala-Heino et al. Two years of gender identity service for minors:

overrepresentation of natal girls with severe problems in adolescent development.

Child and Adolescent Psychiatry and Mental Health (2015) 9:9.

My understanding is that "ex gay" (once gay) is a protected legal characteristic in the UK, and this proposed law violates that.

Also, the studies claiming harm from "conversion therapy" -- itself a pejorative, misrepresentative jamming tactic of a phrase -- as fairly universally flawed. They show selection and confirmation bias in that they only survey groups that claim gay or trans status, thus excluding by design those who were helped by therapy or simple passage of time. Next, they consistently fail to account for temporal sequence, meaning they claim lifetime association of negative mental health and therapy/counseling, yet fail to specifically examine mental health before and after the interventions. That means they cannot tell if therapy/counseling was harmful or help.

The few studies in the past 2-3 years that did showed therapy was very helpful and greatly reduced suicidality.

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Schumm WR. A re-analysis of data from Sullins, Rosik, and Santero (2021): are sexual orientation change efforts (SOCE) helpful for those who don't change?

Your proposal means no one could get counseling if they were raped and experienced intrusive sexual thoughts of a non-heterosexual nature. It also means those experiencing sexual attraction to minors would be banned from and criminalized for seeking professional help to not act out on children.

Suppression

³ Do you think that legislation should cover acts or courses of behaviour intended to 'suppress' another person's sexual orientation or gender identity?

It should not be covered

⁴ Please give reasons for your answer to Question 3.

Please give us your views:

This proposal violates basic human rights, which include conversations and counseling to help them achieve their desired goals. Most of those seeking counseling to mitigate same-sex attraction/behavior and its harms (sexually transmitted infections, HIV, intimate partner violence, etc.) are gay-identified, wish to remain so, and simply desire help with toning things down a bit. Studies in the UK have shown these to be helpful. Pela & Sutton (2021) "Several studies of gay affirmative or "gay specific" therapy (Reback & Shoptaw, 2014) were conducted to help gay men decrease drug use and risky sexual behavior with the goal of decreasing HIV transmission. Over a ten-year period, using replicated, randomized, control trials, Shoptaw, Reback, Larkins et al. (2008), Shoptaw, Reback, Peck et al. (2005), and Repack & Shoptaw (2014) showed that mainstream therapies, culturally adapted mainstream therapy, and a peer counseling model all effectively helped gay men significantly decrease casual same-sex behavior over the course of therapy." "This research provides evidence that same-sex behavior can be effectively decreased through therapy to lower the medical health risks of the participants." (Pela, C., & Sutton, P. (2021). Sexual Attraction Fluidity and Well-being in Men: A Therapeutic Outcome Study. *Journal of Human Sexuality*, Vol. 12, pp.61-86.)

Your proposal means no one could get counseling if they were raped and experienced intrusive sexual thoughts of a non-heterosexual nature. Sexual predators could not receive counseling to help them mitigate their impulses. Those

experiencing sexual attraction to minors would be banned from and criminalized for seeking professional help to not act out on children.

This proposal claims harm from counseling without offering proof. In fact, the studies claiming harm from "conversion therapy" -- itself a pejorative, misrepresentative jamming tactic of a phrase -- are fairly universally flawed. They presume a simplistic "affirmation" versus "conversion" false dichotomy. They show selection and confirmation bias in that they only survey groups that claim gay or trans status, thus excluding by design those who were helped by therapy or simple passage of time. Next, they consistently fail to account for temporal sequence, meaning they claim lifetime association of negative mental health and therapy/counseling, yet fail to specifically examine mental health before and after the interventions. That means they cannot tell if therapy/counseling was harmful or help.

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2022, 11:580
(<https://doi.org/10.12688/f1000research.108770.1>)

Overview of proposals

⁵ Do you support or not support an approach which uses a package of both criminal and civil measures to address conversion practices in legislation?

Do not support

⁶ Please give reasons for your answer to Question 5.

Please give us your views:

This overview notes that so-called "conversion therapy" (itself a pejorative, misrepresentative jamming tactic of a phrase designed to suppress dissent) would be handled in a manner "similar to the approach used to address forced marriage, female genital mutilation, and domestic abuse." But you are forcing marriage to ideology by taking away counseling help to redirect from undesired same-sex attraction, thus forcing gay marriage in someone who wishes opposite-sex marriage or the preservation of their existing opposite-sex marriage threatened by same-sex attraction, the latter being a group highly motivated to seek counseling.

Female genital mutilation is precisely the descriptive term often used for "bottoms" surgery (sex reassignment surgery) in gender anxious females. And domestic abuse/intimate partner violence has long been shown to be much higher in same-sex couples than in others.

This proposed law reflects a crushing lack of viewpoint diversity and is itself coercive and abusive. Voluntary, client-initiated counseling should not be criminalized.

This proposal claims harm from counseling without offering proof. In fact, the studies claiming harm from "conversion therapy" -- itself a pejorative, misrepresentative jamming tactic of a phrase -- are fairly universally flawed. They presume a simplistic "affirmation" versus "conversion" false dichotomy. They show selection and confirmation bias in that they only survey groups that claim gay or trans status, thus excluding by design those who were helped by therapy or simple passage of time. Next, they consistently fail to account for temporal sequence, meaning they claim lifetime association of negative mental health and therapy/counseling, yet fail to specifically examine mental health before and after the interventions. That means they cannot tell if therapy/counseling was harmful or help.

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Offence of engaging in conversion practices: the provision of a service

⁷ What are your views on the proposal that the offence will address the provision of a service?

Do not support

⁸ Please give reasons for your answer to Question 7.

Please give us your views:

It is incorrect to say there is a clear medical consensus that change is not possible. First, even if this claim were true, consensus is not science, it is herd mentality and group think. Also, there is the phenomenon of the Castro Consensus. Named after Fidel Castro, it a forced consensus under coercion or duress. (Understanding the Role of Dependence in Consensus Formation. Proceedings of the 2020 Truth and Trust Online (TTO 2020), pages 12–20, Virtual, October 16-17, 2020. <https://www.cs.hmc.edu/~montanez/pdfs/allen-2020-castro-consensus.pdf>)

Same-sex and bisexual sexual orientation and gender anxiety are neither inborn nor immutable, and asserting otherwise is ideological, not scientific. Change is not only possible, but often likely.

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Numerous medical, social science, and mental health organizations opposing bans on therapy for unwanted same-sex attraction or gender identity

.International Federation for

Therapeutic and Counselling

Choice – has served people from

about 25 nations

.International Federation of Catholic

Medical Associations (FIAMC) –

has 80 member organisations

worldwide

.Alliance for Therapeutic Choice and Scientific Integrity

.American Association of Christian Counselors

(AACC Code of Ethics, 2014, 1-120f, 1-330, 1-340)

.American Association of Physicians and Surgeons

.American College of Pediatricians

.Catholic Medical Association (U.S.A.)

.Christian Medical and Dental Association

.Christian Medical Fellowship

.Society of Catholic Social Scientists

Counseling Bans are Needless.

.Complaints of harmful practice and clinician malfeasance are addressed by appointed licensed mental health professionals on state licensing boards. Where are the verified, documented harms from (and the subsequent penalties issued to) specific licensed change-allowing therapists?

.According to a counseling-hostile piece in the professional literature, "As of this writing, to our knowledge, there have been no formal actions by a regulatory body against a provider for engaging in conversion therapy." (Drescher, J., Schwarz, A., Casoy, F., McIntosh, C., Hurley, B., Ashley, K., Barber, M., Goldenberg, D., Herbert, S., Lothwell, L., Mattson, M., McAfee, S., Pula, J., Roario, V., Tompkins, A. (2016),

The growing regulation of conversion therapy: What state medical boards need to know, *Journal of Medical Regulation*, 102, p. 10, <http://jmr.fsmb.org/archives/archive-2010s/>)

Voluntary, client-initiated conversations are the necessary foundation of conversations with therapists, clergy, and friends. Criminalizing that is unmerited and itself harmful.

Offence of engaging in conversion practices: coercive course of behaviour

⁹ What are your views on the proposal that the offence will address a coercive course of behaviour?

Do not support

¹⁰ Please give reasons for your answer to Question 9.

Please give us your views:

Physical harm, coercion, and psychological harm are currently criminal offenses to which this proposal adds nothing of merit, but it does add confusion.

Psychological harm is an amorphous claim. Any form of psychotherapy for any problem (anxiety, depression, bereavement, and so forth) can and will cause harm in a minority of clients. Will all counseling and conversations ultimately be at risk or banned?

. "... psychotherapy in general, where research indicates 5– 10% of adults and 14– 24% of minors experience deterioration while up to 50% of minors experience no reliable change in their presenting concerns." (Christopher H. Rosik, *Sexual Orientation Change Efforts, Professional Psychology, and the Law: A Brief History and Analysis of a Therapeutic Prohibition*, 32 *BYU J. Pub. L.* 47 (2017).

<https://digitalcommons.law.byu.edu/jpl/vol32/iss1/3.>)

. "...on average, approximately 10 per cent of clients actually get worse after starting therapy." Any therapy. (Christian Jarrett, "When therapy causes harm," *thepsychologist.bps.org.uk*, Vol. 21 (pp.10-12), Jan. 2008.)

Offence of engaging in conversion practices: harm

¹¹ What are your views on the requirement that the conduct of the perpetrator must have caused the victim to suffer physical or psychological harm (Including fear, alarm or distress)?

Do not agree

¹² Please give reasons for your answer to Question 11.

Please give us your views:

Counseling Bans are Needless. Controlling and coercive behavior is already is already a criminal offense.

.Complaints of harmful practice and clinician malfeasance are addressed by appointed licensed mental health professionals on licensing boards. Where are the verified, documented harms from (and the subsequent penalties issued to) specific licensed change-allowing therapists?

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This consultation document fails to specify what would constitute an offense that is not currently an offense, leaving interpretation open to malice and vindictiveness against those of opposing viewpoints.

This consultation violates the rights of parents, teachers, therapists, medics and others who recommend abstaining from sex until marriage or at least adulthood because of the numerous health and emotional benefits of waiting. It violates the rights of those informed enough from the medical literature to know that it recommends against premature affirmation.

.APA Handbook on Sexuality and Psychology: “Premature labeling of gender identity should be avoided.” “This approach runs the risk of neglecting individual problems the child might be experiencing ...” (W. Bockting, Ch. 24: Transgender Identity Development, in *1 American Psychological Association Handbook on Sexuality and Psychology*, 744, 750 (D. Tolman & L. Diamond eds., 2014).

.2020 *Nordic J of Psychiatry*: “An adolescent’s gender identity concerns must not become a reason for failure to address all her/his other relevant problems in the usual way.” (Riittakerttu Kaltiala, Elias Heino, Marja Työläjärvi & Laura Suomalainen (2020) Adolescent development and psychosocial functioning after

starting cross-sex hormones for gender dysphoria, *Nordic Journal of Psychiatry*, 74:3, 213-219, DOI: 10.1080/08039488.2019.1691260)

.2014 APA Handbook of Sexuality and Psychology: “it is critically important for clinicians not to assume that any experience of same-sex desire or behavior is a sign of latent homosexuality and instead to allow individuals to determine for themselves the role of same-sex sexuality in their lives and identity” (v.1, p. 257).

Offence of engaging in conversion practices: defence of reasonableness

¹³ Do you agree with the inclusion of a defence of reasonableness?

Agree

¹⁴ Please give reasons for your answer to Question 13.

Please give us your views:

It is clearly reasonable, medically indicated, and meritorious overall to neither threaten, penalize, nor criminalize parents for protecting their children, and professionals and clergy for helping counsel someone back from depression, self harm, or harm of others.

It is also reasonable and professionally indicated to not prematurely affirm transgenderism and sex-sex sexuality. The medical literature recommends against premature affirmation.

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themselves the role of same-sex sexuality in their lives and identity” (v.1, p. 257).

Offence of engaging in conversion practices: proposed penalty

¹⁵ Do you agree with the proposed penalties for the offence of engaging in conversion practices?

Do not agree

¹⁶ Please give reasons for your answer to Question 15.

Please give us your views:

Bans against counseling are one-sided ideology that would place us squarely against the tide of science, evidence-based health care, client autonomy, free speech, and the therapist-client relationship. Voluntary, client-initiated conversations are the necessary foundation of interactions with therapists, clergy, and friends. Criminalizing that is unmerited and itself harmful. Bans are failing in court challenges in the USA (*Vazzo v Tampa*, *Otto v Boca Raton*, and *Schwartz v New York City*).

This proposal claims harm from counseling without offering proof. In fact, the studies claiming harm from "conversion therapy" -- itself a pejorative, misrepresentative jamming tactic of a phrase -- are fairly universally flawed. They presume a simplistic "affirmation" versus "conversion" false dichotomy. They show selection and confirmation bias in that they only survey groups that claim gay or trans status, thus excluding by design those who were helped by therapy or simple passage of time. Next, they consistently fail to account for temporal sequence, meaning they claim lifetime association of negative mental health and therapy/counseling, yet fail to specifically examine mental health before and after the interventions. That means they cannot tell if therapy/counseling was harmful or help.

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Ex-gay/once-gay is a protected characteristic in UK law. The proposal violates this.

This proposal presupposed immutability. Decades of literature shows the strong possibility of same-sex sexuality and bisexuality changing on its own over the years. Said literature also shows the overwhelming probability of desistance by adulthood of gender anxiety/dysphoria, over 85% of the time. So same-sex and bisexual sexual orientation and gender anxiety are neither inborn nor immutable, and asserting otherwise is ideological, not scientific.

Change is not only possible, but often likely.

.The 2014 APA Handbook states that sexual orientation may change over a person's lifetime especially during adolescence. *APA Handbook on Sexuality and Psychology* (American Psychological Association, 2014) V.1, p.636.

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Criminal offences – additional considerations

17 Do you agree that there should be no defence of consent for conversion practices?

No

18 Please give reasons for your answer to Question 17.

Please give us your views:

The proposal's three premises are demonstrably erroneous.

1. "the fact that change is not, in fact, possible"

Decades of literature shows the strong possibility of same-sex sexuality and bisexuality changing on its own over the years. Said literature also shows the overwhelming probability of desistance by adulthood of gender anxiety/dysphoria, over 85% of the time. So same-sex and bisexual sexual orientation and gender anxiety are neither inborn nor immutable, and asserting otherwise is ideological, not scientific. Change is not only possible, but often likely.

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2. "what the conversion practices will entail"

It entails patient initiated, directed, and voluntary conversations. No ethical therapist or clergy engages in coercion. The assumption of coercion reveals a prevailing bias and failure in the literature and this legal proposal:

"Moreover, research frequently uses language that characterizes change exploring therapy as coerced, again inserting a bias from within a monoculture that may assume no sexual minority person could ever freely choose to explore their capacity for change..." (Rosik, C.H. A Wake-Up Call for the Field of Sexual Orientation Change Efforts Research: Comment on Sullins (2022). Arch Sex Behav (2022). <https://doi.org/10.1007/s10508-022-02481-7>.)

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3. "the likelihood that this will cause them serious lifelong harm"

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Numerous medical, social science, and mental health organizations opposing bans on therapy for unwanted same-sex attraction or gender identity

- .International Federation for Therapeutic and Counselling Choice – has served people from about 25 nations
- .International Federation of Catholic Medical Associations (FIAMC) – has 80 member organisations worldwide
- .Alliance for Therapeutic Choice and Scientific Integrity
- .American Association of Christian Counselors (AACC Code of Ethics, 2014, 1-120f, 1-330, 1-340)
- .American Association of Physicians and Surgeons
- .American College of Pediatricians
- .Catholic Medical Association (U.S.A.)
- .Christian Medical and Dental Association
- .Christian Medical Fellowship
- .Society of Catholic Social Scientists

And do remember that any form of psychotherapy for any problem (anxiety, depression, bereavement, and so forth) can and will cause harm in a minority of

clients. Will all counseling and conversations ultimately be at risk or banned?

“... psychotherapy in general, where research indicates 5– 10% of adults and 14– 24% of minors experience deterioration while up to 50% of minors experience no reliable change in their presenting concerns.” (Christopher H. Rosik, Sexual Orientation Change Efforts, Professional Psychology, and the Law: A Brief History and Analysis of a Therapeutic Prohibition, 32 BYU J. Pub. L. 47 (2017).

[https://digitalcommons.law.byu.edu/jpl/vol32/iss1/3.](https://digitalcommons.law.byu.edu/jpl/vol32/iss1/3))

“...on average, approximately 10 per cent of clients actually get worse after starting therapy.” Any therapy. (Christian Jarrett, “When therapy causes harm,” thepsychologist.bps.org.uk, Vol. 21 (pp.10-12), Jan. 2008.)

¹⁹ Do you have any other comments regarding the criminal offence? These are set out in parts 7 and 8 of our full consultation document.

Please give us your views:

The proposal states exemption for healthcare professionals providing “medical treatment intended to align a persons’ physical characteristics with their gender identity.”

Gender-affirming healthcare (GAHC) imperils already at-risk gender dysphoric youth with experimental and unproven hormonal and surgical gender procedures, which medicalize prematurely and permanently. Transition procedures are not proven effective, not proven safe, do not reduce suicides, and are not the standard of care for gender dysphoria. Comprehensive literature reviews are driving an international pushback against GAHC in favor of intensive psychological evaluation and support, and the lawsuits over the harms of transition affirming interventions have begun.

The governments and medical/academic institutions of the UK, Sweden, Finland, and Denmark have rejected prioritizing gender transition in favor of emphasizing extended mental health evaluation and support.

• The UK closed the world’s largest pediatric gender clinic, NHS’s Tavistock Gender Identity Development Service, per findings of the Cass Review.

• Comprehensive literature reviews done in the UK, Sweden, Finland, and Germany show GAHC is out of step with the evidence base for gender dysphoric youth.

o <https://cass.independent-review.uk/nice-evidence-reviews/>

o <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

o <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender->

- o dysphoria-clinical-programme/implementing-advice-from-the-cass-review/ o https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gend
- o <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>
- o Karolinska Policyförändring K2021-3343 March 2021 (Swedish).pdf; Karolinska Policy Change K2021-3343 March 2021 (English, unofficial translation).pdf
- o Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. Acta Paediatr. Accepted Author Manuscript. <https://doi.org/10.1111/apa.16791>
- o https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary_minors_en.pdf
- o <https://segm.org/Denmark-sharply-restricts-youth-gender-transitions> and <https://www.transkoen.dk/2023/06/01/opsigtsvaekkende-gode-nyheder-su...ori-rogd-samt-stop-for-kirurgisk-koensskifte-til-boern-under-18-aar/>
- o <https://www.bbc.com/news/uk-62335665>
- o <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>
- o Zepf FD, König L, Kaiser A, Ligges C, Ligges M, Roessner V, Banaschewski T, Holtmann M. Beyond NICE: Aktualisierte systematische Übersicht zur Evidenzlage der Pubertätsblockade und Hormongabe bei Minderjährigen mit Geschlechtsdysphorie [Beyond NICE: Updated Systematic Review on the Current Evidence of Using Puberty Blocking Pharmacological Agents and Cross-Sex-Hormones in Minors with Gender Dysphoria]. Z Kinder Jugendpsychiatr Psychother. 2024 Feb 27. German. doi: 10.1024/1422-4917/a000972. Epub ahead of print. PMID: 38410090. <https://pubmed.ncbi.nlm.nih.gov/38410090/>

Removing a person from Scotland for conversion practices

²⁰ What are your views on it being a criminal offence to take a person out of Scotland for the purpose of subjecting them to conversion practices?

Do not support

²¹ Please give your reasons for your answer to Question 20.

Please give us your views:

Regarding criminalizing taking someone out of Scotland, even to England, for

counseling choice, the consultation document stipulates “Similar concerns have been addressed in legislation relating to forced marriage and female genital mutilation.”

But you are forcing marriage to ideology by taking away counseling help to redirect from undesired same-sex attraction, thus forcing gay marriage in someone who wishes opposite-sex marriage or the preservation of their existing opposite-sex marriage threatened by same-sex attraction, the latter being a group highly motivated to seek counseling.

“Female genital mutilation” is precisely the descriptive term often used for "bottoms" surgery (sex reassignment surgery) in gender anxious females.

The proposal further states, “It would not matter whether the conversion practice was carried out.” Therefore the proposal engages in thought policing along with criminal charges when no crime is committed. This really is not within the rightful powers of government, at least one averse to totalism.

This proposal is based on falsehoods. Voluntary, client-initiated conversations are the necessary foundation of interactions with therapists, clergy, and friends. Criminalizing that is unmerited and itself harmful.

Bans against counseling are one-sided ideology that would place us squarely against the tide of science, evidence-based health care, client autonomy, free speech, and the therapist-client relationship. Bans are failing in court challenges in the USA (*Vazzo v Tampa*, *Otto v Boca Raton*, and *Schwartz v New York City*).

²² What are your views on the proposed penalties for taking a person outside of Scotland for the purposes of conversion practices?

Do not support

²³ Please explain your answer to Question 22.

Please give us your views:

The proposed penalties are based on falsehoods. Voluntary, client-initiated conversations are the necessary foundation of interactions with therapists, clergy, and friends. Criminalizing that is unmerited and itself harmful.

Bans against counseling are one-sided ideology that would place us squarely against the tide of science, evidence-based health care, client autonomy, free speech, and the therapist-client relationship. Bans are failing in court challenges in the USA (Vazzo v Tampa, Otto v Boca Raton, and Schwartz v New York City).

Would you now have law enforcement officials questioning Scots at the border with England or in airports and seaports if they harbour disallowed thoughts? Voluntary and client-directed conversations are a human right.

Conversion practices as an aggravating factor for existing offences

²⁴ What are your views on the proposal that conversion practices should be an aggravating factor for existing offences?

Do not support

²⁵ Please explain your answer to Question 24.

Please give us your views:

This proposal is redundant to existing protections in the law for sexual orientation and gender identity. It is further contradictory to this proposal's text which states that persons engaging in "conversion practices" may "not bear malice or ill-will towards the specific victim, but is motivated by helping them." That would seem prima facie evidence that charges of aggravating factors lack merit.

Again, such counseling is not inherently harmful and many professional organizations oppose therapy bans. Studies claiming harm from "conversion therapy" -- itself a pejorative, misrepresentative jamming tactic of a phrase -- are fairly universally flawed. They presume a simplistic "affirmation" versus "conversion" false dichotomy. They show selection and confirmation bias in that they only survey groups that claim gay or trans status, thus excluding by design those who were helped by therapy or simple passage of time. Next, they consistently fail to account for temporal sequence, meaning they claim lifetime association of negative mental health and therapy/counseling, yet fail to specifically examine mental health before and after the interventions. That means

they cannot tell if therapy/counseling was harmful or help.

The few studies in the past 2-3 years that did assess pre- and post-counseling mental health showed therapy was very helpful and greatly reduced suicidality.

Sullins, D.P. Sexual Orientation Change Efforts Do Not Increase Suicide:

Correcting a False Research Narrative. Arch Sex Behav (2022).

<https://doi.org/10.1007/s10508-022-02408-2>

Pela, C., & Sutton, P. (2021). Sexual Attraction Fluidity and Well-being in Men: A Therapeutic Outcome Study. Journal of Human Sexuality, Vol. 12, pp.61-86.

Sullins DP (2022) Absence of Behavioral Harm Following Non-efficacious Sexual Orientation Change Efforts: A Retrospective Study of United States Sexual Minority Adults, 2016–2018. Front. Psychol. 13:823647. doi: 10.3389/fpsyg.2022.823647

Schumm WR. A re-analysis of data from Sullins, Rosik, and Santero (2021): are sexual orientation change efforts (SOCE) helpful for those who don't change?

F1000Research

2022,

11:580

(<https://doi.org/10.12688/f1000research.108770.1>)

Consideration of Convention Rights

²⁶ Do you have any views on the steps we have taken to ensure the proposals are compatible with rights protected by the European Convention of Human Rights?

Please give us your views :

This document and its proposed criminalizations clearly violate several of “the human rights and dignity of LGBTQI+ people” in multiple ways.

- Article 8 rights to respect for private and family life.
- Article 9 rights to freedom of thought, conscience, and religion.
- Article 10 rights to freedom of expression.
- Article 12 rights to marry. Some same-sex attracted persons still desire opposite sex marriage.
- Ex-gay is a protected characteristic under the 2010 UK Equality Act, therefore a law stating “cannot change” violates Article 14 rights against discrimination.

A new civil order relating to conversion practices

²⁷ What are your views on the purposes of the proposed conversion practices protection order?

Do not support

28 Please explain your answer to Question 27.

Please give us your views:

What a troubling statement: "There will not need to be evidence that conversion practices have already taken place if there is a specific person or persons to be protected by the order. Instead, there needs to be evidence of a risk of conversion practices taking place, and a risk of harm to the person(s) to be protected."

This proposal is too vague and subjective to be made law. It is a search and destroy license for malice and false charges. Voluntary, client-initiated conversations are the necessary foundation of conversations with therapists, clergy, and friends. Criminalizing that is unmerited and itself harmful.

Harm through "conversion therapy" (again, a misrepresentative, pejorative, jamming tactic of a phrase) has not been demonstrated in this proposal. Studies claiming harm consistently reveal the same flaws. They show selection and confirmation bias in that they only survey groups that claim gay or trans status, thus excluding by design those who were helped by therapy or simple passage of time. They consistently fail to account for temporal sequence, meaning they claim lifetime association of negative mental health and therapy/counseling, yet fail to specifically examine mental health before and after the interventions. That falls into the correlation-is-not-causation error. That means they cannot tell if therapy/counseling was harmful or help. The few studies in the past 2-3 years that did assess pre- and post-counseling mental health showed therapy was very helpful and greatly reduced suicidality, not harmful.

Sullins, D.P. Sexual Orientation Change Efforts Do Not Increase Suicide:

Correcting a False Research Narrative. *Arch Sex Behav* (2022).

<https://doi.org/10.1007/s10508-022-02408-2>

Pela, C., & Sutton, P. (2021). Sexual Attraction Fluidity and Well-being in Men: A Therapeutic Outcome Study. *Journal of Human Sexuality*, Vol. 12, pp.61-86.

Sullins DP (2022) Absence of Behavioral Harm Following Non-efficacious Sexual Orientation Change Efforts: A Retrospective Study of United States Sexual Minority Adults, 2016–2018. *Front. Psychol.* 13:823647. doi: 10.3389/fpsyg.2022.823647

Schumm WR. A re-analysis of data from Sullins, Rosik, and Santero (2021): are sexual orientation change efforts (SOCE) helpful for those who don't change?

F1000Research

2022,

11:580

(<https://doi.org/10.12688/f1000research.108770.1>)

A new civil order relating to conversion practices: considerations

29 Do you agree or disagree with the proposals for who should be able to apply for a conversion practices civil order?

Do not agree

30 Please explain your answer to Question 29.

Please give us your views:

Again, this portion of the document is consistent with totalism, violating free speech, freedom of conscience, client autonomy, freedom of religion, assumes lack of capacity for informed consent, presupposes harm, and smacks of one-sided ideology and lack of viewpoint diversity.

A new civil order relating to conversion practices : additional considerations

31 Do you have any other comments regarding the civil order? (These are set out in parts 12–14 of our full consultation document)

Please give us your views:

This is a gross violation of free speech, freedom of conscience, client autonomy, freedom of religion, and assumes lack of capacity for informed consent, presupposes harm, and smacks of one-sided ideology and lack of viewpoint diversity. As as I have demonstrated from professional literature, the presupposition of inherent harm from counseling is false, based on flawed data while ignoring contradicting data. The claim of inherency and immutability of same-sex sexual orientation and gender anxiety/confusion is similarly false, as I have shown.

Impact assessments

32 Do you have any views on the potential impacts of the proposals in this consultation on equality by:

c. Gender reassignment, g. Religion

and belief, h. Sex, i. Sexual orientation

If you wish, please expand on your

answer.:

Regret and desire for detransition are common after gender reassignment. This legislation discriminates against these people and ties the hands of the medical and mental health professionals, as well as clergy, that could help them and who might have been able to help prevent the transition and its evident harms (chemical sterilization and surgical mutilation of able bodies due to a mental health issue the natural course of which is desistance).

Ex-gay is a protected characteristic under the 2010 UK Equality Act, therefore a law stating "cannot change" discriminates against them and hinders others who wish to assume that characteristic.

Very clear and longstanding religious beliefs of the world's major religions would be deemed criminal offenses not only if expressed and acted upon, but even if suspected as being at risk of such.

This legislation discriminates against all who wish to have voluntary conversations about difficult subjects. The government presumed to decide for them -- government coerced and enforced speech codes, a modern secular form of blasphemy codes.

³³ Do you have any views on the potential impacts of the proposals in this consultation on children and young people, as set out in the UN Convention on the Rights of the Child?

Please give us your views:

Regret and desire for detransition are common after gender reassignment. This legislation discriminates against these people and ties the hands of the medical and mental health professionals, as well as clergy, that could help them and who might have been able to help prevent the transition and its evident harms (chemical sterilization and surgical mutilation of able bodies due to a mental health issue the natural course of which is desistance by adulthood). The harm for children lies in gender transition procedures, even social transitioning. The Cass Review Interim report noted "...it is important to acknowledge that it [social transitioning] is not a neutral act, and better information is needed about outcomes." (Cass Review, Interim Report (2022) <https://cass.independent-review.uk/publications/interim-report/>, page 62). The Hamburg, Germany Gender Identity Service found, "Therefore, claims that gender affirmation through transitioning socially is beneficial for children with GD could not be supported from the present results." This legislation forbids anything but social

transitioning, to the harm of the youth.

Ex-gay is a protected characteristic under the 2010 UK Equality Act, therefore a law stating “cannot change” discriminates against them and hinders others who wish to assume that characteristic.

Very clear and longstanding religious beliefs of the world's major religions would be deemed criminal offenses not only if expressed and acted upon, but even if suspected as being at risk of such.

This legislation discriminates against all who wish to have voluntary conversations about difficult subjects. The government presumed to decide for them -- government coerced and enforced speech codes, a modern secular form of blasphemy codes.

³⁴ Do you have any views on the potential impacts of the proposals in this consultation on socio-economic inequality?

Please give us your views:

All the harms documented in the professional literature for same-sex sexual practice and relationships (higher rates of intimate partner violence, sexually transmitted infections, HIV, alcohol and other substance abuse, cancers, and mental health problems) and transgenderism (chemical sterilization, surgical mutilation of healthy bodies, complications of gender transition procedures, poor mental health statistics, early death, higher rates of suicides) and the socio-economic harm/inequality that comes with them are would be the lot of sexual minority citizens of Scotland on pain of prosecution with so much as consensual discussions being banned.

This would not stand up to scientific, legal, or ethic scrutiny for long.

³⁵ Do you have any views on potential impacts of the proposals in this consultation on communities on the Scottish islands?

Please give us your views:

Possibly worse than for the mainland, as their resources are less, travel for counseling more likely, options more limited, and therefore the harms of this meritless and needless ban would be more pronounced.

³⁶ Do you have any views on the potential impacts of the proposals in this consultation on privacy and data protection?

Please give us your views:

There are multiple implicit privacy and data breaches in this consultation. It criminalizes voluntary discussions on the subject on all fronts, but particularly professional and religious conversations, thus violating privacy rights. Any records generated from such contacts would be subject to immediate confiscation by authorities on a whim, suspicion, or malicious report. So much as a sermon in any house of worship or consensual side walk conversation could be reported or misreported to authorities, malevolent passers by, or spied upon by police or vigilantes. It invites vigilante action by activists. Examples from Communist China, the former USSR, East Germany, Iran under the Shaw, Castro's Cuba, and such come to mind rather easily.

³⁷ Do you have any views on the potential impacts of the proposals in this consultation on businesses and the third sector?

Please give us your views:

The impact on houses of worship and religious bodies is self-evident. They lose freedom of religion, speech, assembly, privacy, and commerce. This would be true of orthodox Christians, Jew, Muslims, Buddhists, Hindus, and others who hold that sex is to be reserved for marriage between man and woman. Clergy and workers would be discriminated against and prosecuted for counseling on sexual matters and ethics. Religious charities would also be targeted and discriminated against.

³⁸ Do you have any views on the potential impacts of the proposals in this consultation on the environment?

Please give us your views:

No comment.

About you

What is your name?

Name:

Andre Van Mol, MD

What is your email address?

Email: 

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

American Academy of Medical Ethics

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response only (without name)

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Very dissatisfied

Please enter comments here.:

If by consultation we mean the proposed law itself. If by it we mean our ability to reply, very satisfied.

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?: Very satisfied

Please enter comments here.: