

# Equalities, Human Rights and Civil Justice Committee

8th Meeting, 2021 (Session 6), Tuesday, 16 November 2021

Petition calling to ban the provision or promotion of LGBT+ conversion therapy in Scotland

SPICe summary of written submissions from organisations



## Background

Petition [PE1817](#) is calling on the Scottish Parliament to urge the Scottish Government to ban the provision or promotion of LGBT+ conversion therapy in Scotland.

‘Conversion therapy’ is an attempt to ‘cure’ someone of their sexual orientation or gender identity.

The petitioners state that because health and criminal justice are devolved, that the Scottish Government has the power to ban LGBT+ conversion therapy in Scotland.

## Call for views

The Committee ran a [call for views on Petition PE1817](#) on Citizen Space from 6 July 2021 to 13 August 2021.

The Committee asked:

1. What are your views on the action called for in the petition?

2. What action would you like to see the Scottish Government take, within the powers available to it?
3. Do you have suggestions on how the Committee can take forward its consideration on the petition? For example:
  - who should it talk to?
  - who should it hear from?

It has received over 1400 responses. Of these, around 75 are from organisations, and the rest are individual responses.

This summary is based on the responses from organisations. Further consideration will be given to the individual responses in due course.

## Key points raised in the submissions

### Support for the petition

There is strong support for the petition from LGBT organisations, equality and human rights organisations, the Humanist Society, Mental Health Foundation, Royal College of General Practitioners, Royal College of Psychiatrists, Memorandum of Understanding Coalition<sup>1</sup>, NHS Grampian, NHS Greater Glasgow and Clyde, NASUWT, Scottish Independent Advocacy Alliance, Children in Scotland, Scottish Association of Social Work, St James Episcopal Church, Edinburgh Liberal Jewish Community, Hidiyah (which provides support to Queer Muslims), and Quakers.

The joint submission from the Equality Network, Scottish Trans Alliance, Stonewall Scotland and LGBT Youth Scotland ('LGBT group') explained that:

“So-called ‘conversion therapy’ – also known as conversion practices, suppression practices, reparative therapies, and cure therapies – is a damaging, degrading and discriminatory practice that seeks to change someone’s sexual orientation and/or gender identity. These practices may also aim to stop a person expressing their sexual orientation and/or gender identity – for example, by persuading them to change or deny their sexual orientation or suppress their gender identity or expression. Conversion therapy can take many forms, ranging from pseudo-psychological treatment and aversion therapies to practices that are religiously based, such as ‘purification’ or fasting. At its most extreme, there is evidence that this can also involve physical and sexual violence, including so-called ‘corrective rape’.”

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<sup>1</sup> The Memorandum of Understanding Coalition represents those organisations that signed the [Memorandum of Understanding on Conversion Therapy](#) (2017). It includes NHS Scotland and England, Royal College of General Practitioners, the British Psychological Society, and the Association of Christian Counsellors.

They continued:

“Our organisations believe that all forms of practice of either a coercive or non-coercive nature – in any setting – that seek to change, cure, convert or cancel a person’s sexual orientation and/or gender identity are inherently abusive and harmful and should be banned.”

The SHRC said that:

“It is well documented that the injury caused by practices of “conversion therapy” are grounded on the premise that LGBT+ people are sick, diseased, and abnormal and must therefore be treated. Some practices can amount to cruel, inhuman and degrading treatment towards specific LGBT+ people, while the very existence of “conversion therapy” practices in our society promotes a culture in which LGBT+ people are seen as needing to be fixed, thereby undermining the dignity of all LGBT+ people.”

OurStory Scotland collects and archives the life stories of the LGBTQ+ community in Scotland, and are fully supportive of the petition. They said that:

“Our own evidence, collected through personal testimonies and oral history interviews, reveals the damage done by conversion therapy. The experiences of those who were put through it show that enforcing this ban should fall under criminal law. Both of these areas fall within the devolved powers of the Scottish Parliament.”

The Scottish Bi+ Network support the ban and that it should cover those who:

“try to convince and/or force bi+ people (bisexual, pansexual, and anyone attracted to multiple genders) to accept that they are 'actually gay', which is sadly common in the case of bi+ men, who are often told that they are just in denial about their homosexuality.”

The Mental Health Foundation refer to the [Independent Forensic Expert Group](#)<sup>2</sup>, and their [statement on conversion therapy](#) which said:

“there is no empirical evidence to support pathologising or medicalising variations in sexual orientation and gender identity.”

The National Secular Society support the petition and said:

“We note that all reputable medical and psychological experts agree that ‘conversion therapy’ is ineffective, inherently homophobic, harmful and unethical. All societies throughout the world should work towards ending the practice.”

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<sup>2</sup> The IFEG, originally created by the International Rehabilitation Council for Torture Victims, is a resource group of experts on the documentation of torture.

The St James Episcopal Church (Leith), support the petition and said:

“It must cover practices in private and public settings. Crucially we believe it must include religious and faith based settings (of which we are one)”

They also said that:

“We would encourage the Committee to understand that "the church" is not a single entity, and does not hold a single view on this issue. We would like you to ensure wide representation is taken from a variety of faith based groups on this.”

Some organisations did not support the aims of the petition, for example, the Family Education Trust who said:

“While we recognise that it may sometimes be necessary to protect people from ‘quack therapies’, we believe that the proposed conversion therapy ban would deal a terrible blow to the freedom and autonomy of the individual as well as to freedom of choice, freedom of speech and freedom of religion.”

A number of organisations (mainly from faith based organisations or organisations with a ‘gender critical’ view) said that while many of the practices that could be prohibited are already covered by existing law, they wanted more clarity on what a ban would cover.

The submission from the Scottish Women’s Convention sought views on the petition. They said that some women were fully supportive of the petition, but that some disagreed that gender identity conversion therapy should be included.

There have also been submissions from organisations that support people who struggle with their sexual orientation or gender identity. For example, Strong Support – a UK support organisation for Muslims with ‘same sex lust’; the International Federation of Therapeutic and Counselling Choice, “supporting people with unwanted same-sex attraction and gender confusions”; and, Changed Movement, a “U.S.-based international, grassroots network of formerly LGBTQ identifying people”.

## Legislative ban

Many of the submissions reflected on what a legislative ban on conversion therapy should cover, as well as the longer-term approach to end conversion therapy.

The LGBT group response said that any action to end conversion therapy practices must include a comprehensive legislative ban. They cited the [UK Government’s National LGBT survey](#) (2018) which found that 7% of LGBTQ+ people in Scotland had either undergone or been offered conversion therapy,

including 10% of trans people in Scotland; “A ban must therefore cover conversion practices for both sexual orientation and gender identity, thereby providing equal protection to all LGBTQ+ people.”

The EHRC also referred to the National LGBT survey results and said that it shows conversion therapy:

“is experienced by and offered to people in Scotland of different ages and in relation to both sexual orientation and gender identity. Policies intended to end conversion therapy should cover practices relating to both sexual orientation and gender identity, and offer protection to people of all ages.”

In terms of the breadth of a ban, the LGBT group response said that to effectively end conversion therapy, a ban must also cover practices that occur across all public and private spheres, including in religious and faith-based settings, where conversion therapy practices predominantly take place. Again, the UK Government’s National LGBT survey is referred to, as it found that of the respondents from Scotland who had undergone conversion therapy:

- 46% said it had been conducted by a faith organisation or group
- 22% said it had either been conducted by a parent or person from their community
- 16% said it had been conducted by healthcare providers or medical professionals.

The LGBT group response said that any exemption for those who "consented" to conversion practices would leave many at risk of serious physical and psychological harm from these inhumane and degrading practices.

The SHRC provided a detailed response regarding Scotland’s international human rights obligations and how these relate to the ending of conversion therapy. They said that a legislative ban:

“will require to contain relevant and appropriate safeguards to ensure that LGBT+ persons can still access non-judgmental physiological or spiritual support that is not aimed at changing their orientation or identity. The legislation will also have to be drafted in such a way as to ensure that there is no disproportionate interference with the rights to freedom of thought, conscience and religion or freedom of expression.”

A joint submission from Amnesty International UK, Human Rights Consortium Scotland and JustRight Scotland (‘Amnesty et al’) summarised that international human rights law prohibits the practice of conversion therapy:

“on the basis of the right to non-discrimination, health, prohibition of torture, the rights of the child and the positive rights to bodily autonomy and free expression.”

The SHRC also provided a set of recommendations on how the Scottish Government should proceed, including:

- sanctions that reflect the gravity of the practice in question
- ensure that future practice is investigated, prosecuted and held to account and that victims have a right to an effective remedy

The EHRC said that measures to end conversion therapy:

“should be identified through a harms-based approach, with practices causing the most harm attracting the most robust interventions. Some of these, such as rape, are already criminalised. It may be appropriate to criminalise other practices that are not already illegal, or to modify the penalties for existing offences where they have occurred in the context of conversion therapy. Civil law measures could also be used in relation to some practices, including the regulation of medical and other professional groups. There may also be a role for a public body to provide regulatory mediation, intervention, investigation and sanction.”

Several submissions said that a ban on conversion therapy must also protect children (eg, Mental Health Foundation, LGBT group, NASUWT). On this point, Children in Scotland said:

“We believe that conversion therapy is a significant threat to children’s rights as enshrined in the United Nations Convention on the Rights of the Child (UNCRC) and call for these practices to be banned.”

Some suggested that a ban must cover a route to criminal conviction where conversion therapy is taken outside the UK (for example, Scottish Association of Social Work).

The Memorandum of Understanding Coalition said that:

“We also wish to see historic cases provided with redress and compensation, and with support to recover from the harm that has already been caused by CT practices.”

They also said that:

“We believe the legislation needs to strike a careful balance so that it does not expose bona fide practitioners, who are registered and accredited to practice in this area, to any unwarranted risk of litigation or criminal prosecution for continuing to practice ethically in supporting individuals to explore their sexuality and gender issues.”

Mermaids said that:

“A ban must not inadvertently prevent the provision of therapies, support and treatment that allows an individual to explore their sexual orientation and/or gender identity in a positive way, including children and young people. Mental health practitioners and other professionals who work with children and young people may wish to help them explore their sexual orientation or gender identity or navigate feelings

as they emerge. This should not be done in a way that invalidates a child's or young person's sense of their sexual orientation or gender identity or presupposes that diverse sexual orientations or gender identities are impermissible or wrong"

## Further policy mechanisms

A number of submissions made suggestions for additional policy measures to support a ban on conversion therapy. These measures focus on practical and mental health support for survivors, education/awareness for a range of groups, and further research on prevalence to help target support.

The most comprehensive response on this was from the LGBT group submission, which referred to the recommendations made by the Ban Conversion Therapy coalition:

- "Immediate statutory provision of publicly funded specialist support services for current survivors, including: a helpline for current survivors and those at risk; specialist advocates to support survivors, provide advocacy in engaging with relevant generalist services, and provide appropriate support for those who are involved as survivors in ongoing criminal prosecutions; and safe and appropriate mental health support.
- Statutory provision of publicly funded specialist support services for survivors of historical cases, including a helpline to provide signposting to mental health support services, and funding to enable reporting on the long-term impact of conversion practices.
- A programme of work to reach current survivors of conversion practices and those most at risk of the practices, to give them the language to understand their experiences, awareness that it is illegal and that support systems are available, and insight into the harm that has been done to them.
- A centralised needs assessment underpinned by research to understand the prevalence, forms, and locations in which conversion practices occurs, both currently and historically, to inform the future commissioning of services for current and historical survivors. This review should also include identification of which institutions and regulatory bodies are most likely to come into contact with survivors of conversion practices.
- A comprehensive programme of professionally accredited specialist trainings that should cover safeguarding and awareness issues and competence in providing safe and effective support for all medical and mental health providers, social workers, counsellors, psychotherapists and psychological therapists and related professions, as well as all religious organisations to identify those at risk of or currently undergoing conversion practices.
- Development of regulatory standards through professional practice guidelines for medical, psychological, social care, counselling, and psychotherapy practitioners. Regulatory standards must also be developed to cover pastoral care and spiritual guidance provision whose aim is to improve mental and spiritual health."

## UK wide approach?

There were a range of views over whether the Scottish Government should:

- wait to see the UK Government proposals before taking action
- bring forward legislation on its own.

There was a broad consensus that a UK wide approach, where devolved administrations work with the UK Government, would be preferable to ensure a consistent approach. However, there was also the suggestion that if the UK Government delays, or if there is no consensus on proposals, then the Scottish Government should bring forward its own legislation. (See for example, EHRC, Gendered Intelligence, Mental Health Foundation).

The Memorandum of Understanding Coalition said:

“We think it is best for the devolved administrations to work together with the UK government to provide a consistent regulatory regime for mental health professionals working in publicly funded health and social care settings, as well as properly registered counselling and psychotherapy practitioners offering services privately.”

They also recommended that the Scottish Government establish an expert reference group on conversion therapy:

“We should like the Scottish Government to convene and appoint an expert reference group to advise on further actions in more detail, consisting of mental health and counselling and psychotherapy experts, as well as experts by experience and legal and other research academics, ideally drawn from the expertise within the MOU.”

However, some, for example, NASUWT and End Conversion Therapy Scotland, said that the Scottish Government should bring forward legislation as a matter of urgency, without waiting for the UK Government proposals.

## International examples

A number of responses provided international examples of legislation to end conversion therapy.

The LGBT group response to the Australian State of Victoria's Change or Suppression (Conversion) Practices Prohibition Act 2021 which bans 'change or suppression practices' carried out "whether with or without the person's consent".

The human rights group response indicated that:

“The Australian State of Victoria's Change or Suppression (Conversion) Practices Prohibition Act 2021<sup>22</sup> has been recognised as a world leading piece of legislation. Other states within Spain, Australia and the



United States have Issued bans. Germany has Implemented a national ban and New Zealand and France are considering legislation.”

Several submissions referenced the [UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity](#) ('IE SOGI') who called for a global ban on conversion therapy in a [2020 report](#) to the Human Rights Council.

The Scottish Association of Social Work said that:

“Conversion therapy has already been banned in Switzerland, parts of Australia, Canada and US. In Northern Ireland in April this year politicians passed a motion calling for a ban. The Welsh Government published a LGBTQ+ Action Plan this month that seeks to ban all aspects of conversion therapy within their current powers and seek the devolution of any necessary additional powers to allow them to achieve this.”

## Definition of conversion therapy

The petitioners refer to conversion therapy as “the forced conditioning of a person’s sexuality or gender identity.”

Many of the submissions, both those which fully support the petition and those which have reservations, said that there needs to be a clear definition of conversion therapy to provide clarity on what types of practices are covered.

For example, the EHRC said that:

“The definition of what is and is not conversion therapy is critical. The target of policies to end conversion therapy should be **harmful** practices intended to **change or suppress**, in any way, someone’s sexual orientation or gender identity.<sup>3</sup> These can include practices ranging from pseudo-psychological treatments to, in more extreme cases, surgical interventions and ‘corrective’ rape. They can also include individual or group talking, behavioural or aversion therapies, religious interventions or medical or drug-induced treatments. Conversion therapy can look very different in medical, therapeutic, commercial or faith-based contexts. Encouraging followers to comply

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<sup>3</sup> Any legislative proposals to ban conversion therapy that included gender identity would need to consider a statutory definition. We note that section 11(7) of the Hate Crime and Public Order (Scotland) Act 2021 offers a model that provides that “a person is a member of a group defined by reference to transgender identity if the person is:

- a) a female-to-male transgender person,
- b) a male-to-female transgender person,
- c) a non-binary person, or
- d) a person who cross-dresses.”

with religious doctrine that requires refraining from certain types of sexual *activity* should not in and of itself fall within the definition of conversion therapy.”

The National Secular Society said that:

“Without a clear definition of what the Scottish Government considers ‘conversion therapy’ for the purposes of legislation, it will be extremely difficult to formulate clear, effective and balanced law.”

NHS Greater Glasgow and Clyde said that:

“A response from our Adult Mental Health Services has suggested clarity in the definition of ‘forced conditioning’ may be helpful to retain confidence that sexual and gender identity can be discussed within the context of a therapeutic encounter when it may be pivotal to understanding the patients presenting issues.”

References were made to existing definitions, including from:

- United Nations Independent Expert on Sexual Orientation and Gender Identity, who described conversion therapy as an:

“umbrella term [used] to describe interventions of a wide-ranging nature, all of which are premised on the belief that a person’s sexual orientation and gender identity, including gender expression, can and should be changed or suppressed when they do not fall under what other actors in a given setting and time perceive as the desirable norm, in particular when the person is lesbian, gay, bisexual, trans or gender diverse. Such practices are therefore consistently aimed at effecting a change from non-heterosexual to heterosexual and from trans or gender diverse to cisgender.”

- Memorandum of Understanding on Conversion Therapy (which focuses on the medical profession):

“‘conversion therapy’ is an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual’s expression of sexual orientation or gender identity on that basis.

These efforts are sometimes referred to by terms including, but not limited to, ‘reparative therapy’, ‘gay cure therapy’, or ‘sexual orientation and gender identity change efforts’, and sometimes may be covertly practised under the guise of mainstream practice without being named.”

In reference to the MoU definition of conversion therapy, the Royal College of General Practitioners said that it is clear that this:

“definition and a commitment to ending conversion therapy ‘is not intended to deny, discourage or exclude those with uncertain feelings around sexuality or gender identity from seeking qualified and appropriate help ... Nor is it intended to stop psychological and medical professionals who work with trans and gender questioning clients from performing a clinical assessment of suitability prior to medical intervention. Nor is it intended to stop medical professionals from prescribing hormone treatments and other medications to trans patients and people experiencing gender dysphoria.”

The LGB Alliance said that it is opposed to any attempt to coerce people - by physical or psychological means to suppress their sexual orientation. However, it argued that the definition of conversion therapy is unclear, and said that:

“We believe that for most people, the phrase conjures up images of:

- (i) homosexual men being subjected to 'Aversion Therapy' by means of electric shocks delivered via electrodes attached to their genitals and/or
- (ii) homosexual men being forced to take medications amounting to chemical castration which suppress their libido and 'inappropriate' sexual desires, as in the case of, for example, Alan Turing and/or
- (iii) LGB people being subjected to unwanted, aggressive and sometimes violent intervention from religious leaders and communities determined to exorcise individuals of the demon of homosexuality (see Jeanette Winterson's autobiographical account in *Oranges are Not the Only Fruit* for an excellent account of such practices

All of the above are utterly abhorrent to LGB people - and to those who identify as transgender. Fortunately (i) and (ii) above have long since been abandoned by medical practitioners in the UK and (iii) is already illegal as it would constitute an assault.”

They argued that a legislative ban risked criminalising:

- Non-judgemental, evidence-based counselling if they do not affirm a person's identity
- Religious leaders if they do not affirm a person's identity, “even when the individual is struggling with their feelings because of an inherent conflict with their religious beliefs”
- Any response from a medical practitioner that does not adhere solely to the 'affirmation' model of responding to even the youngest child identifying as transgender.

The Catholic Parliamentary Office of the Bishops' Conference of Scotland said that:

“Such a definition should centre on ‘therapies’ that claim to change a person’s sexual orientation or to suppress a person’s gender identity. When this is augmented by coercion the practice is cruel and damaging. The Bishops’ Conference of Scotland would not oppose the banning of such practices.”

But they also said that:

“It is important to recognise that there are people with same-sex orientation who wish to live their lives in harmony with the teachings of the Church. Of their own volition, with informed consent and free from any coercion, they may ask for help to live according to their beliefs and values. It is vital that any legislation protects them and those who support them. Action which does not seek to change or suppress a person’s sexual orientation, should fall well outside any definition of conversion therapy.”

## Gender identity

Some organisations, such as For Women Scotland, Transgender Trend and the LGB Alliance, suggest there is a conflation between sexual orientation and gender identity. The LGB Alliance said that the petition provides little evidence of conversion therapy in relation to gender identity. They are concerned that practitioners will be required to follow what they refer to as the ‘affirmation’ model.

For example, For Women Scotland said that:

“we believe that what the petitioners are trying to label as ‘conversion therapy’ and wish to criminalise includes non-judgemental, evidence-based counselling which takes the well-being of the individual as its starting point, as opposed to the requirement to unconditionally ‘affirm’ whatever identity the individual asserts, regardless of that individual’s age, stage of development, or state of distress. If counselling of this kind is criminalised, therapists would be unable to explore with their clients issues such as past abuse, sexual orientation, and/or a range of common comorbidities such as eating disorders and autism/ASD.”

The Family Education Trust said that:

“The proposed ban could have a similarly chilling effect upon parents who seek to help a gender dysphoric child. Under the current potentially wide definition of conversion therapy any exploration of underlying issues contributing to gender dysphoria could be deemed conversion therapy leaving the child or young person unable to be provided with the help they need.”

However, Gendered Intelligence, a trans led charity, said that:

“We at Gendered Intelligence have seen dangerous hypothetical exemptions proposed to the ban, through claims that conversion practices for gender-questioning young people are somehow uniquely ethical whilst other conversion practices are not. This is usually predicated on a poor and ultimately false understanding that trans or gender-questioning young people will grow up to have a diverse sexual orientation (e.g. lesbian, bisexual, gay, queer) if forcibly driven away from identifying as trans. ... this is not just factually inaccurate but open apologism for potential continued torture of young people and children. To the contrary, trans young people overwhelmingly grow up to be LGB or asexual in addition to being trans: 78.5% identify as such. A legislative ban on conversion therapy must apply to all people.”

The EHRC also said that:

“We are aware of concerns that measures to end conversion therapy may impact parents or guardians who have concerns about their child’s perceived sexual orientation or gender identity. Proposals should not be designed to police how parents or guardians respond if their child identifies as LGBT but rather to prohibit harmful practices that attempt to change or suppress a person’s sexual orientation or gender identity.”

## Religious freedom

While accepting that extreme practices should be illegal, if not already, a number of faith-based organisations expressed concern at what the definition might include and whether this would impact on religious freedom:

“We do not see and understand, though, how a prayer, silent listening and compassion offered to one that seeks and asks for this can be regarded as harmful and dangerous to the point of criminalizing?”  
(Bethany Evangelicals Dumfries)

“normal practice of gentle, non-coercive bible teaching and prayer”  
(Charlotte Chapel, Baptist Church in Edinburgh).

The Christian Medical Fellowship, said that “There is no hiding from the fact that historic, biblical Christian beliefs are out of step with contemporary notions of sexuality and gender.” However, they argued that an ill-defined ban on conversion therapy could threaten the progress made by some churches to support LGBT people.

The Evangelical Alliance Scotland said that it recognised the “role that the church has played in causing harm, hurt and stigma towards individuals because of their sexual orientation and do not shy away from this.”

However, it also said that:

“A clear definition is essential to determine whether a potential ban would be workable or not, in the sense of what would fall under its legal competence and whether it would infringe upon religious liberty or not. Without a substantive definition, it is difficult to engage with the issue as there is no clarity as to what the policy would lead to.”

The Christian Institute said that:

“Campaigners for a broad conversion therapy ban have openly stated their intention to use it to limit the ordinary work of churches: prayer, preaching, and pastoral advice. Most people would expect a ban to target verbal and physical abuse and harmful pseudo-medical practices, not mainstream Christianity.”

Several submissions, in full support of the petition, referenced statements made by the [UN Special Rapporteur on Freedom of Religion or Belief](#), Dr Ahmed Shaheed, on how international human rights law presents no conflict between the right to freedom of religion or belief and the obligation of the state to protect the life, dignity, health and equality of LGBT+ persons.

The LGBT group said that:

“The UN Special Rapporteur on Freedom of Religion or Belief stated in April 2021 that “international human rights law is clear that the right to freedom of religion or belief does not limit the state’s obligation to protect the life, dignity, health and equality of LGBT+ persons” and that “banning such discredited, ineffective, and unsafe practices that misguidedly try to change or suppress people’s sexual orientation and gender is not a violation of the right to freedom of religion or belief under international law.””

## Research evidence

There were different views on the breadth of evidence that show the prevalence of conversion therapy, or that it is a threat to LGBT+ people.

However, many submissions reference the UK Government’s LGBT survey from 2017. The results of this survey led the UK Government to commit to a legislative ban on conversion therapy.

Some suggested that while there was evidence of gay conversion therapy in the past, there is little evidence of it happening now, or in relation to gender identity.

Others said that there is widespread evidence that highlights the harmful effects of conversion therapy practices, with references provided in some of the submissions.

NHS Greater Glasgow and Clyde also referred to a current health needs assessment they are undertaking with LGBTQ+ people across Scotland:

“NHS Greater Glasgow and Clyde and NHS Lothian are currently undertaking a health needs assessment with LGBTQ+ people across Scotland and there may be returns from respondents that link to the petition subject matter. The survey results will be analysed by mid-September 2021 and at this point the Committee may wish to contact the project leads to review any relevant evidence returned.”

## Who to hear from

The submissions made a range of suggestions of who the Committee should hear from. These included:

- People with lived experience of conversion therapy
- Organisations speaking on behalf of LGBT groups
- Medical professionals with experience of conversion therapy or who work with those exploring gender identity and sexuality.
- Religious stakeholders
- Families of those who have experienced conversion therapy or whose children are questioning their gender identity and sexuality
- Older adults who may have once identified as part of LGBT+ but now do not
- Legal expertise from those with experience in implementing Scottish law in similar areas, for example in domestic abuse, hate crime, and coercive control legislation should be considered to examine the possible application and impact of a criminal ban.
- Mental health charities/organisations/providers
- Teachers and social workers
- Those with knowledge of the international experience of banning conversion therapy
- The Scottish Government on what might be reserved/devolved in this context.

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**11 November 2021**