

BANNING CONVERSION THERAPY CONSULTATION

**A warning of unintended harms in the consultation's formulations
as a result of its 'blindness' to the issue of paedophilia,
with some suggested modifications**

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1. A PERSONAL NOTE

I am a man who lives a rewarding adult life, after a youth damaged by a paedophiliac orientation developed as a result of child sexual abuse by my mother. I never committed abuse, either directly by contact with minors, or indirectly by the use of child pornography.

I got a referral to the NHS Portman Clinic in London in 1972, and by 1975 I achieved total cure of my same-sex paedophiliac sexual orientation, utilising psychoanalytic psychotherapy with Dr Mervin Glasser, the Portman's clinical director.

I offer the following four links to pieces authored by me or about me, in lieu of being able to use my real name.

<<https://www.stopso.org.uk/wp-content/uploads/2018/04/5-Reflections-of-an-ex-Paedophile.pdf>>

<<http://www.stopso.org.uk/my-experience-as-a-paedophile-cured-by-nhs-psychoanalysis/>>

<<http://www.theguardian.com/society/2006/feb/25/socialcare.familyandrelationships>>

<<https://morningstaronline.co.uk/article/paedophilia-must-be-treated-not-demonised>>

2. INTRODUCTION

I welcome the government's intention to legislate against the practice of conversion therapy, which is bullying, manipulative and oppressive, and damaging to the mental health of LGBTQ+ people. Conversion therapy operates on the premise that homosexual orientation and transgender identity are problematic, pathological, sinful, against religious 'truths', and can be altered by acts of self-will and self-rejection, and voluntarist or god-willed re-direction of these aspects of selfhood.

Yet same sex adult-to-adult sexual orientation offers fully rewarding sexual expression and the richest relations of intimacy, commitment and love, whilst transgender identity is an ordinary part of the spectrum of gender identity.

There are no intrinsic reasons why homosexually orientated and transgender people should ordinarily wish to renounce these authentic parts of their lives, and conversion therapy is thus both ineffective and damaging.

However, the wording and formulations in which the consultation expresses this reality are worrying, and may do unintended harms to those people who have a sexual orientation on the paedophiliac spectrum, that is, an adult-to-minor sexual orientation, and wish to rid themselves of that damaging orientation by committing to talking therapies which have a proven curative potential.

The worrying formulations which may do unintended harms appear in a number of repeated wordings within the consultation, and by acts of omission.

3. UNINTENDED HARMS

3.1. The implication that changing peoples sexual orientations is universally undesirable : - Where does that leave paedophiles?

The consultation states that: -

- **'The Government considers that delivering talking conversion therapy with the intention of changing a person's sexual orientation (...) should be considered a criminal offence.'** Consultation questions on the proposals. Q2.

- **'Our view is that a talking therapy delivered to (persons) with the intention of changing their sexual orientation (...) should constitute a criminal offence.'** Summary of proposals. Point 42.

- **'The government is of the view that talking conversion therapies will have the intention of changing a person's sexual orientation (...). These are the therapies we want to capture'.** Banning acts of conversion therapy. Point 36.

- **'The proposed protections are universal: an attempt to change a person from being attracted to the same-sex to being attracted to the opposite-sex (...) will be treated in the same way as the reverse scenario'** (that is, as invidious). Ministerial Forward, Paragraph 5.

'An attempt to change a person from being attracted to the same-sex to being attracted to the opposite-sex will be treated in the same way as the reverse scenario' (that is, as invidious). Introduction. Point 2.

'An attempt to change a person's sexual orientation (...) will be treated in the same way as the opposite scenario' (that is, as invidious). Summary of proposals. Point 19.

Nowhere does the consultation recognise that there are circumstances in which changing a person's sexual orientation is deeply desirable and achievable, as it is particularly for people with a paedophilic sexual orientation¹.

The consultation repeatedly uses wordings which imply that changing people's sexual orientations is universally undesirable, and the text is blind to the existence of large numbers of people whose sexual orientation is paedophilic, and who yearn to rid themselves of that orientation. Those people need a discourse which recognises the existence of talking therapy which can result in them changing their sexual orientation and leading fulfilling lives.

(Such psychoanalytically based therapy is offered within the NHS at the Portman Clinic, part of the Tavistock-Portman Foundation Trust, Swiss Cottage, London.)

3.2. The consultation's reference to sexuality and gender identity as "innate aspects of personhood" is only partially true, and will serve a dominant discourse which drastically limits potentially curative therapeutic services for paedophiles (to the point of near-extinction of always-tiny NHS psychoanalytic curative service provision).

The consultation's reference to sexuality and gender identity as "innate aspects of personhood" (Banning aspects of conversion therapy. Point 52) is part of a wider ideological retreat from the notion that sexual orientation and gender identity are multi-causal.

I have great sympathy for the dilemma of LGBTQ+ people who face a reactionary ideology that describes their sexualities and gender ascriptions as contingent, secondary, sinful, perversions, or minimises them as wilful, just-a-phase, the result of being in bad company, and so on.

Yet it is extremely controversial, and, I think, untrue to state that sexuality and gender identity are simply 'innate'. There is a strong developmental element to sexuality and gender, in which infantile and childhood relationships with core carers, wider culture, child sexual abuse and trauma all have a role. There is a genetic element, but how large a factor that is remains controversial, though current ideological trends favour ascribing it a major part.

The characterisation of sexuality and gender as 'innate' serves to damage the fragile positive discourse that argues that paedophilia is an orientation that can be changed and eradicated with analytic exploration within therapeutic relationships.

The 'othering', demonisation, and remorseless driving-out of paedophilia from all discourse on sexuality, including most LGBTQ+ discourse, makes the possibility of this argument being heard much more difficult, but if we are to develop a strategy for the elimination of child sexual abuse and paedophilia, then this argument must be heard.

3.3. The consultation argues that the ban on conversion therapy will not interfere with clinicians and other health care professionals support for those who are "questioning if they are LGBT." Yet most paedophiles do not 'question' that they have that orientation. They know it as an awful fact. But that does not mean that they are beyond the possibility of changing that orientation, and that is what we must encourage. These wordings hamper that process of encouragement, and potentially narrow the field in which clinicians may freely operate.

The consultation states that: -

- 'The ban will complement the existing clinical regulatory framework and not override the independence of clinicians to support those who may be questioning if they are LGBT' (Summary of proposals. Point 21).

- 'Banning conversion therapy must not result in (clinicians and others) providing legitimate support for those who may be questioning if they are LGBT' (Banning acts of conversion therapy. Point 35)

- 'Legitimate talking therapies that support a person who is questioning if they are LGBT do not start from the basis that LGBT is a defect or deficiency'. (Banning acts of conversion therapy. Point 37).

I understand and support the positive point about the nature of effective psychotherapy that the consultation seeks to make here, but, whilst it may stand as a valid self-contained point for the LGBT community, it is inadequate and potentially limiting and damaging for paedophiles.

Legitimate talking therapies must start from a point where the patient/client and therapist both recognise that adult-to-minor sexual relations are intrinsically damaging to the child, as well as damaging the curative treatment potentials for the adult perpetrator.

To constrain the role of clinicians and counsellors to that of supporting the 'questioning' of a client/patients orientation is not appropriate for those treating paedophiles. For paedophiles there is not and cannot be an option of acting out their sexual orientation, for that would be profoundly damaging to their child victims.

Where clinicians judge that treatment with a curative perspective is possible with paedophiles, they should work with that perspective. That is the only responsible stance to take, if funding resources allow them to do so.

Questioning is not enough. Encouragement is necessary.

3.4. The consultation repeatedly emphasises the higher risk of being harmed for those under 18 by both conversion therapy and 'counselling.' Yet talking treatment intervention with young people who are developing, or already clearly have a paedophilic orientation is central to - indeed probably the most important part - of a strategy for breaking the cycle of child sexual abuse, and changing that young person's new or emerging paedophilic orientation.

The consultation states that: -

- It is also vitally important that (...) young people are supported in exploring their identity without being encouraged towards one particular path. This is especially the case for those who are under 18 (...). Ministerial Foreword. Paragraph 4.

- The view of the Government is that adults should be free to choose to seek out counselling in keeping with personal freedoms. (...) It is the Government's view that those who are under 18 are more at risk of being harmed by such counselling and as such, our proposals will protect young people regardless of whether they have freely entered such counselling. Providing such counselling to under 18s (...) will be an offence. Banning acts of conversion therapy. Point 39.

- Our view is that a talking therapy delivered to (...) a person under 18 (...) with the intention of changing their sexual orientation (...) should constitute a criminal offence. Banning acts of conversion therapy. Point 42.

The latter formulation in Point 42 above is truly shocking. It wholly fails to recognise the crucial role that analytically based talking treatment can have in preventing children from solidifying a life-long paedophilic orientation, and in breaking the cycle of child sexual abuse .

Many or most paedophiles recognise their sexual orientation very early on. In my case I was 15 when I recognised this, and that is fairly typical.

In my case the six year delay, till I was 21, in my accessing therapeutic support further damaged my social and psycho-sexual development and left me with a greater burden of developmental tasks to deal with after that later age.

For the huge numbers of other British paedophiles who were not privileged (as I was) to discover the tiny NHS curative service that existed and still exists, or whose psycho-sexual damage was far greater than mine, this delay will have solidified patterns of despair and denial, and patterns of acting out child sexual abuse, and thus replicating the cycle of abuse.

The consultation is right to recognise the increased potential for harm that conversion therapy can cause in those under 18, but this consultation needs to match this recognition with a parallel recognition that the potential for positive, curative change in those under 18 who are at risk of developing paedophilic orientations is far greater than it is for those who have been left for many years to develop fixed paedophilic orientations and patterns of child sexual abuse.

3.5. No research is indicated into whether conversion therapy techniques are used on people who have a paedophilic orientation, yet it seems highly likely that that is the case. This research lacuna should be addressed, for the harms done to paedophiles by conversion therapy will be as great or greater than those done to homosexual and trans people: - reinforced stigma, self-disgust, despair and suicide.

The consultation states that: -

- 'The National LGBT survey found that 5% of respondents said that they had been offered conversion or reparative therapy in an attempt to cure them of being LGBT, and a further 2% said they had undergone it (Government Equalities Office 2018)'.

Much traditional cultural prejudice links or conflates paedophilia and homosexuality.

However, this consultation seems to have made an opposite error in that it has been wholly blind to the issue of paedophilia.

The population of those on the paedophilic spectrum is probably of the same order of size as those on the homosexual spectrum, though the paedophilic spectrum remains almost wholly invisible in our open sociality, whilst homosexuality has achieved a great measure of visibility and normalisation.

It is sad that the LGBT survey does not appear to have addressed the invisibility of the paedophilic spectrum population.

I fully recognise that LGBT people do not want to live with the smear of being child sexual abusers, which has been a corollary of traditional conflation of paedophilia and homosexuality.

However, we must recognise that developing a strategy for the elimination of child sexual abuse and paedophilia is a crucial societal imperative. We must break the cycle of abuse and rid the world of the suffering caused by both child sexual abuse and paedophilia.

If paedophiles are not recognised in this consultation, and these forthcoming measures against conversion therapy, they risk being its inadvertent tangential collateral damage, for the reasons I have outlined above.

4. SUGGESTED MODIFICATIONS

Below are some suggested formulations, which I hope will be embraced, to address the problems I have raised: -

- The Government accepts that it is likely that paedophiles and other sexual minorities, as well as LGBT people, may be targeted by, and damaged by, conversion therapy, and accepts the need for further research in this area.

- The Government makes a distinction between paedophilia as a psychic sexual orientation (which is unwilling and does not have to be acted on) and acts of child sexual abuse (which are mostly willed) and extends the lawful protections it proposes for LGBT victims of conversion therapy to other sexual minorities, and particularly to paedophiles.

- The Government recognises that sexual orientation is not innate, or is only partially innate, and that when a sexual orientation does not offer the possibility of adult-adult sexual expression and relations of adult-adult intimacy, commitment and love, as with the paedophilic sexual orientation, it can be changed by its bearer, utilising consensual and explorative talking therapy.

- None of these proposals are intended to interfere with talking therapies which address in consensual and explorative ways paedophiles needs to change their adult-to-minor sexual orientations to adult-to-adult sexual orientations.

- The ban will complement the existing clinical regulatory framework and not override the independence of clinicians to support those who may be questioning if they are LGBT, or are seeking to change their paedophilic sexual orientation by analytic exploration within a therapeutic relationship.

- The Government recognises both the enhanced risk of harm to those under 18 done by conversion therapy, and the enhanced potentials for positive therapeutic change which those under 18 possess. It will encourage talking treatments which address the therapeutic curative needs of those under 18 who are developing or have developed, paedophilic sexual orientations.

- This government recognises the distinction between adult-to-adult sexual orientations, which are positive in their effects, and adult-to-minor, that is paedophilic, sexual orientations which are harmful to their bearers, and harmful, if acted out, to children. We seek to provide much greater resources to services that offer long term explorative relational therapy to paedophiles who wish to rid themselves of this orientation.

ⁱ BELOW I include the following definitions given to me by a friend and ally who is a retired psychoanalyst.

" 'Conversion therapy' should not be conflated with 'talking therapy'. The former is applied because of society's intolerance towards a person's sexual orientation. The therapy may be imposed upon the patient by others unwilling to accept him as he is, or undertaken voluntarily because he has been made to feel guilty, or excluded, for being different from the heterosexual 'norm'. The prospect of harm to the other or the self is not a factor.

On the other hand, 'talking therapy' for the purpose of changing paedophilic sexual orientation, is undertaken with both patient and therapist understanding that the patient himself wants to change not just because of society's attitudes (though these may come into it) but because the patient feels that to act out his sexual fantasies would be harmful both to the victim and to himself. "