



LBOR International on Conversion Therapy Bans

RESOLVED, that lesbians have the right to be free from conversion therapy

- The [Lesbian Bill Of Rights](#)

Over the last few years a new device has been appearing in legislation globally: a ban on what is termed “conversion therapy” with respect to both sexual orientation and so-called “gender identity”.

These bans raise several questions:

1. Should sexual orientation and “gender identity” be treated equally and in the same legislation that bans conversion therapy?
2. Should such bans apply to adults as well as minors? That is, should the bans apply to an adult who wants professional help to change him or herself?
3. What, if any, are appropriate penalties or remedies for violation of such a ban?

The Lesbian Bill Of Rights (LBOR) defines “lesbian” as a human female homosexual; or, a woman or girl who is exclusively same-sex attracted, where “woman” and “girl” refer to human females. That is, the category “lesbian” is based on sex and not “gender identity.”

Historically the term “conversion therapy” has described efforts by medical professionals as well as religious counselors and relatives to change people’s sexual orientation using techniques that in hindsight resemble torture. These techniques include aversion therapy (inducing aversion through shame or physical pain), involuntary institutionalization, involuntary electroshock treatment, and more. The underlying historical assumption was that homosexuality was undesirable both for society and for the individual engaging in homosexual behaviors.

The gay liberation movement of the 1970s asserted that same-sex attraction is neither a disease that needs to be cured nor a societal scourge; and that, in fact, great personal damage can be done to an individual who is forced to undergo so-called “therapy” or “counseling” to change her or his sexual orientation. This view has gained acceptance with the general public over the last 50 years, but for the most part, the law has been slow to ban the practice with respect to sexual orientation.

However, transgenderism has forced-teamed itself globally with gay liberation, as it has with the women's-rights movement. And suddenly, in the last few years, bans on conversion therapy with respect to both sexual orientation and "gender identity" have been making their way into law in many countries. This is probably both a blessing and a curse. This paper will examine the effects of such laws.

As WDI USA's Lesbian Caucus has [written](#), "Like a parasite, the TQ+ first attached itself to sexual orientation, and then proceeded to destroy its host." One way it has done this is, first, to define homosexuality as same-gender attraction (rather than same-sex attraction); and second, to appropriate gay liberation's notion of conversion therapy and apply it to "gender identity" too. In effect then, "lesbian" becomes a "gender identity" in trans-speak, where a lesbian might be either sex and might be attracted to persons of either sex. The effect of framing lesbians as "queer" or "trans" is to deny the reality of exclusively same-sex attraction, and to require lesbians to be sexually available to men – or to be shunned (or worse) as TERFs, an acronym which purports to describe "Trans Exclusionary Radical Feminists," but which in reality is used to bludgeon women into silence for even miniscule thought crimes. Another effect of framing lesbians as "trans" is that it allows homophobic parents to push a same-sex attracted child towards the mistaken belief that he or she might be "born in the wrong body," thereby allowing the parents to have a "straight trans son" rather than a lesbian daughter. However, none of these implications seem to have been considered by the lawmakers promoting the new bans.

[Countries](#) that have already put such bans in place include Spain, France, Germany, Canada, Ecuador, Brazil, Norway, and New Zealand. Others have proposed legislation pending.

For the most part, such bans apply only to the practice of conversion therapy on minors. The [reasoning](#) appears to be that adults should have a greater right to self-determination, and may choose to attempt to change themselves. In [some countries](#) the ban applies only to medical professionals, and not, for example, to parents or clergy. In some countries violation of the ban carries possible criminal penalties, including prison. In others, civil damages may be recovered in a lawsuit; or professional licenses of healthcare providers may be suspended or revoked.

Here below are a few examples of how some jurisdictions are attempting to ban both sexual orientation and "gender identity" in the same legislation.

Existing or pending legislation internationally

United States

In the US, there is no federal ban on conversion therapy; but several [states](#) currently ban what is termed conversion therapy for minors with respect to both sexual orientation and "gender identity," including California, Colorado, New York, Washington, DC, and others. Uniquely, the Washington, DC ban extends to adults as well as minors. More similar state bills are pending, including [Missouri Senate Bill 1335](#), which is aimed at professionals holding a state license, and

provides restrictions on licensing as its sole enforcement mechanism. No criminal penalties or civil money damages are provided. Its definition of “conversion therapy” is typical:

. . . the term “conversion therapy” means any practices or treatments that seek to change an individual’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. The term “conversion therapy” shall not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual’s sexual orientation or gender identity.

So, according to this definition, homosexuality appears to be same-gender, not same-sex attraction; and an apparent exception to the ban is carved out for counseling aimed at “addressing” criminal or unsafe sexual practices; but seeking to change sexual orientation or “gender identity” is otherwise banned. But can reasonable people differ as to what constitutes an “unsafe sexual practice”?

In contrast to this Missouri bill and others, the federal Court of Appeals (11th Circuit), which has jurisdiction in Florida, Alabama, and Georgia, has [ruled](#) that bans on conversion therapy are unconstitutional infringements on free speech.

Germany

[Here](#) is the applicable law.

Subject of regulation:

Particularly vulnerable persons such as minors and adults who suffer from a lack of will are considered persons worthy of protection. The addressee of the prohibition is the general public, e.g., all members of the medical professions as well as, to a limited extent, carers and legal guardians. Clarification of the term conversion treatment: *positive” psychotherapeutic conversions that involve an exchange about the life situation of the person concerned do not constitute conversion treatment. Conducting conversion treatments is punishable by law (up to 1 year in prison or a fine), advertising or offering is subject to a fine (up to EUR 30,000). There are two exceptions to the ban on conversion treatment: treatment of medically recognized disorders of sexual preference (e.g., fetishism, exhibitionism, pedophilia); and surgical medical interventions or hormone treatments aimed at expressing a person's self-perceived “gender identity” or to meet a person's desire for a more masculine or more feminine physical appearance.

Commentary:

Under this law, surgical medical interventions or hormone treatments are not banned. They do not constitute "conversion treatment" because they correspond to the "wishes" of the person with gender dysphoria.

First of all, patients' "wishes" should not result in medical interventions without a thorough indication, simply because of the evidence-based nature of medical treatment.

Furthermore, the law is completely incoherent as to what should put minors in a position to take responsibility for the consequences of their actions: They are not expected to assess the consequences of a "psychological influence" on their "gender identity," but they are expected to assess the consequences of a medical intervention in their body with sometimes irreversible consequences, e.g., taking puberty blockers or having a mastectomy?

Despite the right to bodily integrity, which is covered by the right of personality (Art. 2 and 1 (1) Constitution), the law makes an assessment that pays homage to transgender ideology and the medical-pharmaceutical industry (psyche before body). This is particularly important in the case of unstable minors (mostly girls) with so-called "rapid onset gender dysphoria," who may change their minds again, leaving them with irreversible bodily consequences.

The question is whether the forbidden "conversion treatment" and the "positive" psychotherapeutic conversation favored by the law are not two sides of the same coin.

New Zealand

In the decade before the introduction of the [law](#), there had been only one informal and no formal complaints to the Human Rights Commission regarding attempts to perform conversion therapy. In 2022, after having received a historic number of submissions (well over 100,000), the New Zealand government enacted a ban on conversion therapy with respect to sexual orientation, "gender identity," and "gender expression" for all persons, not just minors. The law provides no sensible explanation for what precisely constitutes "serious harm" and no definitions for "gender," "gender identity", or "gender expression." Criminal penalties as well as civil remedies are permitted. Complaints can be brought against anyone, including parents, teachers, counsellors, therapists. As of May, 2023, there had been no cases brought under the Act.

Ireland

As of June, 2023, legislation was being [proposed](#) to ban conversion therapy with respect to both sexual orientation and "gender identity" that would carry criminal penalties. There is also an effort to pass legislation on [hate speech](#) that could result in prison time for a counsellor, therapist, or anyone in the prison system for speaking out against the ban on conversion therapy.

Australia

Conversion therapy with respect to both sexual orientation and "gender identity" has been banned in two states (Victoria and Queensland) and the capital. The legislation in Australia Capital Territory (ACT) and Queensland both [provide](#) civil and criminal remedies, including prison time. Unlike the Queensland ban, the ACT ban extends to religious organizations as well as health care providers.

Norway

In a hearing 29.9.23 at the Norwegian parliament Tonje Gjevjon from Lesbiske feminister, Norge (Lesbian feminists, Norway) supported the legal ban on conversion therapy — to prevent, for example, young girls being confronted with the accusation that they are transphobic when they limit their sexuality to females. Gjevjon reminded the committee that homosexuality is defined, both in reality and in law, by same-sex attraction, not by “gender identity”; and that even though a man or boy may change his gender designation in law, in reality his sex does not change. What we notice, however, is that some use legal gender and “gender identity” to mean sex. Gjevjon therefore asked the legislature to define biological sex, sexual orientation, legal gender, and gender identity, in order to achieve a common understanding of the legislation. She said that since the law of Self ID in 2016, the term “lesbian” has been redefined by Queer organizations to include men. This redefinition supports the Queer demand that lesbians should change their sexual orientation to include men who identify as women.

This is precisely the type of coercion we do want to ban (follow [this link](#) to watch the hearing).

As of December 12th, 2023, the Norwegian Storting (parliament) passed a [ban](#) on conversion therapy with respect to both sexual orientation and “gender identity.” Violation is to be punished with a fine or imprisonment of up to 3 years.

[Different conditions apply as to when the act is punishable](#) depending on whether the victim is under or over 18 years of age. Ignorance of the child's correct age does not provide impunity if the perpetrator can be blamed for his ignorance. Serious infringement is punishable by imprisonment for up to 6 years.

Also banned is the marketing of specific offers to provide conversion therapy for purposes of changing someone's sexual orientation or gender identity.

Discussion

As WDI USA's Lesbian Caucus recently [explained](#):

...the medicalization of children and young adults intended to disguise their sex has primarily affected same-sex attracted people, with the political effect of reducing the number of lesbians who call themselves lesbians, and the personal effect of creating irreversible health issues, including sterility and decreased sexual function in medicalized young lesbians. Most minor patients seen by the Tavistock and Portman clinic in the UK who were seeking such medicalization were reported to be [same-sex attracted](#). While in earlier years most of these children were male, in the last several years there has been a greater than 5000% [increase](#) reported in the numbers of girls seeking “treatment.” In combination, this data means that the huge increase in children and young adults is largely due to the increase in young lesbians seeking to disguise their sex medically.

The torturous excesses of conversion therapy practices should be unacceptable in modern societies. But the basis for any ban needs to be reality based; and unlike sexual orientation, “gender identity” is not based on observable material reality, but rather on a claimed feeling that has no coherent or commonly understood definition.

“Gender identity” by definition exists in contradiction to sexual attraction exclusively to one or the other sex. For instance, either a lesbian is a woman (the sex) attracted only to other women (the sex); or else a lesbian is anyone claiming to be a woman who is attracted to people of both sexes as long as they present as feminine (the gender) or claim to be female (“gender identity”). Within the construct of “gender,” men claiming to be women could call themselves lesbians and demand access to what should be female-only spaces, such as public toilets or showers. A further problem is that young women seeking to disguise their female sex may be doing so to escape the stigma of being lesbian, or the stigma of being female.

Attempting to avoid performing either type of “conversion therapy” (either to change someone’s sexual orientation or “gender identity”) to comply with legislation like this will inevitably put the licenses – if not the liberty – of covered professionals and even parents at risk, because this legislation would frequently force them into an impossible legal and ethical dilemma. It also raises questions about infringements on the right to free speech.

Unlike same-sex attraction, gender identity ideology, in addition to being irrational (i.e., nobody can actually change his or her sex), has led to irreversible medical procedures that carry the likelihood of serious harms to health. For example, the [adverse effects](#) of Lupron, a so-called “puberty blocker” often used to delay or prevent puberty, include [seizures, bone loss, and mood disorders](#). Adverse effects of cross-sex hormones include [heart disease, cardiovascular damage, and deep vein clots](#). There is no credible evidence showing a link between such medical interventions and a reduction in suicidal ideation, which is often raised as a reason to affirm someone’s wish to “become” the opposite sex.

In light of these serious risks, we think that noncoercive attempts to dissuade people from undertaking them should not be banned. And adults seeking professional help to change their unwanted feelings or behaviors should likewise not be banned. Any reasonable ban should apply only to conversion therapy to change the sexual orientation of minors or nonconsenting adults; and any permitted procedures would need to be examined to rule out cruelty.

LBOR International

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