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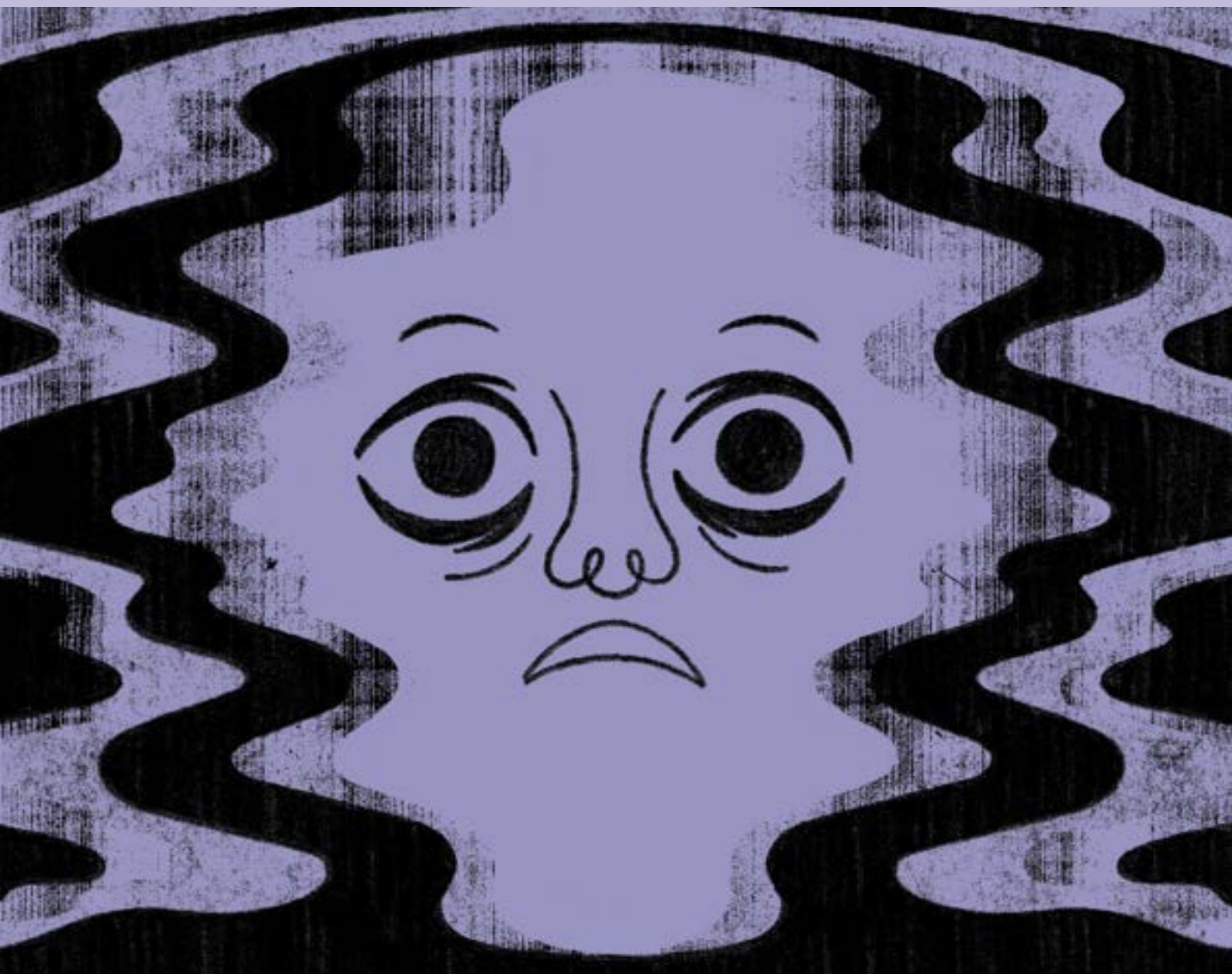
Exploring Till They Bleed

REVIEW OF THE "CONVERSION THERAPY" METHODS



Exploring Till They Bleed.
Review of the "conversion therapy" methods.

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Introduction

Present-day "conversion therapy" exists in many forms. The version most present in popular consciousness, including torture, exorcisms and kidnappings, are not the most common in reality. Since Poland faces the possibility of the wider adoption of "conversion therapy", we think it is of the utmost importance to familiarise all potentially interested parties with these practices. We hope this will include not just transgender people, but also journalists, researchers and influencers. Knowing what to protect oneself against and how to promote reliable knowledge is necessary.

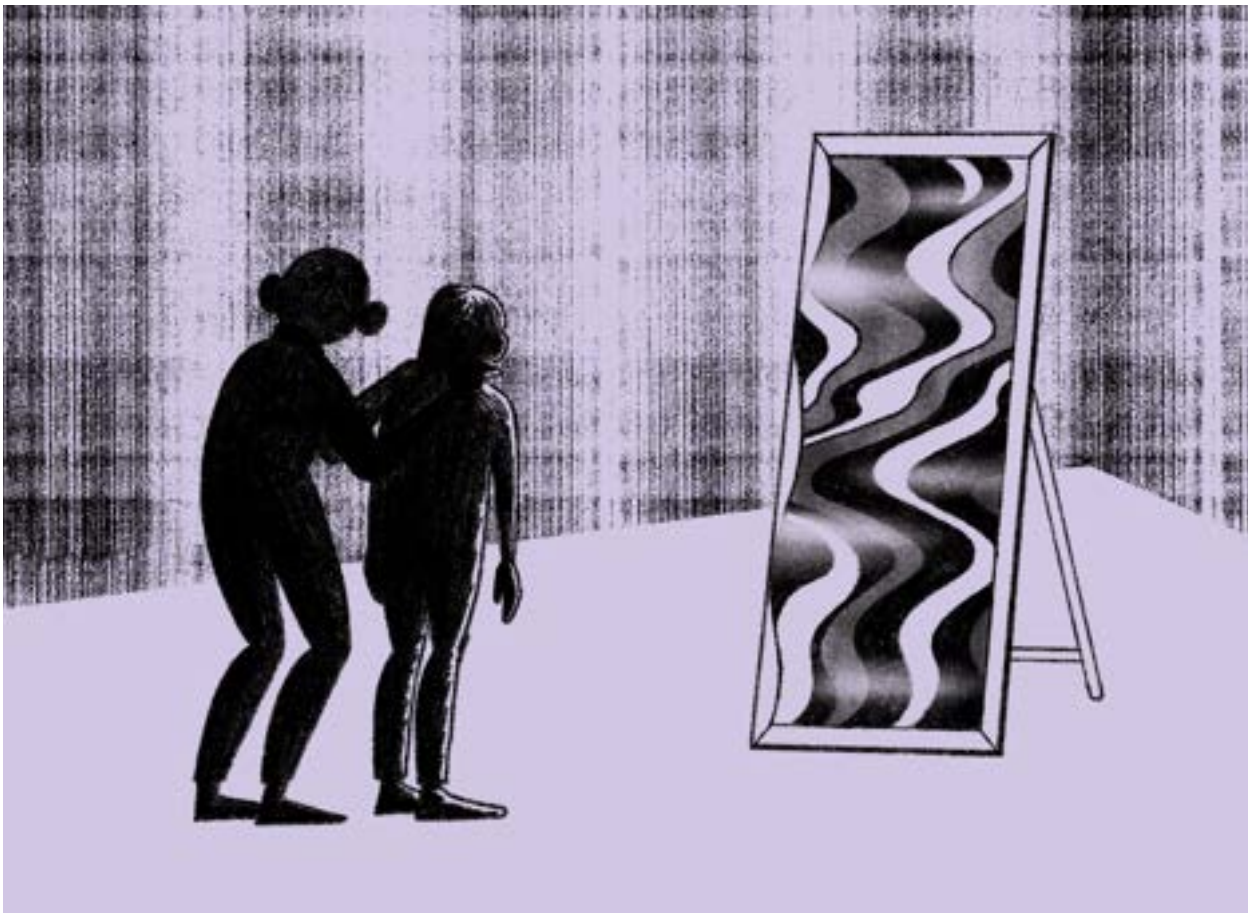
The goal of this report is to familiarise the reader with the definitions and types of "conversion therapy" as well as the methods used therein, including the scientific consensus regarding their use, existing legal solutions, as well as the historical view of such. In the latter half of the report, we have added the practical context to the previously presented knowledge on the example of the "therapeutic" work of Marcus and Susan Evans. We discuss their book entitled "Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults'' and show evidence of their use of conversion practices that are functionally nearly identical to both the existing and historical attempts to "cure" homosexuality. We also note the media appearances of the Evanses and discuss their role in the wider discourse regarding the rights of transgender people, while also discussing entities that promote their therapeutic model.

Marcus and Susan Evans were invited to Poland for the 9th conference of the Polish Society of Psychodynamic Psychotherapy. Their presence during the above-mentioned event was spoken against by the Polish Sexological Society, Polish Association of Cognitive and Behavioural Therapy, Residents' Agreement, Polish Association of Students and Graduates of Psychology, as well as by numerous representatives of medical professions, organisations protecting LGBTQ+ people's rights and public figures.

We want our report to enable others to recognize such "conversion therapists" as a result of the practical application of the theoretical knowledge we've gathered. The Evanses are given as an example that is of particular note for political reasons, but the analytical methods we have employed are universal and replicable. We combine both medical and legal research with investigative journalism. We believe that the holistic approach we have taken will make it possible to more thoroughly understand the methods and socio-political grounding of present-day "conversion therapists."

Part I

What is “conversion therapy”?



1. Definitions

One of the arguments used by the proponents of "conversion therapy" is the claim that such techniques do not fit the definitions of "conversion therapy" established in medical circles, or that those medical circles disagree with international and advocacy organisations (which are implicitly assumed to be infiltrated by the "trans lobby", and therefore are unreliable). Therefore, our report aims to compare the definitions of "conversion therapy" put forward by human rights organisations, the scientific community and advocacy organisations dealing with LGBTQ+ people's rights in order to show a broad consensus regarding terms and the mutual use of the findings of each group.

Let's begin with a definition proposed by the United Nations independent expert on sexual orientation and gender identity Victor Madrigal-Borloz, included in the A/HRC/44/53 document, presented during the 44th session of the United Nations Human Rights Council in 2020:

> "Conversion therapy" is used as an umbrella term 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.

In further paragraphs, the Expert cites the position of the Pan American Health Organisation from 2012, as well as the World Psychiatric Association from 2016 (Bhugra et al.) which note the lack of a medical justification for "conversion therapy", the violation of the human rights of conversion therapy victims and the the fact that it is impossible for a person to change their sexual orientation.

As a definition used in medical circles, we would like to present a statement given by the American Academy of Child and Adolescent Psychiatry (AACAP), published in 2018, which defines "conversion therapy" as follows:

> "Conversion therapies" (or "reparative therapies") are interventions purported to alter same-sex attractions or an individual's gender expression with the specific aim to promote heterosexuality as a preferable outcome (3, 4). Similarly, for youth whose gender identity is incongruent with their sex anatomy, efforts to change their core gender identity have also been described and more recently subsumed under the conversion therapy rubric (5). These interventions are provided under the false premise that homosexuality and gender diverse identities are pathological. They are not; the absence of pathology means there is no need for conversion or any other like intervention. Further, there is evidence that "conversion therapies" increase risk of causing or exacerbating mental health conditions in the very youth they purport to treat.

Of note is also the position of the American Psychological Association (APA) regarding attempts to change gender identity, published in 2021. "Conversion therapy" defined as follows:

> Gender identity change efforts (GICE) refer to a range of techniques used by mental health professionals and non-professionals with the goal of changing gender identity, gender expression, or associated components of these to be in alignment with gender role behaviors that are stereotypically associated with sex assigned at birth. In addition to explicit attempts to change individuals' gender according to cisnormative pressures, GICE has also been a component of sexual orientation change efforts (SOCE). (...) However, to consider these techniques as therapies or treatments is inaccurate and inappropriate because, the incongruence between sex and gender in and of itself is not a mental disorder.

Terminology similar to that of the APA is also used by the global branch of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) in their 2020 report entitled *Curbing Deception: A world survey on legal regulation of so-called "conversion therapies"* (Mendos et al.):

> "Conversion therapy" has nowadays become the common umbrella expression to refer to any sustained effort to modify a person's sexual orientation, gender identity or gender expression. One of the few aspects that all of the practices that fall under this category share in common is the fact that they entail efforts with an a priori goal of achieving gender expressions that align with stereotypical binary gender norms, a cisgender identity, and/or heterosexual desire, behaviour or identity. In other words, these efforts are not intended to change any given SO/GIE from one to another, as if all alternatives existed on an equal footing. On the contrary, these attempts are certainly not neutral about SOGIE. Rather they work on a logic that conceives anything that deviates from

> heterosexual or cisgender identities as problematic and undesirable. (...) this runs contrary to the medical and social consensus on the matter, especially after these categories were officially depathologised.

All of the above-mentioned definitions point to the fact that "conversion therapies":

- are concerned with both sexual orientation, as well as gender identity and expression;
- are rooted in pathologising orientations different from heterosexual and identities other than cisgender ones;
- focus on changing specific behaviour, which, in the case of non-normative gender expression, does not necessarily have a connection to a clearly declared difference in sexual orientation or gender identity (in other words, cisgender and heterosexual people may be victims of "conversion therapy," as well);

A note on language

In our report, we use the term "conversion therapy" in quotation marks in all instances. The reasoning behind this choice of language can be found in the ILGA World report:

- the core purpose of therapy is to remedy mental or physical problems. A specific sexual orientation or gender identity is not a disorder or pathology and does not require treatment;
- the use of the word "therapy" is meant to semantically link the described practices to established medical knowledge based in scientific research, which is far from the truth—"conversion therapy" is not based in reliable scientific research and its efficacy has never been confirmed;
- conversion practices include a wide array of actions that (especially in the case of particularly brutal methods) do not even remotely fit the definition of the word "therapy";
- the "conversion" part of the phrase suggests that sexual orientation or gender identity may be changed via external intervention, which is not a scientifically verified claim.

2. Various methods and types of "conversion therapy"

The types of "conversion therapy" that enter the public consciousness are most commonly the most drastic ones, such as exorcisms, corrective rape or isolation. This does not mean that no other forms of "conversion therapy" exist or that they are not applied. Situations like the ones mentioned above are the most newsworthy and dramatic, while long-term strategies of damaging the psyche, as opposed to the body, are not understood to the same degree in wider society.

For that reason, this part of the report aims to present the various forms that "conversion therapy" may take; we use the phrase as an umbrella term. When discussing its particular typologies we will, in turn, present the distinctions introduced by other entities when researching and presenting the issue.

A. Forms of conducting "conversion therapy"

The largest report concerning "conversion therapy", which focuses on respondents from all over the world, is the *Harmful Treatment.*

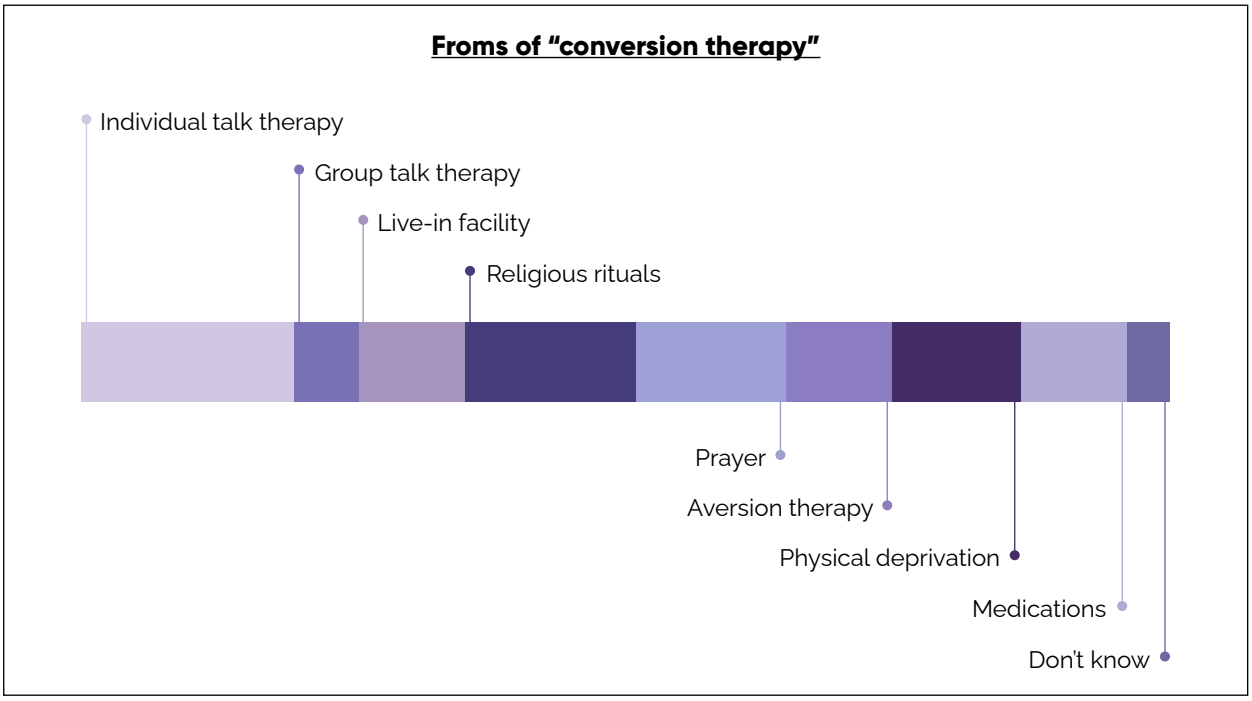


Table adapted from (De Groot, 2022).

The Global Reach of So-Called Conversion Therapy (Bishop, 2019) report, created by the OutRight International organisation; the report primarily discusses cases from Africa, Asia, South and Central America and the Caribbean. The study focused on giving a voice to persons from the Global South regarding their experiences with "conversion therapy", as related to both gender identity and sexual orientation.

Aggregated data indicates that the most widespread form of "conversion therapy" is individual talk therapy (psychotherapy), followed by prayer and/or religious rituals. 40.8% of respondents experienced physical deprivation, while 35.4% experienced aversion therapy and residential treatment. 32.3% were forced to take medications.

There are region-based differences, as well. In African countries, religious methods are the most common method of "conversion therapy" whereas in Asian countries aversion therapy (64% of respondents), „treatment" in facilities (59%) as well as physical deprivation and medication (48%) are most prevalent.

In the South and Central America and Caribbean region, the most common methods are religious as well as individual talk therapy (psychotherapy).

When comparing this report to the 2020 report *"Conversion Therapy" and Gender Identity Survey* created by Stonewall UK, Gender Identity Research & Education Society, LGBT Foundation and Ozanne Foundation, we can notice difference in "conversion therapy" methods between the different regions of the Global South and the North. The report discussed only studies situations which occurred in Great Britain and which were related to attempts to change the gender identity of the respondents. It should be stressed that nearly half of them experienced "conversion therapy" before the age of 18. As many as 78% of people who underwent such "treatment" had not reached 24 years of age.

The report identifies three major sub-groups of practices: those based on aversion or violence, on psychology and on religion. The research emphasise the fact that, even though the practices are based in faith

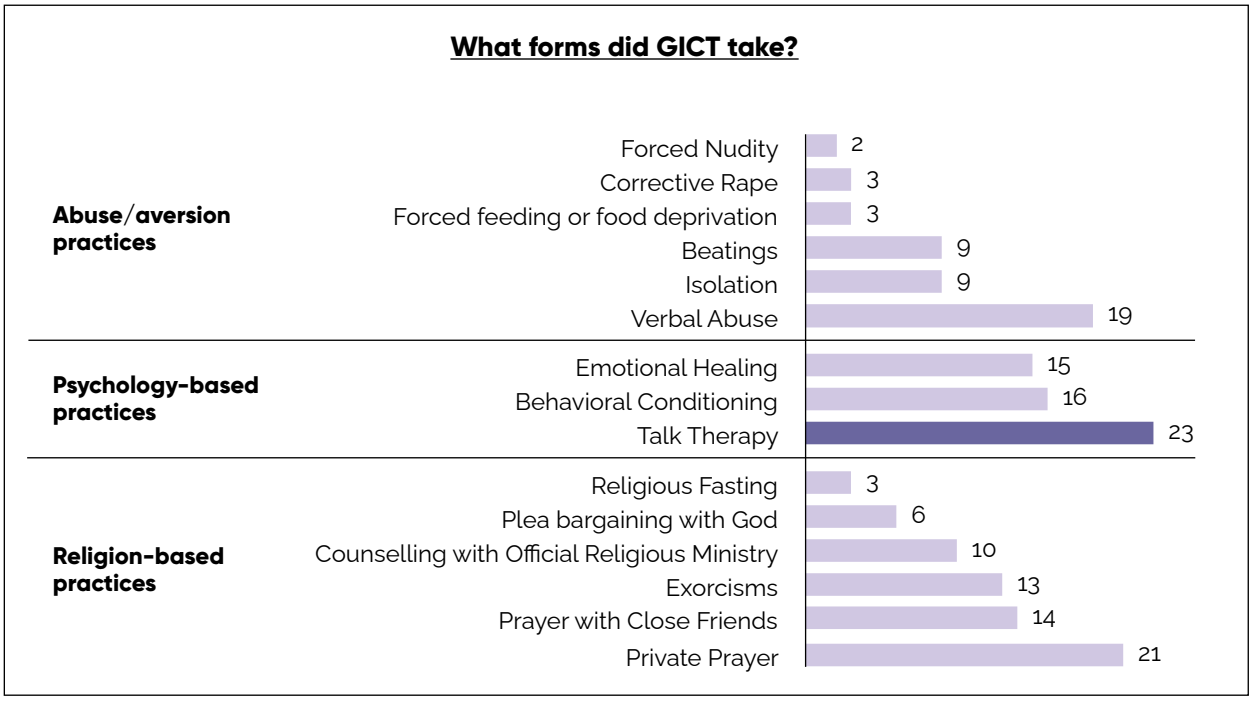


Table adapted from (De Groot, 2022).

or psychological practices, they are not inseparable parts of it. As it turns out, the most common practices among the persons studied were psychological ones, including psychotherapy, followed by religious practices. Most of the respondents experienced more than one "conversion therapy" method throughout their lives.

Individual talk therapy (psychotherapy) is, despite regional differences, the most common form of "conversion therapy" worldwide and should not be regarded as a marginal, negligible, or insufficiently harmful issue. More detail about the effects of psychotherapy is given in the report *It's Torture not Therapy* (Bothe, 2020), published by the International Rehabilitation Council for Torture Victims, IRCT, the largest such organisation in the world:

> Talk or psychotherapy is one of the most common conversion practices. We have found sources indicating that it takes place in at least 25 countries. As noted earlier, these practices are often directed to treating mental disorders that are believed to affect and divert an individual's sexual choices. Some psychotherapeutic approaches are premised on the belief that trauma is the underlying cause of a non-heterosexual orientation or identity and must be addressed. Sources indicate that practitioners may analyse an individual's childhood and relationships to try to identify and address a 'root cause' such as sexual abuse or parental discord. (...) The failure of psychotherapy itself can have damaging effects. According to the recently published Statement on Conversion Therapy by the Independent Forensic Expert Group (2020), "All forms of conversion therapy, including talk or psychotherapy, can cause intense psychological pain and suffering [....] the failure of conversion therapy often exacerbates the individual's feelings of inadequacy, self-worthlessness, and shame. Individuals often feel intense guilt over failure, reinforced by the idea that they are ill, unacceptable, incurable, and a burden to their families."

The ILGA World report (Mendos et al. 2020) uses the differentiation between the methods of conducting "conversion therapy" is a way to enumerate them, while specifying that the core principle, on which all the listed methods are based, is the pathologising of sexual and gender diversity. This is followed by a discussion of the earliest practices, such as lobotomy and castration and, subsequently, that of forced hormone intake (related to the hypothesis of an insufficient level of testosterone in gay men and of estrogen in lesbians), aversion therapies (divided into those based in electroshocks, forced medication e.g. vomiting-inducing agents, and others), and reconditioning via masturbation. Further listed are hypnosis, imprisonment in clinics or conversion camps and psychotherapy.

B. Types of "conversion therapy"

Forms of "conversion therapy" are merely a means to designated goals. These practices may vary in focus and may be ideologically motivated. Here, we would like to present the most widespread distinction in the literature on the subject; of course, all of them fall under the umbrella term "conversion therapy".

Let us start with distinctions present in the earlier-discussed A/HRC/44/53 authored by the team of Victor Madrigal-Borloz, the UN Independent Expert on sexual orientation and gender identity. Madrigal-Borloz divides the practices into psychotherapeutic, medical and religious. He also provides witness reports that emphasize the mutable nature of "conversion therapy", which makes it more difficult to identify, monitor and punish perpetrators. In the event of a ban or the restriction of a specific practice, those entities do not cease their activity, but rather alter their communication strategies.

This observation is largely the basis of the classification suggested by ILGA World. It focuses not on specifying types of "conversion therapy" by grouping their methods together, but rather on the political and social context, with particular emphasis on the ever-changing terminology.

The first term for conversion listed in the report is *reparative therapy*. This term came into use in the late 80s and in the 90s, concurrently to the gradual beginning of the process of de-pathologising sexual and gender diversity in wider psychologist circles. One of its most prominent figures was Joseph Nicolos, who had reserved himself the right to use the term and created the infamous NARTH (National Association for Research and Therapy of Homosexuality), the most notable American organisation promoting conversion-related ideas. Their communication strategies involved creating the appearance of being secular while at the same time cooperating closely with evangelical fundamentalist extremists. In Poland, reparative methods are used, among others, by the "Odwaga" ("Courage") Catholic "conversion therapy" centre in Lublin. Another of NARTH's methods was to evoke the idea of scientific discourse, "asking questions" or "expressing concerns". The founding document of NARTH is entitled "In Defense of the Need for Honest Dialogue" (Kaufman, 1998). It paints the picture of an aggressive "gay lobby" which, due to positioning itself as a victim, intimidates society at large, forcing it to cave to the lobby's demands in the areas of "teaching programmes, housing laws, and even religious doctrine".

"Reparative therapy" was loosely based on ideas from psychoanalysis and was often combined with spirituality. Homosexuality was linked to improperly developed gender identity, straying from "healthy feelings" of masculinity or femininity, as well as to a bad relationship with a parent whose gender the adult child was said to be attracted to in order to "repair" the relationship. The goal of the "therapy" was to return to the natural biological functions of the organism, defined as procreation.

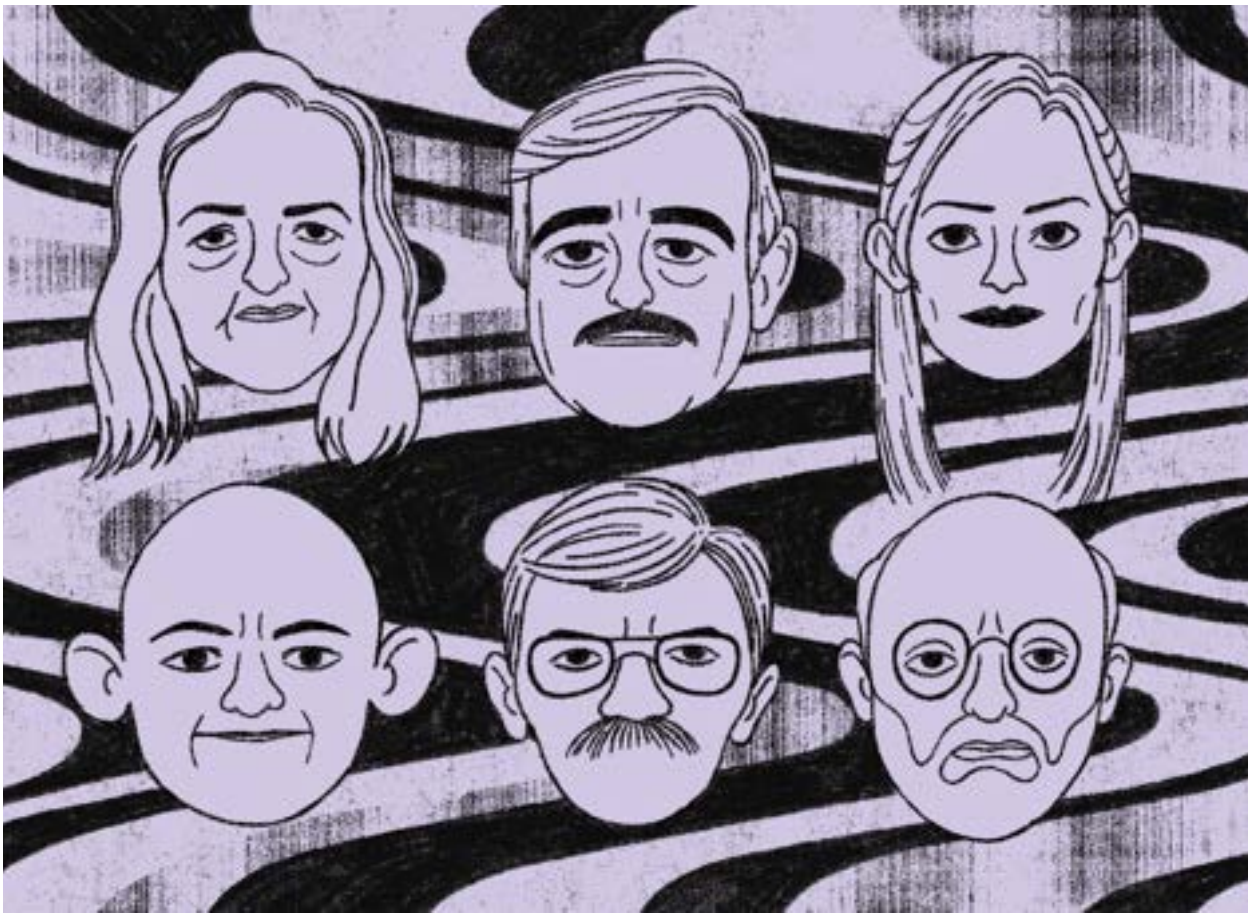
Another term listed in the report is *gay cure*, a colloquial term not used within psychological and medical discourse, but present in media and occasionally in activist language. The term *gay cure* was used to describe the practices of Robert Heath Galbraith, whose methodology places them within the scope of aversion therapy, for example with the use of electroshocks.

Next discussed is the term *ex-gay therapy*, the roots of which can be found within the ex-gay movement, associated through organisations of an unambiguously religious character, the most famous and the oldest of which are Exodus International and Love in Action. The *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (APA, 2009) points to a unique characteristic of the movement. It was a haven for people who had been excluded from religious communities due to their sexual orientation, and were unable to find their place in the non-heteronormative community due to their conservative political views. Members of this community based their beliefs about the possibility to change one's sexual orientation on Biblical text and Christian psychoanalysis.

Another term mentioned in the ILGA report is *gender critical therapy*. It relates to "conversion therapy" practiced on transgender youths in order to prevent the start of the transition process and encourage the abandonment of identification as a trans person. Its main proponents are people associated with SEGM and Genspect organisations, whose activity is discussed in detail in our open letter to the Polish Association of Psychodynamic Psychotherapy. It should be stressed that the term "gender critical" is associated with the Trans Exclusionary Radical Feminists (TERF) movement. The terms are treated as an internal attempt at rebranding and shifting narrative focus by not directly referencing transphobia, but rather by focusing on "questioning" or a "critical" approach, similarly to those strategies previously used by NARTH. Both types of "conversion therapy" also share personal connections, including NARTH member and a "conversion therapist" of homosexuality, Miriam Grossman, whose clinical supervisor is SEGM member, Stephen B. Levine (Jones, 2023).

The term "gender critical therapy" is generally used by persons who had, at one point, identified with feminism to some degree, such as Stella O'Malley. Others, like Marcus and Susan Evans, use the term "exploratory therapy", even though such a term is not mentioned in the ILGA report due to it being fairly new (Spiliadis, 2019). In recent years, however, the term has become very popular in circles of "conversion therapists", superseding previously used terms. The inclusion of a recommendation of "exploratory therapy" as the default form of healthcare for transgender teenagers in the NHS UK guidelines was met with strong criticism from the World Professional Association for Transgender Health (WPATH, 2022):

> Indeed, the denial of gender-affirming treatment under the guise of "exploratory therapy" has caused enormous harm to the transgender and gender diverse community and is tantamount to "conversion" or "reparative" therapy under another name.



3. Historical outline of gender identity "conversion therapy"

Although we are unable to present a full history of gender identity "conversion therapy" here, we can briefly present its most prominent figures, focusing, above all, on the post-war American and Canadian contexts.

The conversion approach was the default approach towards gender and sexual nonconformity throughout most of the history of psychoanalysis, psychology and psychiatry (Drescher et al., 2001; Gill-Peterson, 2021). The phenomena were perceived as a curable pathology, even though hypotheses about their causes and the details of treatment differed significantly depending on the therapist. Even though doctors theoretically acknowledged the distinction between "homosexuals" and "transsexuals and transvestites", in practice both of those groups were subject to the same interventions as part of differing manifestation of "sexual deviations" (Bancroft & Marks, 1968). In the first half of the twentieth century, transgender people underwent interventions such as:

lobotomy, electroshocks, the administration of supraphysiological doses of endogenic hormones (testosterone for trans women and estradiol for trans men), the forced administration of convulsion-inducing medicine, as well as psychotherapy and psychoanalysis, whose purpose was to "cure" a difference in identity. The marginal efficacy of all those interventions was one of the factors that necessitated a change in the approach towards transgender people. In his 1966 book "The Transsexual Phenomenon", Harry Benjamin argued for access to surgery and hormone therapy precisely because all existing techniques had proven ineffective:

> Psychotherapy with the aim of curing transsexualism, so that the patient will accept himself as a man, it must be repeated here, is a useless undertaking with present available methods. The mind of the transsexual cannot be changed in its false gender orientation. All attempts to this effect have failed (p. 53).

"Conversion therapy" for adult transgender persons was, however, still in use, including by Harry Benjamin himself, who sent some patients who did not meet the criteria of "true transsexualism" to such therapy (Shuster, 2021). For decades, "conversion therapy" functioned as part of transgender healthcare—it was up to sexologists and psychiatrists to decide which patients should be allowed gender-affirming medical interventions and who should be sent to "conversion therapy". The main justification of this practice was not any new data (the above-quoted statement by Benjamin remains true to this day) but a fear of lawsuits by unsatisfied patients, the desire to normalise one's practice in the eyes of other psychiatrists and sexologists (which is why surgery was allowed more often for people who were perceived as "respectable", i.e. white, physically attractive and middle-class), as well as a conviction of the necessity of distinguishing "true transsexualism" from transvestism (Velocci, 2021).

Many of the above-mentioned beliefs and interventions are still found in present-day transgender healthcare—as the scholar of trans history Jules Gill-Peterson put it (2021): ***conversion therapy is not (yet) the full opposite of trans medicine.***

The history of "conversion therapy" for children went in a slightly different direction. Failure in the attempts to "cure" transness in adults drew the attention of therapists to prepubescent children (Bryant, 2006; Ashley, 2019). Prepubescent-aged children received special attention from two sexologists, John Money and Richard Green (later joined by psychoanalyst Robert Stoller), who believed that both homosexuality and transness must stem from developmental problems and improperly developed family relationships. This conclusion was based in a psychoanalytical paradigm and the memories of gender nonconformity in childhood present in most homosexual and transgender persons. In subsequent years, the above-mentioned authors published a series of articles regarding the treatment and prognosis of "sissy boys" aged 3 to 8 (Green & Money, 1961; Green, 1968). Interventions promoted by Green were based on discouraging a child from feminine behaviours and promoting masculine behaviours, as well as changing family relations in order to reduce the role of the mother and increase the role of the father (Green & Stoller, 1972). This approach quickly gained popularity—Green became an assistant professor in University of California, Los Angeles, and in 1971 he founded his own scientific journal "Archives of Sexual Behavior". In 1980, the newly-published mental disorder classification DSM-III introduced a new diagnostic unit "gender identity disorders in children". In practice, such a diagnosis did not require either a transgender identity of the child or symptoms of any discomfort—the child's gender nonconformity was sufficient, combined with a desire by a parent to correct the child's behaviour. The diagnosis was criticised by other psychologists from the beginning for being a "backdoor" addition of a homosexuality analog after its removal from the disorder list in 1973 (Sedgwick, 1993).

Unlike "conversion therapy" in adults, interventions that targeted children resulted in much larger "efficacy". This was the result of both a much larger possibility of control in a child's life as compared to an adult, as well as a focus on evidence of gender nonconformity (clothes, toys, mannerisms) and not strictly on sexual orientation/gender identity. A negative impact on the mental health of children was not considered by therapists. Of note is the story of Kirk Murphy who, as a five-year-old child, became one of Green's patients and his colleague, future behavioural therapist George Rekers. The "curing" of Kirk was presented in a scientific article in 1974 as a success, and Kirk became one of Rekers' model patients in subsequent articles (Rekers & Lovaas, 1974). In 2003, an adult Kirk committed suicide, which his family related to the years-spanning problems related to childhood "conversion therapy" and Kirk's difficulty in accepting his own homosexuality (Burroway, 2011). Rekers would later become a member of NARTH and a proponent of "conversion therapy" for adults.

Green's approach was an inspiration for Canadian psychologist Kenneth Zucker who in the mid-70s, in cooperation with Susan Bradley, had opened the longest-running conversion facility for children with "gender identity disorders" in Toronto. Although he was aware of the initial assumptions made by Greene and Money regarding homosexuality prevention, Zucker decided to focus solely on preventing transness, reasoning from the perception of transsexualism as "a potentially problematic developmental condition" (Zucker, 1985). Despite a differing goal of "treatment" and a relative tolerance towards homosexuality, both Zucker's methods and patient group did not significantly differ from those of Green's—his "therapy" methods also focused on promoting normative behaviour and family therapy, sometimes taking on grotesquely stereotypical forms. For example, in one case Zucker commanded the mother to answer the child's questions with "Daddy is smarter than mommy, ask him", so that the child would learn gender norms (Rosin, 2008). In 2001, Zucker replaced Richard Green as editor of his scientific journal. In his own words, "there are more similarities than differences between my approach and Green's" (Schwartzapfel, 2013). The Toronto clinic was closed in 2015, after the state of Ontario introduced a law banning "conversion therapy". During a parliamentary debate on its introduction, Erika Muse spoke:

> He [Zucker] interrogated me in talk therapy for hours at a time, inquisitorially attacking, damaging and attempting to destroy my identity and my self-esteem, and to make me ashamed and hateful of myself. (..) Instead, he used that power and that position to ruin my life, my body and my mind. The wounds that Zucker caused me can never be undone. I don't know if I'll be able to heal and feel right or whole, or right as a person, ever again (House of Commons of Canada, 2020).

Zucker's clinic in Toronto, in the nearly 40 years of its operation, collected a vast amount of data, which was often scientifically and ethically dubious (e.g. research that judged the physical attractiveness of eight-year-old children with "gender identity disorders" (Zucker et al., 1993)). This vast collection includes follow-up examinations conducted by Zucker over ten years after using therapy on his patients (Drummond et al., 2008; Singh, Bradley & Zucker, 2021). For reasons that are difficult to understand, the examinations do not include questionnaires ascertaining mental health or questions regarding the assessment of Zucker's therapy, or even variables of importance as the kind of intervention used.

Despite close ties between Zucker and other "conversion therapists", his practices received much approval in the scientific community for many years. Zucker led the DSM-V Work Group on sexual and gender identity disorders and for many years was an active member of WPATH. The scientific articles about his patients were one of the foundations of the Dutch model (which discourages gender-affirming interventions before puberty)

(Cohen-Kettenis & van Goozen, 1998) and continue to be uncritically cited—including by Polish practitioners. Zucker continues to be an active figure in the anti-trans movement and his work is used as evidence for the instability of transgender identity by many present-day "conversion therapists" in organisations such as the Society for Evidence Based Gender Medicine (SEGM) and Genspect (including Marcus and Susan Evans), as well as political parties aiming for a ban of transition for minors.

The above historical outline shows years of the neglect of medical institutions in the area of "conversion therapy". Despite declarations and bans, conversion practices have been used for decades and included into care models, often without any attempt to disguise the true intent of the "therapists". The current popularity of "conversion therapy" for transgender children and adults is a result of the acceptance of conversion methods by the sexological and psychological establishment, which, only in recent years, started to slowly reckon with its past.

"Conversion therapy" in the Polish context

The history of "conversion therapy" in Poland is a topic that still requires broadened analytical study. In the 50s and 60s, transgenderism was classified as "gender deviation" (Imieliński, 1970), and often as an extreme form of homosexuality. The methods of "conversion therapy" used included psychoanalysis-based psychotherapy, electroshocks, insulin comas, administering cardiazole and neuroleptics (Imieliński, 1963). However, "conversion therapy" practices lacked the scale and planning behind programs in other former Eastern Block countries, such as Czechoslovakia and USSR (Kościanska, 2020). In the 70s, as a result of work by sexologists Kazimierz Imieliński and Stanisław Dulko, medical transition was made available to an increasing number of transgender people; in practice, this path continued to exist parallel to still-used conversion techniques, especially for children. In his 1989 book *Przekleństwo Androgyne* (eng. *Androgyne's Curse*), Kazimierz Imieliński partially upheld the psychoanalytic understanding of transness as a result of errors in upbringing and recommended prevention of transgender identity in the form of instructing the parents of gender nonconformative children how to properly raise a child (Dulko & Imieliński, 1989, p. 293). The status quo of simultaneous conditional permission for medical transition and the recommendation of "conversion" practices in the case of more oppressed sections of the transgender community is still present in Polish medicine today—the 2020 book *Dysforia i niezgodność płciowa* (eng. *Dysphoria and gender incongruence*) presents such actions as imposing on cisgender expression, preventing social transition or undermining the gender identity as acceptable psychological interventions for transgender children (p. 210).

A separate tradition of Polish "conversion therapy" is that belonging to religious groups, both those only inspired by the Catholic faith and those that function under the direct supervision of the Catholic church. Due to significant media attention (Podgórska 2013; Gebura 2014), their activity after 1989 remains relatively well-known and includes the Pascha group, the Odwaga ("Courage") centre in Lublin and the currently inactive group Pomoc 2002 ("Aid 2002"). The activity of the above groups, even though it could include transgender people, nevertheless focused primarily on homosexual adults. Due to secularisation of Polish society, Christian "conversion therapists" are increasingly rare in their appeals to theology, focusing mainly on pseudo-scientific and psychoanalytical arguments; they also continue to devote increasing attention to transgender people. This tendency includes the activity of the psychologist Agnieszka Marianowicz-Szczygieł (the founder and the only active member of the Ona i On ("Her and Him")

Institute, as well as publications such as Polish translation of Ryan T. Anderson's book *When Harry became Sally* in 2021 by Warsaw Enterprise Institute (a far-right think tank of the Association of Entrepreneurs and Employers) or the report *Transseksualizm z perspektywy zdrowotnej, społecznej i prawnej* (*Transsexualism from the Medical, Social and Legal Perspective*) authored by Ordo Iuris Institute in 2020. The latter organisation started a petition in 2022 entitled "Stop Crippling The Kids", which demands banning the transition of minors. At the time of this report's writing, the petition did not, however, receive media attention or any wider political support.

The increase in activity of present-day "conversion therapists" associated in SEGM and Genspect organisations and their impact on the popularity of "conversion therapy" in Polish psychology is described in more detail in the second part of this report. What needs separate mention are techniques of do-it-yourself "conversion therapy", used independently by parents of transgender children, without any involvement from a psychologist. Due to the easy popularisation of such techniques (via social groups and media) and their low cost, we can expect an increase in the popularity of such interventions. This kind of "conversion therapy" includes the text "How to protect your child from gender ideology" by Waldemar Krysiak (2023), far right journalist writing under pseudonyms "Myślozbir" ("Thoughtcriminal") and "Gej Przeciwko Światu" ("Gay [Man] Against the World"):

> Take away [their] smartphone. Limit any contact with toxic people who try to convince the kid that [they're] of another gender. Set up a password for [their] computer and limit the time of its usage. Instead of a cell phone, give the kid a simple phone that [they] can use to call you. But no Internet, no social [media], no Netflix movies about the transes and the gays.
>
> Instead, offer [them] something good. Spend your time with [them]. Make [them] spend time with [their] siblings. Make [them] go to trips and go for a walk with you. Remind [them] you're [their] mother or [their] father and that you do this only for [their] good.
>
> Instead of lecturing them, present them with scientific arguments on the harm of transing. With dedication and a bit of luck, your kid will go back to normal and will one day be grateful to you for saving [their] life.

4. Medical consensus on "conversion therapy"

There is a broad consensus towards rejecting "conversion therapy" as unethical, within medical, psychological and psychotherapeutic associations. Official positions condemning medical intervention aiming to change sexual orientation and gender identity have been issued by the World Psychiatric Association, American Psychological Association, American Psychiatric Association and tens of other organisations from the USA, United Kingdom and other countries.

> The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, "conversion therapies"

> should not be part of any behavioral health treatment of children and adolescents. However, this in no way detracts from the standard of care which requires that clinicians facilitate the developmentally appropriate, open exploration of sexual orientation, gender identity, and/or gender expression, without any pre-determined outcome (AACAP, 2018).

> EAP does not consider homosexuality or bisexuality, or transsexual and transgendered states to be pathologies, mental disorders or indicative of developmental arrest. These are not symptoms to be treated by psychotherapists, in the sense of attempting to change or remove them (EAP, 2017).

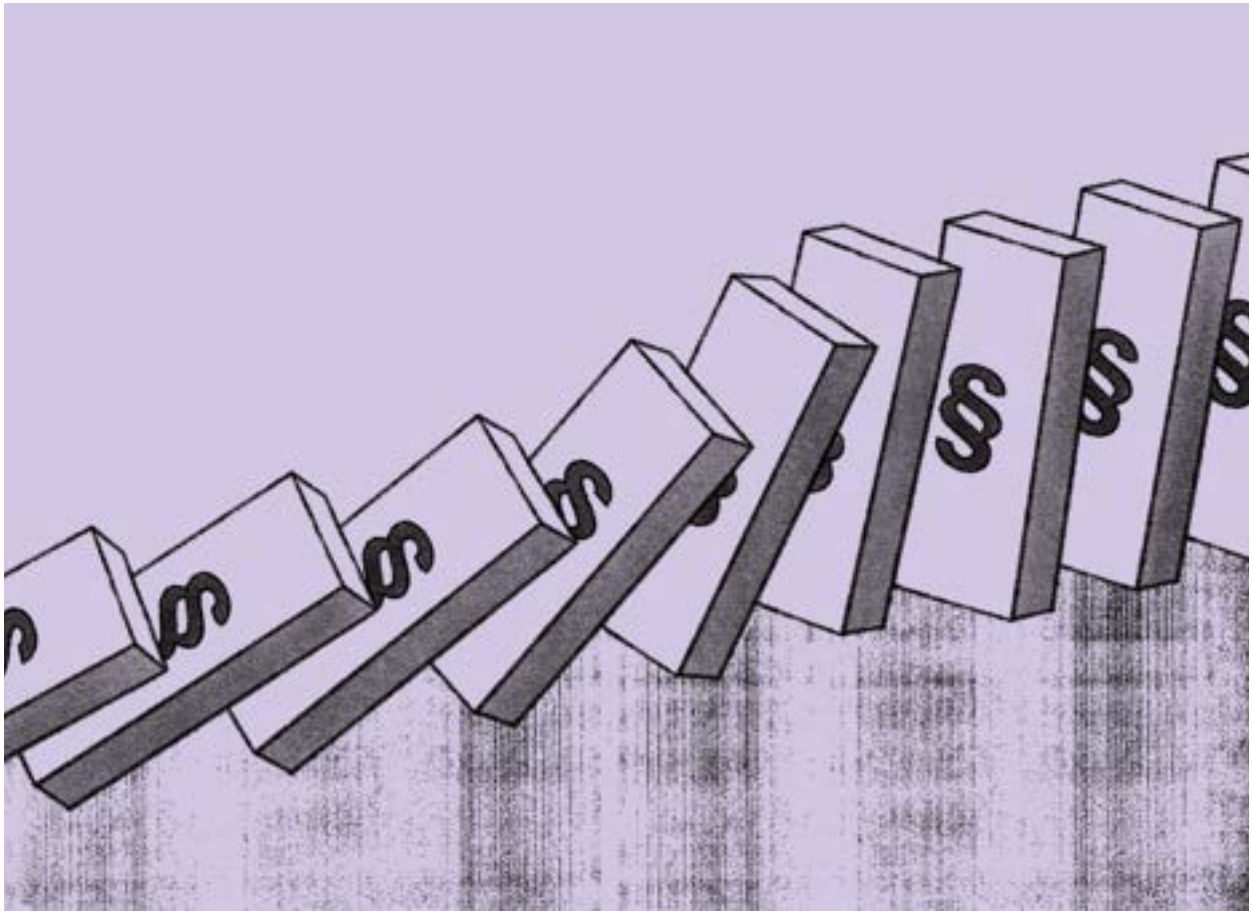
The position included in the Protocol of the findings regarding "conversion therapy" in the United Kingdom (Memorandum of Understanding on Conversion Therapy), a joint document of more than 25 British organisations dealing with mental health, including National Health Service England, The British Psychological Society and Royal College of General Practitioners is as follows:

> Signatory organisations agree that the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful (MoU2, 2017).

Regardless of the specific methods used, in order for "conversion therapy" to succeed, the person in question needs to be convinced that part of their desires or identity is something evil and pathological, something that needs to be suppressed and fought against. This requires undermining one's faith in one's own judgment and a significant lowering of one's self-esteem. Retrospective research where LGBTQ+ persons are asked about their experiences with "conversion therapy" and their current mental state consistently shows its worsening, accompanied by a larger percentage of suicidal thoughts in transgender people who underwent attempts to change their gender identity (Green et al., 2020; Turban et al., 2020).

Serious negative consequences of "conversion therapy" are all the worse for the fact that they are not accompanied by any positive effects. Differing gender identities and expressions are not pathological and do not require change. The main aim of "conversion therapy" is not to help a patient or help their well-being regardless of their sexual orientation or gender identity, but is rather motivated by a desire to maintain a certain social order that does not include gender and sexual minorities. "Conversion therapies" are unethical, not only due to the harm they cause, but also due to their pathologizing of gender diversity and violent forcing of gender and sexual norms.

The two above considerations are the most important arguments for the rejection of "conversion therapy" as unethical. Some people also point to their lack of efficacy, but this issue needs to be discussed to include all nuances. "Efficacy" is always defined in the context of the goal set, and as we have shown earlier, some conversion interventions, especially those used towards children, resulted in a change in behaviour. Strong social pressure, the threat of violence, internalising shame and the suppression of one's desires or needs are capable of forcing some people to not display behaviour that is not gender-normative, especially in the case of children and teenagers. However, this "efficacy" persists only until the pressure is removed. There is no research which shows the possibility of long-term change in gender identity of teenagers and adults.



5. Legality of "conversion therapy" in the European Union and USA. The situation in Poland.

Due to a range of difficulties related to the legal analysis of "conversion therapy" worldwide, here we would like to focus only on the situation in the EU and USA, where advocacy organisations and political entities monitor the ongoing situation.

A. Situation in the European Union

In the European Union, "conversion therapy" has been fully banned, i.e. both in relation to children and youths as well as adults, only in Malta (in 2016) and in France (in 2021). In May 2022, "conversion therapy" aimed at children and youths was banned in Greece, and Germany in 2020 (ILGA Europe, 2022).

Member State	Region	Grounds explicitly covered		
		Sexual orientation	Gender identity	Gender expression
Malta		x	x	x
Germany		x	x	
France		x	x	
Greece		x	x	x
Spain	Madrid	x	x	
	Valencia	x	x	x
	Andalucía	x	x	
	Aragon	x	x	x
	Cantabria	x	x	
	Navarra		x	
	Murcia		x	x
	Canary Islands	x	x	
	Rioja	x	x	x

Table adapted from (De Groot, 2022).

The practices discussed are banned in some regions of Spain. A country-wide proposal for a "conversion therapy" ban was presented in 2021 (De Groot, 2022).

Proposals for a "conversion therapy" ban have, in addition, been given to legislative entities in Portugal (2021). In Ireland, one such project fell through in 2018, but an act is currently being proceeded which would give persons aged 16 and above the ability to refuse participation in "conversion therapy" without introducing a ban thereof. In 2022 Roderic O'Gorman, the Minister of Children, Equality, Disability, Integration and Youth, announced the start of a research project, whose goal is to introduce a ban of such practices in a manner based in "current medical knowledge and international best practices" (Department of Children, Equality, Disability, Integration and Youth, 2022). In Belgium, a ban was proposed in 2019, and subsequently in 2021. Repeated legislative projects fell through on numerous occasions in the Netherlands and in Austria.

B. Situation in Poland

"Conversion therapy" in Poland is legal. The Polish government was urged to change this situation in March 2018 by the UN Committee of Rights of People with Disabilities (KPH, 2018a). In the same month, the European Parliament also called for the discontinuation of the procedure, as part of its yearly report on fundamental rights in the EU (KPH, 2018b). The amendment concerned only homosexual persons, but the proposed bill prepared in February 2019 by Campaign Against Homophobia (Kampania Przeciwko Homofobii, KPH) as well as the Modern (Nowoczesna) political party also provided protection of transgender and gender-nonconforming people (KPH, 2019).

Conversion practices were therein defined as follows:

> Any influence whose aim is to change or suppress sexual orientation, gender identity or expression; conversion practices do not include healthcare or other activity that:
> a) provide help regarding gender affirmation procedures, or
> b) provide support in the understanding and acceptance of one's sexual orientation, gender identity or expression, or
> c) aim to treat mental disorders commonly accepted in international medical and diagnostic classifications.

A fine of 1000-2000 PLN was to be imposed not only for conducting conversion practice, but also for offering or advertising them, as well as indicating persons conducting the above-mentioned activity. The project, unfortunately, was not sent for further proceeding by the end of the term of the Sejm (the lower house of the Polish parliament).

In October 2020, Ombudsman Adam Bodnar urged Prime Minister Mateusz Morawiecki to ban "conversion therapy" (Bodnar, 2020). The appeal was motivated by the "Statement on LGBT+ Issue" announced in August 2020 by the Polish Episcopal Conference (Konferencja Episkopatu Polski, KEP), which stated that "it is necessary to create counseling centres (including with the help of the Church or using its infrastructure) to help people who want to regain their sexual health and their natural sexual orientation" (KEP, 2020). In May 2020 the Ombudsman appealed for a ban of conversion practices to the Minister of Health.

In his response, the Minister confirmed the unscientific nature of "conversion therapies", but refused to ban them due to a lack of basis for a ban in healthcare regulations. This was because people who conduct "conversion therapies" most commonly work in professions that are not overseen by the Ministry of Health. "Conversion therapy" is also the subject of the report *Social situation of LGBTA people in Poland 2019-2020*, published by Campaign Against Homophobia and Lambda Warsaw Association (Świder & Winiewski, 2020). According to the information contained therein, suggestions to change one's sexual orientation or gender identity, or the possibility of their "fixing" or "treatment", were most often given to gay men and lesbians (about one-fifth of those surveyed), followed by transgender people (15%) and bisexual women (16.5%). The suggestions to undergo "treatment" most commonly came from family members, while "conversion therapy" practitioners were most commonly members of the clergy, followed by psychologists, therapists and psychiatrists. However, it should be noted that the question included in the survey concerned a representative of a religious community/group and did not survey the exact religion of "conversion therapists". Additionally, as many as 20% of the transgender people surveyed that had received professional psychological help had met with attempts to convince them to accept the gender assigned to them at birth.

The information presented in the report is worrying, especially in conjunction with other statistics on the social functioning of trans people. Among the people who had come out to their parents, 40.4% of those surveyed had a fully accepting father, and 47.7% an accepting mother. Most parents of transgender people do not fully accept the gender identity of their children. 23% of trans people lost at least one person close to them after they had come out. Among trans people, the percentage of those who chose "at least half", "most" or "all or early all" was highest compared to other groups surveyed (respectively 4.1%, 2.3%, 0.8% of all trans people). As indicated by the earlier part of the report, suggestions regarding "fixing" or "changing" identity come mostly from non-accepting families.

C. Situation in the USA

The United States is among the countries where we can observe a particularly strong conservative backlash against "gender ideology". It is related, among other things, to extreme inequality in transgender rights depending on the state. While some states, such as California, can be found at the forefront of the protection of transgender people worldwide, some states may attempt to ban medical transition or teaching about the existence of LGBTQ+ people in schools. In 2022, 42 of 50 states considered introducing legislation aimed at the rights of transgender people. 23 anti-LGBTQ bills went into effect, 156 such bills failed, and 18 are still being proceeded (that does not mean they are actively worked on—some of the bills have been put on hold) (ACLU, 2022)[1]. In 2023, 118 anti-trans bills have been proceeded (in some cases, the legislative process began in 2022) (Trans Legislation, 2023), 11 of which concern the transition of minors.

Our analysis, in addition to presenting the situation of "conversion therapy" bans, will also discuss the already-introduced state legislation of this type. It should be stressed that due to the legal and political system of the USA, the situation is very unstable, and in most cases the legality of anti-trans laws will be determined in court, because human rights organisations sue state authorities *en masse*. A recent executive order by President Joe Biden gives more hope, in which Biden opposes the allocation of government funds to "conversion therapy" and promises the broader protection of the education and healthcare rights of LGBTQ+ people by ordering that government agencies create new guidelines on a federal level (The White House, 2022). At the same time it is worth noting that Biden's executive order may be easily overturned by the next President (his term ends in 2024) and it is subject to judicial control on the federal level, which historically, due to Republican leanings of the judges, led to the obstruction of action by Barack Obama, as well as of legal acts overturning decisions by Donald Trump.

As of 1st February 2023, "conversion therapy" for children and youth is fully banned in 20 states and in the District of Columbia and Puerto Rico. North Carolina, Pennsylvania, Michigan, Wisconsin and Minnesota ban the use of state funds to finance "conversion therapy", meaning that privately organising such practices is still legal. In North Dakota, "conversion therapy" may not be conducted by anyone affiliated with Social Services, which includes most mental health experts. Religious "conversion therapy" continues to be legal (Turley, 2022).

A full ban on the transition of people under 18 years of age was introduced in Arizona, and a ban on transition for those under 19 y.o. introduced in Alabama (Trans Legislation Tracker, 2023). In both cases, the ban is currently suspended via court (Pierson, 2022; Glenn, 2022). In 2023, we see a particularly worrying trend of attempts to ban the transition of adults—in Oklahoma, Virginia and South Carolina bills are being proceeded that would ban transition until the age of 21 (Midgon, 2023). The Oklahoma SB129 bill draft proposes that transition before the age of 26 should be criminalized. In multiple further states, legislation has been introduced excluding procedures related to medical transition from state Medicaid insurance, thereby denying access to transition to those in worse financial situations. Such legislation has come into force in Texas, Tennessee, Missouri, Kentucky, Georgia, Arkansas, Arizona and Florida (San Felice, 2022).

[1] Our data is based on an ACLU report, but data from other entities that use a different methdology show other numbers. According to the Human Rights Campaign, in 2022 over 300 anti-LGBT bills were proceeded, while according to translegislation.com, 174 anti-trans bills were proceeded.

The situation in Texas is unique, where, in an attempt to circumvent the legal route, Governor Greg Abbott has de facto banned the transition of children and youths via internal executive order directed at the state Department of Family and Social Care (Office of the Texas Governor, 2022). He described transition as "violence against children" and ordered that investigations be launched against their parents. This has led to a record number of employees quitting their jobs (making up over 2300 people since the beginning of 2022) which, according to reports from both former and current employees, has led the Department to the brink of collapse (Harris, Bureau, 2022). Entering the path of a non-direct ban is connected to the Governor's failure to obtain a legal ban on transition in 2021. Further attempts are currently being made to ban minors from transitioning as part of three bills being proceeded. In response to this, some states have introduced (California) or have started proceeding (Illinois, Minnesota) bills allowing the families of trans children to escape to another state (Schoenbaum, 2023).

In Oklahoma, Governor Kevin Stitt halted all transition-related medical care for youth by use of the indirect methods. The SB3 bill withheld the only Oklahoma hospital providing services related to youth transition from receiving over $108 million dollars of federal grant, (including $40 million for a pediatric mental health facility), unless they discontinue their gender-affirming healthcare programs for transgender youths. In the aftermath of the bill's passage, about 100 trans minors stopped receiving medical care at Oklahoma Children's Hospital (Migdon, 2022).

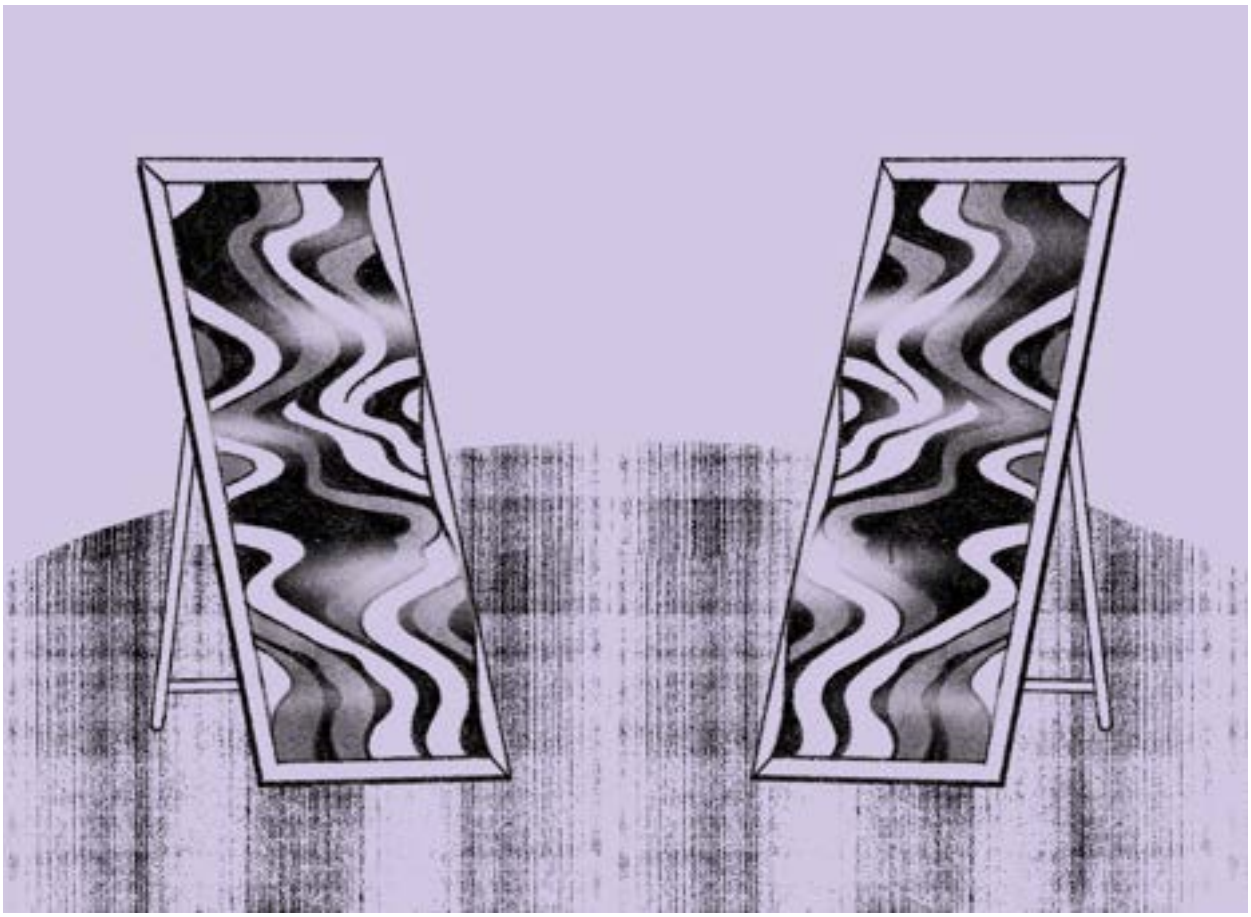
Similar methods are used by the Governor of Florida, Ron DeSantis. The first attempt to ban transition failed in March 2022 in one state sub-committee (Trans Legislation Tracker, 2023), which led DeSantis to use an illegal, internal procedural route, through the Council of Medicine and the Council of Osteopathic Medicine, whose members he personally appoints. They started a procedure towards introducing new regulations to state standards of care that would impose fines on doctors overseeing the transition of persons under 18 years of age and significantly lengthen the process of transition for adults (McNamara & Branstetter, 2022). Political pressure and safety concerns led to the closure of two clinics that admitted minors in Miami and St. Petersburg (Varn, 2022). Medical care for youths is currently provided only by one clinic statewide (Ogozalek & O'Donnel, 2022). In November 2022, the Council of Medicine and the Council of Osteopathic Medicine finally voted for a ban of transition before the age of 18 (Durkee, 2022), though exact guidelines will developed throughout 2023. What has entered into force is a ban of subsidising transition as part of Medicaid insurance introduced by Florida's Agency for Health Care Administration (AHCA) (Berg-Brousseau, 2022). The head of the Agency is also directly appointed by the decision of Governor DeSantis.

Part II

„Exploratory therapy" by Marcus and Susan Evans

In part II, we would like to bring more focus to the notion of "conversion therapy" on the basis of the book *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults* by two British psychoanalysts, Marcus and Susan Evans. This choice is motivated by a variety of considerations—the Evanses have already been invited to psychologists' conferences in Poland twice (Szpital im. dr. J. Babińskiego OLZON, 2021; PTPPd, 2022) and there is a substantial risk that their methods of therapy will be used on Polish transgender youth.

The Evanses' model itself, deemed "exploratory therapy", is typical for modern-day "conversion therapists" and uses similar rhetorical devices to legitimise itself. By discussing it, we will show the Polish reader the mechanisms by which modern "conversion therapy" operates in multiple contexts, using the theoretical framework established in the first part of our report.



6. "Exploratory therapy" as a rebranding of "conversion therapy"

The authors of the book *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults* present the therapeutic model they propose as fundamentally apolitical and moderate, free of agendas and value judgments, and focus on self-knowledge and exploring one's psyche (hence the frequent use of the term "exploratory therapy"). In the first chapters of the books, the authors go as far as to declare their support for transition and disavow attempts to change their patients' minds:

> The model is neither "pro" nor "anti" transition. We understand that to transition is, for some adults, the best way to lead their lives and present to the world (p. 7).

It is undoubtedly true that therapists should not seek to impose their idea of what is "normal" on a patient who believes he or she is trans. Nor should they engage in any attempt to pressurise the person into changing their mind. However, as in all contexts, the therapist must also resist the temptation to

> abandon curiosity, or uncritically accept the patient's presentation at face value, and then act as an "affirming" cheerleader for life changing, irreversible acts of transition. Rather, the goal of exploratory therapy should be to understand the meaning behind a patient's presentation in order to help them develop an understanding of themselves, including the desires and conflicts that drive their identity and choices (p. 18).

The idea of supporting children and youths in exploring their gender in a supportive environment, free of value judgments is not controversial. The same principle can be found in the affirmative model criticised by the Evanses, e.g. in the guidelines of the American Academy of Pediatrics (AAP):

> A strong, nonjudgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment. (Rafferty et al., 2018)

The main problem with the Evanses' declarations is that they are false. In their over 200-page-long book, the authors repeatedly contradict the principles they laid out in the beginning. For the Evanses, a positive result of therapy using their model is always the return to being cisgender, and the "exploration" is always aimed at showing the patient that their transgender identity is the result of deeply-hidden, pathological causes, most often a dysfunctional relationship with their parents.

Acceptance of natal sex

In multiple instances, the authors of the book present "accepting one's natal sex" as a justified goal of therapy or even a necessary element of every person's life:

> Part of the developmental struggle in adolescence is to come to terms with the reality of who we are, including our natal sexuality and the different roles demanded of us in reproduction (p. 115).

A note on semantics:

Discussing the Evanses' book is made even more difficult due to their failure to use the accepted medical terminology. For instance, the authors do not distinguish between gender dysphoria (a DSM-V diagnostic unit), gender incongruence (a ICD-11 diagnostic unit) and transgender identity—in many cases, terms such as "trans-identified children" and "gender dysphoric children" are used interchangeably (p. 133, 232). In some parts of the book, the authors discuss transgenderism self-diagnosis (p. 14), even though being transgender by itself is not a diagnosis. The book includes a glossary explaining some of the terms used, but it contains exclusively psychoanalytical terms without any close links to the topic of transness. Due to a lack of clear information from the authors and the general tone of the book, we therefore assume the interpretation that the authors treat all evidence of being transgender and the desire to transition as a symptom of the mental disorder that is "gender dysphoria".

> Under the current "affirmative" model of treatment (which might more aptly be called a "belief-confirmation" model), some services may be tacitly providing reassurance to young people that their anxieties about sexual development will be removed through gender transition. We would argue, however, that adolescent confusion and distress is a normal and even necessary part of development. And over time, the adolescent can be helped and supported to become an adult who might enjoy what their natal sexual body has to offer (p. 116).

> The psychological process of coming to terms with who we are and who we are not is a developmental step. It helps to solidify the child's sense of self. However, it does produce feelings of envy and exclusion. "If I am a boy with a penis, I'm not a girl with a vagina." A later version of this would be, "If I have a penis, I can impregnate women, but I will never be pregnant with a baby." The reality of the difference between boys and girls presents the individual with realities about their limitations but helps solidify a positive sense of who they are. The young person may avoid the reality of their limitations by denying the difference between the sexes. It deprives the young person of the security that is derived from integrating their natal biological reality with the socially agreed construction of their gender. The term non-binary splits gender from biological sex and can be associated with a fantasy that the individual can triumph over not just rigid social stereotypes but also biological realities (p. 202).

Meanwhile, transness and transition are always presented in the book in a negative light, often without referencing any scientific sources. One of the major points of the book is the assumption that transgender identity and/or gender dysphoria are the result of hidden developmental problems, usually connected to one's relationship with one's parents:

> Staff working with children who are suffering from gender dysphoria obviously want to protect them from unnecessary pain and anxiety. However, pain and anxiety can provide an indication of an underlying problem that needs attention, and we believe this is the case with gender dysphoria (p. 217).

A significant part of the book is comprised of studies of patients visiting gender clinics. They serve for the authors to present various clinical presentations and showing specialists the proper course of action. As per the authors' declarations, the model presented in the book is aimed at psychologists working with transgender youths, but the book theaches nothing about such important subjects as navigating a social transition or reacting to transphobia. Among the 12 cases concerning pre-transition children, youths and young adults that the book provides, none presents a story where the therapist supports a decision to transition—in each case it turns out that the transgender identity is caused by something else, usually a pathological relationship with parents. Below we will discuss some of those cases, as they best illustrate methods used by the Evanses and how they envision "the exploration of gender dysphoria":

The first notable case is "David", a 23-year-old trans woman, described by the authors with male pronouns. "David" had struggled with depression for some time, including a suicide attempt, but by her own declaration, she felt better ever since she decided to transition and her suicidal thoughts were gone. She was sent to a therapist by her mother, who opposed the transition. Three meetings are described, in part by quoting conversations between the therapist and "David", and in part in the form of interpretations of "David's" words prepared by the authors.

The fragments quoted in the book show a fairly typical example of a pre-transition trans woman: experience of difficult familial relationships, a history of depression, an improvement after making the decision to transition. The most emblematic element of this case is not "David" herself, but how she

is described. For instance, a statement by "David" regarding her years-long aversion to her own genitals and the experiences of male puberty is commented thus:

> [Her] wish to have [her] masculinity removed seemed connected to a wish to distance [herself] from [her] father, whom [she] blamed for [her] family's collapse" (p.179).

Note

For the sake of preserving the dignity of the transgender people described, the fragments quoted replace gendered words with forms compatible with those used by the person in question. The words replaced are in square brackets.

On multiple occasions during therapy, "David" explains to the therapist that she has no doubts regarding her transition, but is afraid of her family's reaction. Each time, the therapist interprets this as a form of projection of her own doubts regarding transition onto her family members:

> **Therapist:** Your dread about your siblings' doubts represents a part of you that knows there is something in your plans that needs to be thought about.
>
> **David:** [Shook [her] head at this comment indicating that [she] did not agree, then went on to smile in a mocking way] (p. 145).

The quoted fragments clearly show that "David" does not agree with the therapist's interpretation. The authors of the book are not at all bothered by this. In the part devoted to their own interpretation of the case they repeated the suggestions of the psychologist, not noting the protests by "David" at all:

> In the clinical example of David, it's [her] siblings who contain the split-off doubts which would threaten [her] belief that transition is the only answer to [her] difficulties. To be clear, these are [her] reasonable doubts which [she] has projected into the siblings and [she] "dreads" their return if they should express them to [her] because this would confront him with the doubts and conflicts [she] is trying to rid [herself] of (p.146-147).

Conflicts against the mother, related to neglect of "David" in her childhood and her refusal to allow her daughter's transition, are interpreted by the authors as follows:

> The idea of transitioning for David seemed to be connected to a wish to punish [her] parents for their failings. [She] would deprive [her] mother of the grandchildren she wanted and [her] father of his son. In fantasy, [she] would return to being the non-sexual young person partner of [her] mother before [her] half-sister was born. David may have seen the idea of transitioning as providing a solution to [her] anxieties about [her] future life, with its inevitable comparison with ideals and the torment of not meeting those ideals (p. 147).

Such an interpretation is completely disconnected from the description of "David's" situation and the reality of transition—it is difficult to say how exactly transitioning might bring "David" back to being a non-sexual child or improve her relationship with her transition-denying mother. "Exploration" as imagined by the Evanses is not an exploration at all, but a distorted reflection of it. Neither the therapist nor the authors display any curiosity about the experiences and history of "David", all her family stories and struggles lead to the creation of increasingly wild interpretations

of her actions and motivations. There is no space for regular transness here—cisgender therapists self-declare that they are omnipotent in understanding the allegedly hidden motivations of "David's" actions, solely on the basis of three therapeutic sessions discussed by the book. A patient treated with the Evanses' "exploratory" therapy does not explore anything in a safe environment, but rather must continuously defend themself from further attacks by a therapist who wants to fit their own experiences to his vision.

Every case study of a pre-transition person in the book is similar. The authors treat every utterance by the patients, no matter how trivial, as evidence of serious mental problems.

Another notable case discussed by the Evanses is "Chris", a 16-year-old trans girl who had experienced gender dysphoria since early childhood, with a supportive mother and a transition-opposing father. The descriptions provided indicate that she's a fairly typical transgender teenager, with no coexisting mental problems. Despite her rather unambiguous presentation, from the first session the therapist tries to question her identity and convince her to abandon her transness:

> **Therapist:** I noticed how you looked troubled just now when you said that secondary school is difficult for you, but your mood changed when you started to talk about your new friends.
>
> **Chris:** They accept me—it's more comfortable and fun with them—unlike the others at school. They help me be myself and accept me as transgender, so life is just better.
>
> **Therapist:** It seems like you have an idea that living as a man would be a disappointment.
>
> **Chris:** I can't imagine myself as a man, whereas I can imagine myself as a woman. I just feel more comfortable, there's something right about it.
>
> **Therapist:** I think that maybe you try to get rid of uncomfortable feelings by thinking of yourself as a girl, rather than the boy, Chris, who is having difficulty liking himself.
>
> **Chris:** It's much more comfortable being a girl (p. 123).

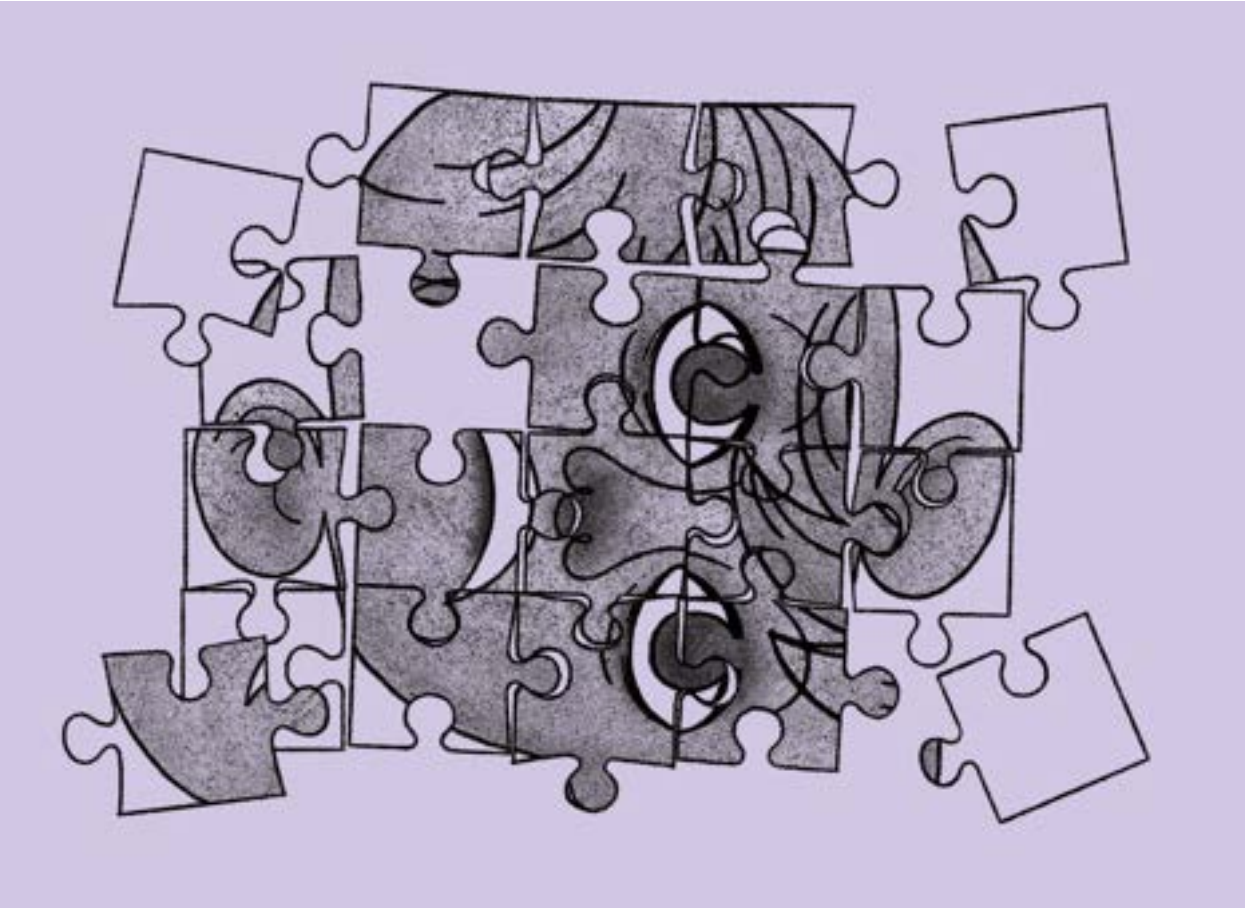
In the interpretative section, the authors do not talk negatively in any way about the above-presented behaviour. During the second therapy session, "Chris" continues to do nothing unusual. She shares her fears with the therapists concerning the viability of passing as a woman; at one point she asks whether she can put on jewelry, which significantly improves her mood and makes her more at ease:

> In many ways, [her] "transexual ideal" seems to represent a way of taking over [her] mother's identity so that [she] triumphs over feelings of dependency on and need of her. This manic solution makes [her] feel excited and triumphant, as [she] projects anxieties, doubts, and conflict about [her] solution into [her] therapist and [her] parents. This powerful defence also seemed to be represented by the idea of a magic potion (hormones) that would enable [her] to triumph over separation anxieties and the worry that [she] wouldn't be able to measure up against [her] father (p.128).
>
> Although Chris is addicted to "dressing up", [she] is also aware that this is an illusory solution, because [she] worries [she] will not pass as a woman. Although [she] does find the exciting, seductive nature of [her] sexualised defence difficult to resist, in another part of [her] mind, [she] hopes [she] can find someone who will help [her] understand the addictive effect of this manic solution that has captured [her] (p. 129-130).

In the world of Evanses' interpretation there is no space for anything like "gender euphoria", "trans joy" or a satisfaction stemming from gendered looks or expression. Every positive

feeling of this kind has to be bent in an extremely pathologising ways—even when the trans person experiences no problems, the Evanses are determined to invent the new ones.

In some such cases, attacks from the therapists at every positive comment from the patient about their transition persist for years. Despite the initially declared neutrality, the authors behave with much more suspicion towards transgender identities than cisgender ones. Of note here is the case of "Jane", a 15-year-old person who initially calls themself a trans man. After 2 years of therapy, where the therapist has questioned their pursuit of transition and tried to connect it to family problems, "Jane" has stopped self-identifying as a trans man and started to identify as a lesbian (p. 82). This identity shift is immediately accepted by the authors as a therapeutic success and the solution to the problem—no exploratory period or attempts to tie the new identity to mental problems ensue.



7. Causes of gender dysphoria

In their book, Marcus and Susan Evans list a variety of mechanisms that, according to them, underlie gender dysphoria and/or trans identities:

- finding a community that accepts trans people and/or websites with information related to transness (p. 20-21, 24, 54);
- belief in gender norm rigidity, belief in stereotypes, lack of tolerance for gender nonconformity (p. 20, 82, 224);
- suppression of one's homosexuality, internalised homophobia, homophobic pressure from the parents (p. 21, 24, 155);
- „social contagion", „catching" transness from peers (p. 21);
- restrictive beauty standards for women (p. 25);
- subconscious envy of a penis or the ability to give birth (p. 26);
- coexisting mental disorders, including sexual traumas (p. 32), eating disorders (p. 72), depressive and anxiety disorders (p. 133), borderline personality disorder (p. 151), psychotic states (p. 183);
- being on the autism spectrum and/or having ADHD, a tendency towards

black-and-white thinking (p. 32, 94, 133);
- having older siblings and a feeling of losing a competition for the parents' attention (p. 85, 114);
- having younger siblings and the necessity of taking care of them or a feeling of jealousy towards them (p. 43, 56, 65-66, 92, 179);
- the feeling of being unloved or neglected by parents (p. 43, 85, 113, 140);
- being coddled by parents, a lack of ability to achieve an independence (p. 92);
- low self-esteem and a desire to distance oneself from the person one once was (p. 43, 57, 95, 140);
- rejection from a partner (p. 53);
- a distant relationship with the mother, a desire to cast away one's womanhood or get closer to the mother by becoming her (p. 56, 112, 147);
- an overly close relationship with the mother and separation anxiety, the desire to "dominate", to "become" the mother (p. 127, 174, 216);
- a desire to ingratiate oneself to a conservative family member (p. 56);
- "being seduced by an illusory solution that [one] could actually change biological sex" (p. 56);
- projecting one's problems onto body parts and the resulting desire to alter or eradicate them (p. 56, 103, 149);
- idealising transition, a conviction that it can make all problems disappear, that it is possible to use it to escape the problems of adulthood (p. 57, 85, 104);
- a desire to control one's body and its development, an inability to accept sexual characteristics appearing during puberty (p. 73, 102, 115-116);
- „psychic retreat" from problems and fears (p. 73, 130, 203);
- Munchausen by proxy, a parent projecting their fears and needs onto a child (p. 74, 93);
- a desire to rebel against parents, to take revenge against them (p. 85, 149, 182);
- an inability to accept a hearing loss (p. 85);
- a dissociation from one's own body (p. 86);
- a fear of sex differences, sexuality and reproductive roles, "creating [oneself] anew by changing gender, thus denying the biological reality we are all subject to", desire to "become a god" (p. 116, 118, 182, 202-203);
- autogynephilia (p. 218).

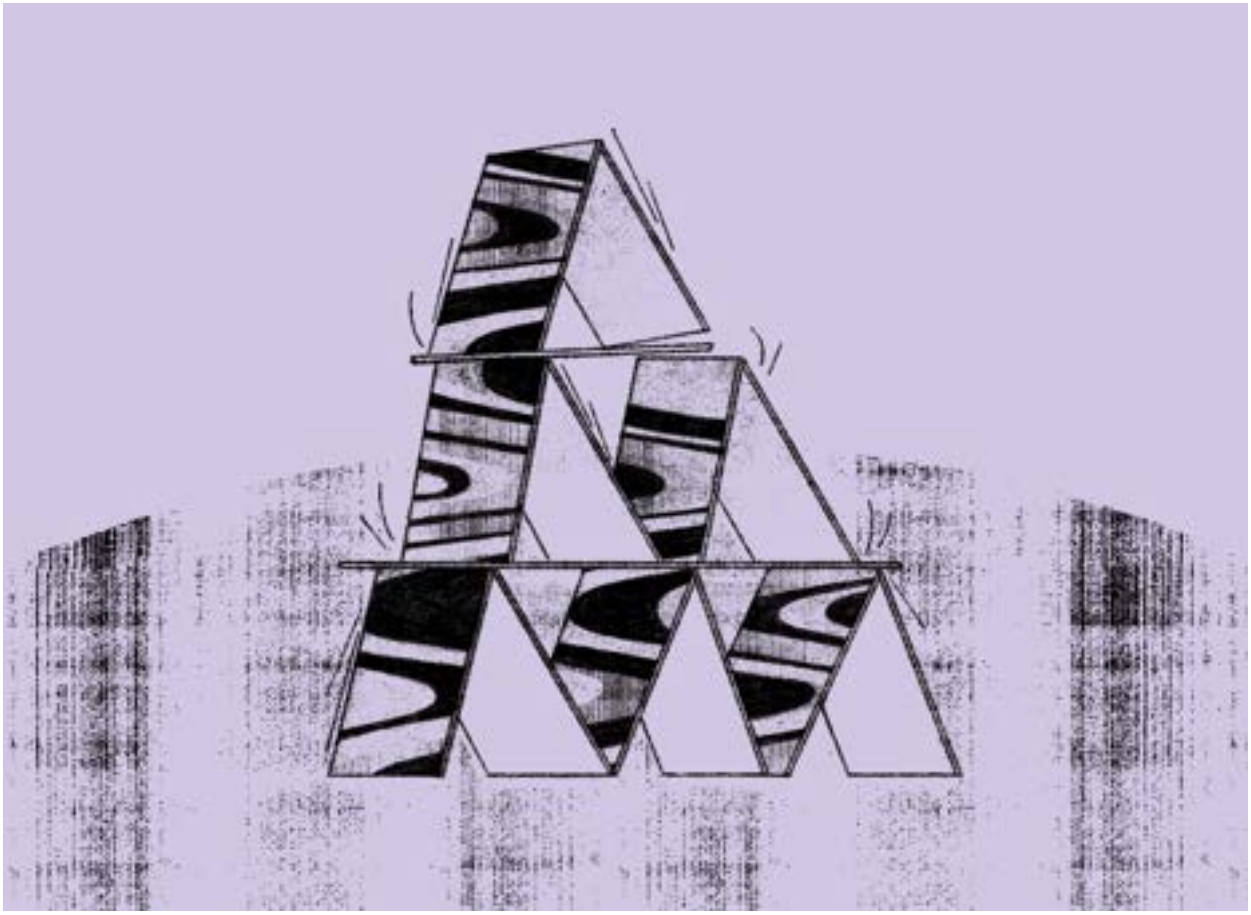
According to the authors, the publication is meant for specialists who work with transgender persons (p. 9). Despite that, it does not meet the minimum scientific standards for specialised works—none of the statements listed above is provided with any citation by the authors. The chapter "Psychoanalytic understanding of gender dysphoria", which is 21 pages long, does not contain a singular source regarding transgender patients as such. A large part of it is made up of decades-old works by psychoanalysis theorists and a single survey conducted among the parents of transgender persons. What is more, many of the above-listed causes contradict actual research:

- the internalised homophobia hypothesis or the desire to escape homophobia or the pressure from homophobic parents completely disregard the fact that in European and North American countries being transgender is generally regarded more negatively by parents than non-heteronormativity (Trevor Project, 2022). Transgender persons are more often forced out of their homes than LGBA persons (Świder & Winiewski, 2021); a hypothetical group of persons with simultaneously both homophobic and trans-inclusive views, while theoretically possible, has to be very limited in numbers due to a strong correlation between homophobia and transphobia (Konopka et al., 2020);
- the hypothesis about the difficulty of accepting sex differences by children is dubious in the light of research showing a link between sexual education and an improvement of mental health of

children (Goldfarb & Lieberman, 2021);
- the hypothesis of rejecting sexuality and fertility by transgender persons does not take into account the fact that transgender people engage in sex and have children. What is more, starting transition increases their satisfaction with their sexual life (Nikkelen & Kreukels, 2018);
- most of the hypotheses of a pathological source of transness are unable to explain why transition has a positive impact on mental health (we discuss this in more detail in another chapter);
- a large part of the hypotheses is extremely heteronormative and based in the existence of heteronormative roles of "mother" and "father", whose disruption is supposed to lead to various psychopathology. This hypothesis is contradicted by data regarding parenthood by single-sex couples (Shenkman, 2016);
- the hypothesis of a connection to the autism spectrum and black-and-white thinking is contradicted by data that shows that autistic transgender people do not show an extraordinary tendency for black-and-white thinking in comparison with other autistics (Walsh et al., 2019). What is more, perceiving the ability of autistics to recognise their own gender as by definition more limited than that of allistic people has been criticised due to its roots in ableist stereotypes about autistic people (Shapira & Granek, 2019);
- the hypothesis of a link between transness with a rigid approach towards gender stereotypes is contradicted by data that shows that transgender children follow stereotypes to a lesser extent than cisgender ones (Olson, Enright, 2017);
- all hypotheses assuming that transgender identity has pathological roots are contradicted by studies showing a lack of differences in mental health indicators between affirmed transgender children and teenagers and cisgender youths (de Vries et al., 2014; Olson et al., 2016)
- the autogynephilia hypothesis about an alleged paraphilia that would be responsible for the desire to transition in homosexual trans women (according to a theory by Ray Blanchard) has met significant criticism on a methodological, ethical and theoretical basis (Serano, 2020).

The above transgender identity etiology hypotheses might well be the result of the clinical experience of the authors, but as we have shown in the previous section, they tend to interpret the behaviours and words of transgender patients in a way that is radically removed from the actual presentation. Presenting a very large number of hypotheses of a purely speculative and often mutually contradictory nature does not create any kind of a coherent theory of gender dysphoria and is more akin to an attempt at giving therapists a large number of possible pathologising explanations of transness, which they could then fit to their patients.

Most of the presented claims about the source of dysphoria are largely based in psychoanalysis, referring to the work of Freud and British psychoanalysts, as well as ideas such as "Oedipus complex" (p. 198). Detailed critique of psychoanalytic theory is not the purpose of this report, but we must note the extreme nature of the authors' double standards, as they repeatedly criticise data indicating the benefits of transition due to them being insufficiently motivated by principles of evidence-based medicine (p. 33, 284) while at the same time basing their entire model in theories with dubious scientific status (de Maat et al., 2013).



8. Lack of scientific credibility

On numerous occasions in their book, the authors present widely criticised hypotheses as established theories, and falsely sum up the results of research they refer to several times. They make very bold claims that go against the collected clinical data without referring to any sources, and show a far-reaching lack of understanding existing scientific literature on transness. Even if we ignore the ethical issues that we have mentioned in other chapters, the substantive content of the book is so unsubstantiated that it is difficult to treat it as a valid voice in the scientific debate.

A. Rapid Onset Gender Dysphoria

The Rapid Onset Gender Dysphoria (ROGD) hypothesis claims that a large increase in the percentage of teenagers who self-identify as transgender is a result of a trend and peer pressure, which supposedly leads to the emergence of a new populace of transgender teenagers that are substantially different from those known earlier. This hypothesis is based in one single 2018 study by Lisa Littman, widely criticised

for methodological reasons (Restar, 2019; Ashley, 2020)—the study's author formed her hypothesis solely on the basis of interviews with parents recruited via sites for parents who opposed their children's transition. Further research among the new cohorts of teenagers negatively verified Littman's hypothesis—new generations of trans teenagers do not differ demographically from previous ones (Arnoldussen et al., 2020), and the current clinical population shows no differences between teenagers who have discovered their identity recently and those who had done so at an earlier stage of their lives (Bauer et al., 2022), contrary to the Littman's prediction. A joint statement given by CAAPS (2021), a coalition of tens of organisations of psychiatrists and psychologists (including American Psychology Association and American Psychiatry Association) states as follows:

> CAAPS supports eliminating the use of ROGD and similar concepts for clinical and diagnostic application given the lack of empirical support for its existence and its likelihood of contributing to harm and mental health burden.

Although the statement was issued in August 2021, a few months after the Evanses' book had been published, the articles criticising Littman's study had been published much earlier.

Despite this, the book presents the idea of rapid-onset gender dysphoria uncritically, without a single mention of a broad criticism of its legitimacy (p. 24). The authors present "social contagion" (p. 21) as one of the possible reasons for gender dysphoria, and they describe the "ROGD cohort" as a materially existing group of patients (p. 102).

B. Medical transition

On numerous occasions, the book's authors present transition as an intervention that not only does not improve mental health but also that worsens the state of transgender persons:

> Some state that despite their life as a trans person proceeding without too much unkindness and discrimination from the external world, they can experience a continuing depression and suicidality after transitioning. It might be related to the disillusionment following the physical and social transition when the person begins to realise it has not been the required solution they hoped for (p.27).
>
> Families and services may feel that they are being humane by trying to alleviate the individual's distressing symptoms of gender dysphoria. But there is evidence that supporting the individual's wishes to transition can exacerbate rather than alleviate psychic distress (p. 217).

In both of the above examples, the authors do not cite any research, so all we have to go by are the words "some state" and an article from the transphobic website *Feminist Current*, known for e.g. blanket denialism of transness in itself (Murphy, 2021).

Neither a 2018 review of Cornell University nor a more recent 2021 review conducted by the researchers from Johns Hopkins Evidence-Based Practice Center (Baker et al., 2021) did not find a single paper indicating that transition worsens one's mental state. Both reviews found a clear majority of studies indicating reduced anxiety and depression and an increase in the quality of life. Other research has shown benefits resulting from social transition in pre-pubescent children (Turban et al., 2021) and puberty blockers (Costa et al., 2015) as well as hormone therapy in teenagers (Green et al., 2022; Chen et al., 2023).

Elsewhere in the book, the authors claim that such research is insufficient to draw any conclusions regarding gender-affirming therapy because there had been no randomised controlled trials, a type of study considered the golden standard in clinical testing (p. 10). However, conducting such studies in the area of gender affirming care is broadly considered to be impossible, which is admitted by both other "conversion therapists"

(Zucker, 2019) as well as people who favour the affirmative model (Ashley, 2022a).

A characteristic feature of claims made by "conversion therapists" is the already-mentioned double standard in approaching scientific data. It is certainly true that there exists an urgent need to conduct more research regarding transgender care, especially in the context of minors. Evanses list numerous shortcomings of the existing research (p. 67), citing small sample sizes and short follow-up periods.

Many of these accusations are correct and we hope to, in time, see more research of higher quality. That does not, however, mean that it is acceptable to make opposite statements on the mental health harm of transition, as such statements contradict the entire evidence base collected so far.

Notably, the authors do not, in any way, attempt to confront the decades-long history of "curing" transgender people of their transness via psychoanalysis which they describe in the book as sometimes practiced by the same psychoanalysts the authors cite in their interpretations of transness (as in the case of Mervin Glasser who analysed "transvestites" in 1979). The Evanses reason that 12 months of an improved mental state is too short a period to prove the efficacy of transition while ignoring data indicating that attempts to change gender identity are correlated with a significantly higher percentage of suicide thoughts and attempts.

C. Differences between studies of children and youths

The results of one of the few scientific studies cited by the Evanses are incorrectly interpreted:

> There have been a few larger, longitudinal studies on gender dysphoria in young people and adolescents in which the gender-incongruent young people and families are psychologically supported, but no affirmative model has been used, and medications have not been implemented. The outcome figures for these studies vary between 70% and 95% of the young people remaining in their natal gender (Steensma et al., 2011) (p. 37).

The statistics cited cover a group of children diagnosed with "gender identity disorder" in their childhood—a diagnostic unit that we described in the historical outline section. This diagnosis was used for pre-pubescent children, in accordance with the then-existing conviction of the immutability of transgender identity in older youths and adults (Zucker et al., 2012). In the quoted fragments, the Evanses clearly mention "young people and adolescents", which is not only a distortion of the above study, but evidence of an ignorance of medical literature. Additionally, "gender identity disorder" is not synonymous with gender dysphoria or with transgender identity, so studies of that group of children cannot tell us much about transgender children.

If the Evanses had cited this research properly, it would have cast into doubt the merit of their entire model, largely intended for "treating" teenagers and young adults.

D. Detransitions

Stories of people who had detransitions form a large part of the book—an entire separate chapter is dedicated to them; writing by detransitioners is treated by the Evanses as a source that justifies the validity of their model.

> Many detransitioners report that at some (more hidden) level of their mind, they knew they had doubts that might contradict their beliefs and ideas about transition, but they reflect that they needed an adult to address this split-off aspect of their mind and to point out their double

> bookkeeping in order to allow that part of themselves to be given permission to emerge. (p. 277).

The Evanses do not explain why the therapy model concerned with transgender people should be based solely on anecdotal experiences of detransitioners or why similar trust is not ever given to transgender people. According to numerous studies of both adults and minors, detransitioners are 1-2% of all people who had begun transition (Deutsch, 2012; Dhejne et al., 2014), including people after surgical procedures (Bustos et al., 2021) as well as minors (Olson et al., 2022; van der Loos et al., 2022). The book's bibliography includes two detransitioners but not a single transgender person.

E. Lack of sources

In order to show our readers just how the Evanses' books lacks proper citations, we present several examples of controversial statements presented in the book without a single citation from the literature:

> **Many clinicians** have shared the view that the MoU and affirmation therapy have increased the likelihood that children with ordinary conflicts and questions about their identity and sexuality might be "converted" into a belief that they are "transgender" (p. 19).

> **As recent commentators on this subject confirm**, there are many adults who might have been misdiagnosed when younger, because they thought the opposite sex had the more attractive or preferred lifestyles. However, as people age into their mid-twenties, the frontal lobe of the brain matures and we tend to begin to gain a self-acceptance, to feel more certain about who we are, our sense of identity and our sexual orientation (p. 25).

> These hormone blockers are described in most literature as wholly reversible (although this has changed recently in the UK). **However, some endocrinologists and researchers express concerns** that a pro-trans medical lobby promotes this view and that again the full outcomes cannot be known due to a lack of long-term follow-up studies, but that there are risks to the developing body and mind (p. 36).

For example, **it is commonly argued** that some families would find it easier to accept their child is trans rather than homosexual (p. 76).

9. Breaches of ethics

As we have shown, the very principles of the model proposed by the Evanses may be considered unethical and harmful. But we would like to point to a few particularly troubling fragments of the book discussed.

A. Transness as a "fixation" that needs to be broken

In the book, the authors discuss transgender identity as a "fixed state of mind" a number of times (p. 58, 83, 180, 273-274); one which would manifest as having no doubts regarding one's identity and an aversion to the "exploration" of its "reasons". The authors interpret this as evidence of their hypothesis of a pathological nature of transness as a form of escape from fears and other problems. Nowhere in the text do the authors allow the possibility of alternative reasons for this:

- the case studies are from gender clinics and concern teenagers and young adults who wish to achieve access to transition. Anticipating clinical diagnostic requirements, they might performatively express certainty to a diagnostician;
- many transgender people go through the process of exploring their gender before meeting a diagnostician, which

may make them impatient and tired of the lack of trust from the doctor and the necessity of going through a process that is, from their perspective, unnecessary;
- transgender people live in a transphobic world. This self-evident truth is in not acknowledged by the Evanses in any shape or form—the only context where the word "transphobia" appears in the text is a singular paragraph where the authors defend against accusations of transphobia. Most transgender people have experienced attempts at subverting their identity that aimed to ridicule them, lower their social status, showing them as unreliable or deranged and unable to form rational self-assessments. Trans people may eagerly explore their identity in a friendly environment focused on their needs, but be afraid to do so in other situations.

Given the approach by the Evanses presented so far, the assumption of a defensive attitude by their patients should be regarded as a rational defense strategy.

In the closing chapters, the notion of breaking a "rigid state of mind" takes on an even grimer tone:

> The grievances in relation to parental figures will emerge in the transference relationship, and the therapist will be asked to tolerate quite a bit of provocation, as their work with the individual is continually attacked and undermined by parts of the patient's mind determined to keep a grip on the current defensive solutions. It is helpful if the therapist can see the hatred or anger involved in these attacks as a developmental step. We need to appreciate them as evidence of the young person's desperate wish to keep their defensive psychic structure (p. 228-229).

The authors describe the therapy they use as able to lead to a reaction of "hatred and anger" from the youths that undergo it. This is, however, not serving any deeper reflection on the possibility of harming them or the real source of those emotions. This approach towards patients is also visible in the example clinical cases—in one such case, a transgender woman dubbed "Paul" breaks off therapy and accuses the therapist of "interfering with [her] life" and "ruining [her] chance at happiness" (p. 177-178). This reaction is interpreted by the authors as a "projection of doubts [regarding transition] into an external object that is then experinced as a threat" (p. 180). Remarkably, the book does not contain a single chapter devoted to ethical considerations.

B. Presenting acceptance as harmful to trans people

> In many settings the professional may be faced with a forceful demand to call the transitioning young person by their new name, in place of their given/birth name. The patient may become extremely upset if the therapist refuses to comply or accidently uses the birth name, although alternatively, any immediate agreement to use the preferred name may mean the therapist has colluded with an attack on an aspect of the individual's personality. While we would not advocate getting into an upsetting conflict with the patient, we also do not believe that it is helpful for the person to eradicate their natal self or unwanted aspects of their personality. It is important in the clinical example above that the therapist is able to "keep alive" the little girl Denise and learn more about her life and feelings as well as how "Greg" feels now and views things differently (p. 222).

The use of a deadname (the name given at birth) towards trans people leads to negative mental health consequences (Russell et al., 2018). The same is true for pronouns that are incompatible with those used by a given trans person (McLemore, 2014). Throughout

the book, the authors use the names and pronouns of their patients that act in accordance with the gender assigned at birth, regardless of their current identity.

> For example, it is crucial to understand the family's wish to support transition. There are many varied reasons: it could be due to homophobia, the parents' wish for a child of the other sex, Munchausen by proxy, or it could be due to separation anxiety or the parents' anguish at seeing their child in a distressed, dysphoric state which they wish to be resolved as quickly as possible. Pressure either from parents or families should not interfere with the clinician's need to make their own independent assessment (p. 74).

The authors treat parents' support for transition as a phenomenon that should be approached with suspicion and as something potentially pathological. The acceptance of transness by one's parents is one of the factors most strongly influencing the mental health of transgender children and teenagers (Simons et al., 2013; Pariseau et al., 2019). There are no studies that prove the opposite claim.

The book contains a substantial number of statements that present the transgender community in a negative light and acceptance by other trans people and providing information about transness is claimed to be a source of mental problems by itself:

> At the current time, most websites for gender-questioning people promote transitioning and some have even been described as providing "online grooming", or appearing cult-like in their message (p. 20).

> Young people and young adults are much more involved in social media, much to the ignorance of their less tech-savvy parents. Landing on messages of positivity and acceptance can feel a huge relief for the confused or gender-questioning young person. Social contagion can have a powerful influence on people's ideas and behaviours and is a well-known and researched psychological phenomenon in mental disorders: mass hysteria, suicide pacts, pro-anorexic websites to name just a few (p. 21).

> The trans community has been likened by some to a cult (p.22).

Acceptance of the gender identity of children and teenagers by their peer and access to online materials on transness are linked to an improvement in mental health (Evans at al., 2017; Durwood et al., 2021) and a decrease in the number of suicide attempts (Price & Green 2021). The same is true for adults, for whom contact with the trans community and experiencing acceptance are factors that improve mental health (Hughto et al., 2020; Bowling et al., 2020). There exists no research proving the opposite claim.

The above presentation of acceptance of transgender people as harmful may lead to the transgender child or teenager being more isolated and at the same time significantly increase the possibility of pressuring them to change their identity. Recommendations like this are highly irresponsible and their use by a therapist and/or the family of a transgender person can have catastrophic consequences for the trans person's mental health.

C. Pathologising gender nonconformity

The authors of the book repeatedly compare transition and transness to pathological phenomena, including anorexia (p. 19), mass hysteria and group suicide (p. 21) as well as the USA opioid epidemic (p. 39). The pathologisation here does not concern merely transness, but all symptoms of gender nonconformity.

One of the cases described in the book is "John", a 7-year-old child assigned male at birth (AMAB). The clinical description shows

a very lively and enthusiastic child who displays gender nonconforming behaviour. The parents describe "John's" actions to the therapist in the following way:

> The mother spoke at some length about John and the fact that [she] would never leave her side and that [she] dressed up in her clothes and put on her make-up. Then [she] would quickly take it all off and repeat with another outfit. The mother said that most of the time John said [she] was a girl but every so often [she] would revert to being a boy. Meanwhile, John was travelling the room on a swivel chair, bashing into the furniture (p. 214-215).

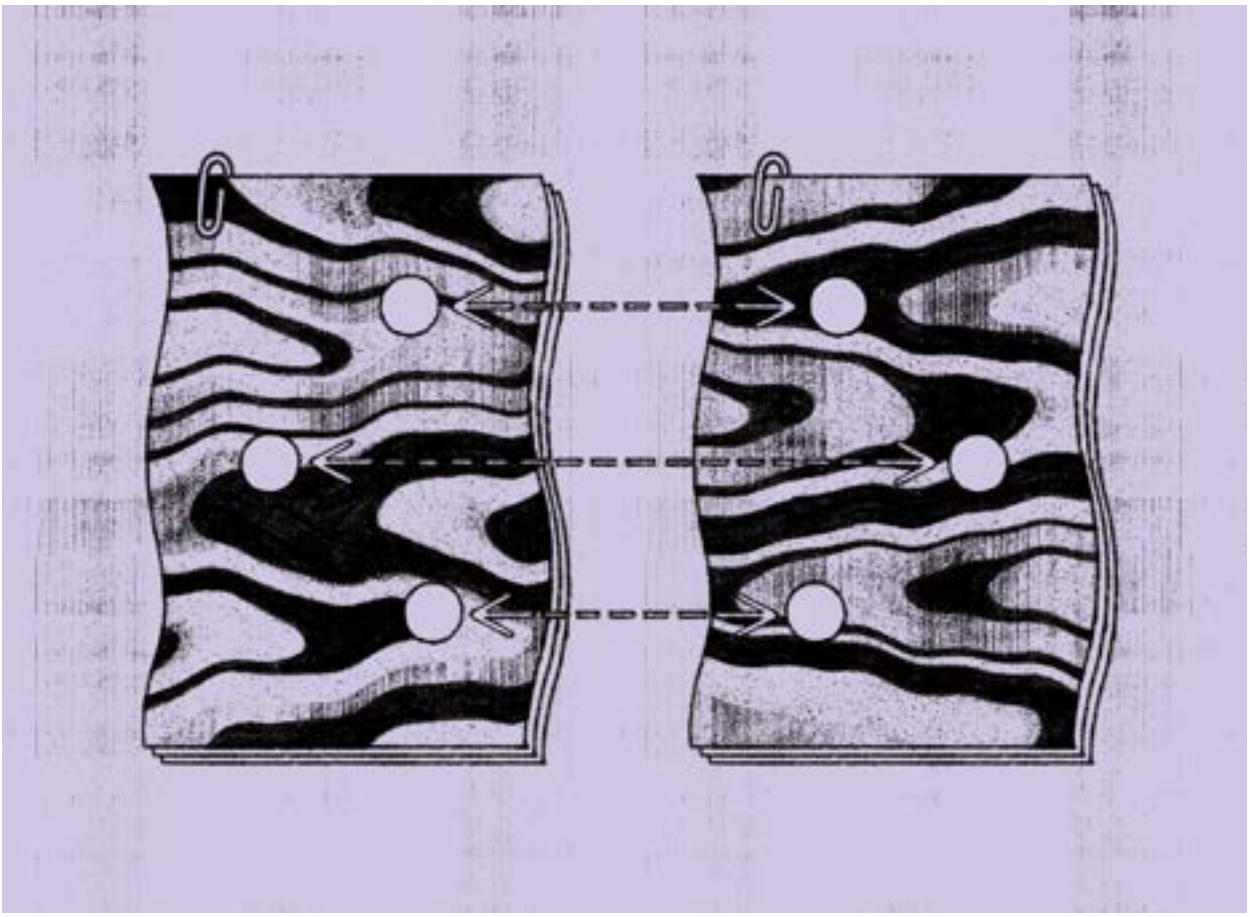
This behaviour is interpreted as follows:

> Was John avoiding separation anxiety by getting completely inside her identity? By becoming her, in phantasy, [she] could completely dominate her. (...) However, once John was inside [her] mother in fantasy, [she] would then feel trapped and declare that [she] was a boy as if to announce [her] separate identity from [her] mother (...). The team thought John's mother was involved in a *folie à deux* as she did nothing to encourage his ability to separate from her and at times seemed to enjoy aspects of his attachment to her when they were "girls together" (p. 263).

The pathologisation of gender non-normativity is consistent with the fragments reoccurring throughout the book regarding the necessity of accepting "reproductive roles", sometimes entering the ideological space of the far right.

> Many parents whose children are transitioning often say that the "trans" state of mind seriously damages their relationship. (...) In this way, the link between the generations—between parents and children—is attacked. The protective environment that should be provided by parents for their offspring is undermined. The medical treatment of gender dysphoria may ultimately cause sterility, thus preventing the creation of future generations. The denial of biological differences and the attempt to disconnect sexuality from gender may be related to an unconscious hatred of the difference between the sexes and the generations, and a fear of sexuality and its relationship with reproduction" (p. 202-203).

The perception of the acceptance of transgender people (or more broadly, all LGBT+ people) as a form of attack on the family is one of the elements of the far-right conspiracy theory about a "gender ideology" (Graff & Korolczuk, 2022). Fears related to falling birth rates are used in conspiracy theories regarding "white genocide" and "great replacement" as an argument against access to abortion, birth control and transition, as well as against the acceptance of gender nonconforming people (Samuels & Potts, 2022).



10. Similarities to "conversion therapy" of sexuality

Bioethicist Florence Ashley compared the principles and methods of "exploratory therapy" with "conversion therapy" of sexuality, noting many close similarities in approach (Ashley, 2022b). Ashley looked at the work by Robert D'Angelo and Lisa Marchiano, two psychotherapists who closely cooperated with Marcus and Susan Evans. Work by both D'Angelo and Marchiano is used by the Evanses as sources for their book. Based on Ashley's article, we would like to make a similar comparison between the claims in the Evanses' book and works by Nicolosi an Nicolosi Jr. as well as other "conversion therapists".

A. Speculation

One of the principles behind "conversion therapy" for sexuality is a multitude of speculative hypotheses regarding a pathological source of sexual orientations—from sexual

trauma and "improperly" shaped attitudes to femininity and masculinity, to a feeling of alienation from peers in teenage years, to coexisting disorders and denial of the existence of gender differences (Nicolosi & Nicolosi, 2017). Evanses' hypotheses are not simply formed in a similar way, as ad hoc speculation very loosely based on the opinion of the interested person—they are often the exact same hypotheses.

For instance, let us compare the hypotheses on transness/homosexuality as a form of attachment to one's parents in the Evanses' book and in an article by Mervin Glasser:

> **The Evanses:** We believe that the wish to transition can be connected to a wish to kill off the natal body and biological sex inherited as a result of the parent's sexual intercourse. This is related to a sometimes unconscious, often deeply concealed grievance towards the parents who have failed them in some way (p. 135).
>
> **Glasser:** When the development of homosexuality in adolescence serves as an attack on both parents, it is noteworthy that it is only when the child moves into early adolescence that the aggressive feelings seem to break out (Glasser, 1977).

Similarly convergent are the hypotheses on the source of lesbian sexual orientation/trans-masculine identity as the effect of a distant relationship with the mother:

> **The Evanses:** She also likely felt resentful that she did not get the love and attention she needed from her own mother. When she contemplates the removal of her breasts, she is perhaps getting rid of something which represents soft, maternal feelings (p. 88).
>
> **Nicolosi:** The mothers are described as immature, emotionally fragile and aloof from the needs of their daughters. They did not treat their daughters as whole and separate persons, but as extensions of themselves who were expected to fulfill the mother's needs, not their own. (…) In adulthood, their daughters, having been unable to identify with femaleness, sought to repair their defective body images by seeking a sexual partner similar to themselves. (Nicolosi, 2013)

B. Ex-gay/ex-trans movement

Both current-day "conversion therapists" of sexuality and the Evanses rely, to a huge degree, on testimonies by "former gay people" / "former trans people". In their book, the Evanses repeatedly justify very broad statements on the effects of various medical interventions with particular stories of detransitioners (p. 40, 104-105, 217). As Florence Ashley puts it: „such reliance on self-report contrasts with the distrust proponents of gender-exploratory therapy have displayed toward self-report when clients assert a trans identity".

C. Emphasis on exploration as a goal

Modern-day sexuality "conversion therapists" often avoid strong declarations regarding the desire to change one's sexual orientation and present their therapy as a form of exploration of one's sexuality by a patient, contrasted with the overly affirmative approach of modern psychology:

> **Nicolosi:** „The RT [reparative therapy] therapist does not simply accept at a surface level the client's sexual or romantic feelings and behaviors, but rather, invites him into a non-judgmental inquiry into his deeper motivations. The RT psychotherapist always asks "why" and invites the client to do the same (Nicolosi, 2015).

The Evanses avoid making strong declarations about the desire to change one's gender identity and present their therapy

as a form of exploring one's sexuality by the patient, contrasted with the overly affirmative approach of modern psychology:

> **The Evanses:** Rather, the goal of exploratory therapy should be to understand the meaning behind a patient's presentation in order to help them develop an understanding of themselves, including the desires and conflicts that drive their identity and choices (p. 18).

D. Use of coexisting mental disorders

Sexuality "conversion therapists" use the higher percentages of mental disorders and suicide attempts among non-heterosexual people as proof that non-heterosexual orientation is pathological (Nicolosi, 2013). The Evanses use higher percentages of mental disorders and suicide attempts among transgender people as proof that transgender identities are pathological (p. 26-27).

E. Critique of the politicisation of psychology

Sexuality "Conversion therapists" think that the current approach of psychology to sexual orientation stems from „the sexual revolution and the 'rights' movements—civil rights, minority rights, feminist rights—have resulted in an intimidating effect upon psychology." (Nicolosi, 1991, p. 9). The Evanses believe that the current approach of psychology to gender identity results from the taking over of institutions by "political activism" (p. 22-23).

F. Affirmation as conversion

Homosexuality "conversion therapists" think that an affirmative approach towards non-heteronormative sexual orientations leads to some children being affirmed in their belief of being a gay or a lesbian (Nicolosi, Nicolosi, 2017, p. 144). The Evanses believe that an affirmative approach towards gender identity leads to some children being "converted into a belief that they are transgender" (p. 19).

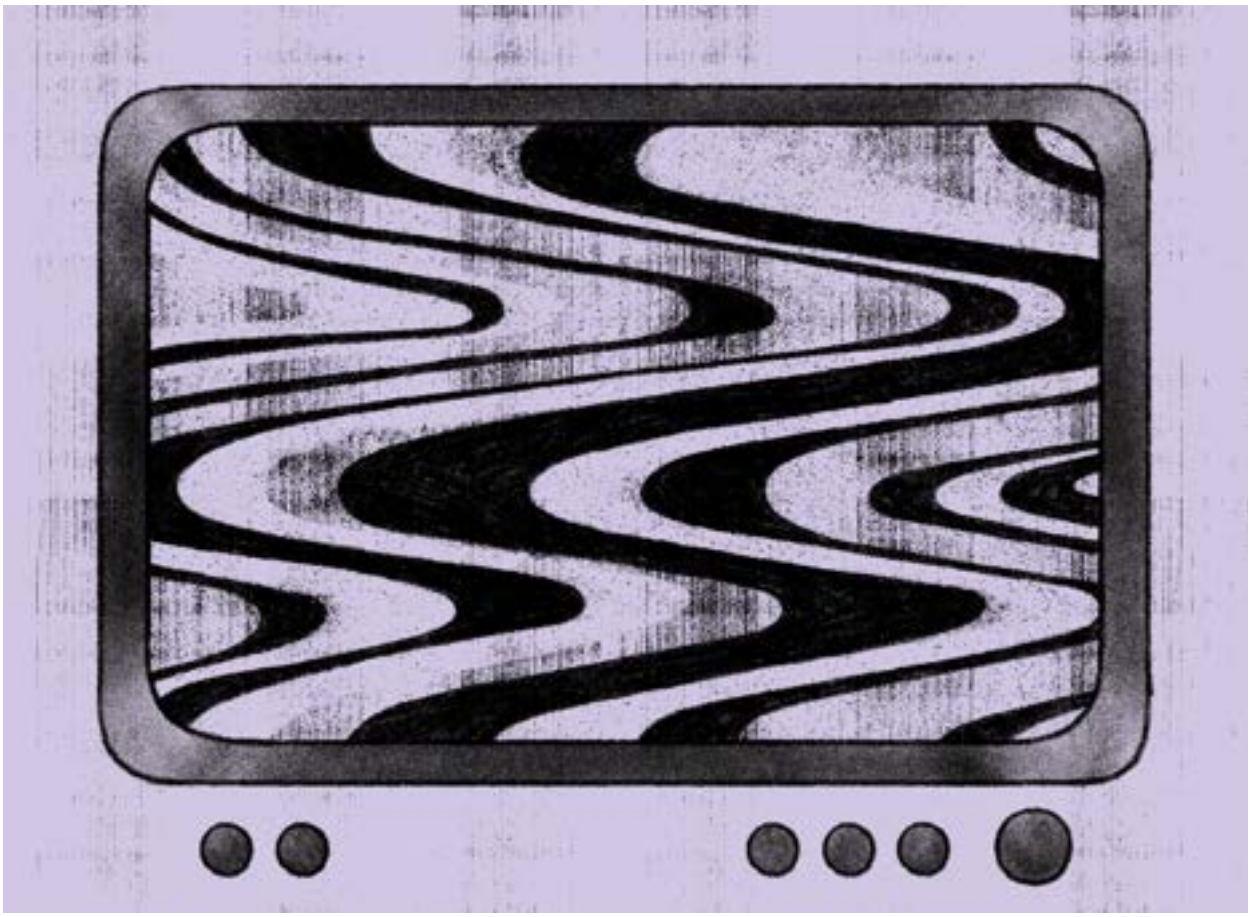
G. Role of the media

Homosexuality "conversion therapists" blame the media for promoting homosexuality:

> **Nicolosi:** Today's mass media convey the message that men ought to be encouraged to discover a homosexual or bisexual identity. "Isn't sexual diversity wonderful?" they ask. A number of TV and movie producers (some of whom are gay themselves) try to persuade us with idealized coming-out-of-the-closet stories. We believe their efforts are misguided attempts to encourage what is actually the unfortunate situation in which too many of our young people find themselves (Nicolosi & Nicolosi, 2017, p. 13).

The Evanses blame the Internet for promoting transness:

> **The Evanses:** The psychological influence of transgender websites is powerful and should not be underestimated for a young person looking to belong somewhere. Some of these websites might be associated with the pull of a potent, and at times seductive, world view; somewhere you can feel more special, where you can have concrete solutions without psychic consequences, which offer only good things and a place to finally belong. They tend to be echo chambers of positivity and do not explore the real and present difficulties of living as a trans-identified person in any society (p. 21).



11. Analysis of media activity of the Evanses

In this section, it is our goal to present the media landscape the Evanses inhabit. We focus on an analysis of the profile and recipients of the media where they give interviews or publish their work. We also note the quality of reporting on trans-related topics. Some of our conclusions have already been included in the open letter to the authorities of the Polish Association of Psychodynamic Psychotherapy (tranzycja.pl, 2022). The goal of this section is to expand upon the work we have done earlier.

Marcus and Susan Evans became known in the media after Marcus Evans left a managerial position in the supervisory board of the British Tavistock Gender Identity Development Service in 2019. He has talked to the press about his experiences and the reasons he left Tavistock. Susan Evans appeared in *The Telegraph* newspaper in a longer material prepared by Josephine Bartosch, a journalist associated with the British gender critical movement (Bartosch, 2020). Bartosch does not recognise transness as a phenomenon,

and in her editorial texts she calls it an ideology or a lobby (Bartosch, 2021). Marcus Evans published the first lengthier article on his experiences in the Quillette portal (Evans, 2020), a popular site for publications of many pseudo-scientific ideas (including a defense of classifying human races on the basis of skull shapes (Winegard, Carl, 2019)). Quillette itself regularly presents transness as "gender ideology", "sex denialism" or "gender extremism".

In 2022, the Evanses gave statements for the Daily Caller (Housman, 2022), a far-right portal founded by Tucker Carlson, a star of Fox News and one of the most outspoken supporters of Donald Trump. Daily Caller published articles authored by a variety of figures linked to the alt-right and white supremacists, including Jason Kessler, the organiser of the Unite the Right march in Charlottesville, linked with the terrorist attack of the neo-Nazi James Alex Field—by driving a car into a crowd, he killed Heathey Heyer, a member of a leftist counter-protest, and injured tens of other people (Fieldstadt, 2019). The Daily Caller editorial office has defended Kessler and other white supremacists, which has been covered in a material by the Southern Poverty Law Center, an American watchdog monitoring manifestations of political extremism in the Southern USA (Piggott & Amend, 2017).

The Evanses have appeared twice on Talk Radio and Talk TV programmes (Talk TV 2020; 2022), channels that are part of the media conglomerate of the monopolist Rupert Murdoch, the owner of Fox News. A journalistic investigation conducted by Jonathan Mahler and Jim Ruternberg of *The New York Times* showed the behind-the-scenes of the long-time involvement of the Murdoch family in the process of destabilising democratic processes e.g. in the USA, Australia and the United Kingdom (Mahler, Rutenberg, 2019). The narrative of TalkTV, similarly to other prominent parts of the Murdoch empire, remains unambiguously aimed against the rights of transgender people and is built on stirring up controversy. The narrative built by the channel is based on creating a sense of threat by repeating points about transness as "ideology" or of the existence of a "trans lobby". Julia Hartley-Brewer, the right-wing journalist who interviewed Marcus Evans at TalkTV, had spoken against trans people on many occasions before, including threatening to throw out a guest by using the word "cis" (Duffy, 2018). The topic of transness has been brought up on TalkTV once every two days on average since April 2022, and in a majority of cases in a negative manner.

In September 2022, Marcus Evans was interviewed by Stephanie Winn (2022a), a psychologist who had used her website to encourage parents of transgender children to engage in a variety of unethical practices in order to persuade them to abandon their identity (Moore, 2022a). Winn's recommendations included e.g. forcing minors to use an unkept bathroom, not cut their hair until the age of 18, to use henna to simulate mastectomy scars, to frequent acupuncture sessions and to write detailed reports on an imagined perfect sexual intercourse (Winn, 2022b). The interview is one of the many events involving Marcus Evans, as well as people and organisations that promote "conversion therapy" techniques. In September 2022, the Evanses appeared on Benjamin Boyce's channel (Boyce, 2022), a Youtuber who promotes "conversion therapists" related to the gender critical movement, including Lisa Marchiano, Stella O'Malley, Julia Mason, Sasha Ayad and Stephanie Davies-Arai. The rest of Boyce's content focuses on talks with people associated with the far right and climate change denialists such as Marc Morano.

The promotion of Marcus and Susan Evans' activity was also joined by the Alliance for Therapeutic Choice and Scientific Integrity, founded by former members of the aforementioned NARTH, an organisation of "conversion therapists" of homosexuality (Katz, 2014). During an ATCSI conference in October 2021, the Evanses' book was recommended as a valuable source for doctors and psychologists who work with transgender youth, alongside

the book *Desist, Detrans & Detox: Getting Your Child Out of the Gender Cult*.

Marcus Evans does not have a problem accepting invitations even to extremely niche channels that publish exclusively anti-trans content. As an example, he talked with James Roberts, the author of the HumanGayMale channel (531 YouTube subscribers), in June 2022 (HumanGayMale, 2022a). All other Roberts' interlocutors are more or less obscure figures of the gender critical movement, including the founder of LGB Alliance Ireland Ceri Black and Lucy Masoud, an anti-trans activist and the guest of the LGB Alliance conference (LGB Alliance, 2021). Roberts promotes the organisation Our Duty that defines ban of transition until the age of 25 as its goal and aims to eliminate transgender people as a category (the organisation states its goal to be a "100% desistance rate", here referring to a return to the gender assigned at birth (TransSafetyNetwork, 2021)). Roberts presents the organisation as a notable resource for parents of transgender children (HumanGayMale, 2022b).

The Evanses have also appeared on the channel Triggeronometry (Triggeronometry, 2021) by Konstantina Kisin and Francis Foster (the former also publishes at Quillette) and in an extensive article in the news portal Common Sense, created by Bari Weiss (Evans, 2022). Both Weiss and the Triggeronometry channel often allude to a culture war waged against free-thinkers, persecuted for telling the truth and "asking question", at the same time playing on the viewers' emotions and manipulating the messages. This fits the model of modern-day communication tactics of the far right, described by Jeff Stein (Stein, 2018). For both portals, reporting on transgender issues is often based on the exact same sources: Abigail Shrier, an author of pseudo-scientific theories as well as other famous figures in the gender critical movement, such as Kathleen Stock and Julie Bindel. Both portal present transness as a dangerous ideology that has taken over mainstream feminism.

In September 2022, Marcus Evans also appeared in the trailer of the documentary "No Turning Back", produced by a company owned by David Icke (Moore, 2022b), one of the most important faces of modern antisemitism. For more than 20 years, Icke has promoted a theory about reptilians, a race of space reptile people that has taken over the world (Allington et al., 2020). In recent years he has worked on promoting conspiracy theories that link the COVID-19 epidemy with Jewish people and 5G networks, which has led to his banning from largest social media platforms (Spring, 2020).

In summary, Marcus and Susan Evans, when they are not being interviewed by the media in the mainstream, choose to appear in more niche media that span from far right to the alt-right. Each of the platforms we have discussed presents transness unequivocally as a danger and a deviation. This is in clear contrast with the values of apoliticality and moderation, therapeutic curiosity, asking questions and not excluding transitioned people, which the Evanses espouse.

Part III
Conclusions

In our report, we have attempted to present the reader with the modern shape of "conversion therapies" and to look closer at the rhetorical devices used by "conversion therapists" in order to attempt to hide or rehabilitate their practices. However, we want to warn that in the area of "conversion therapy", correcting misinformation and raising awareness is not enough. The book by Marcus and Susan Evans, though a recent publication, has already been used by Christian "conversion therapists" and lawyers from the USA (Eddy, Sprinkle, 2020), Germany (Cenci, 2021) and France (Juristes Pour L'Enfance, 2021). In the United Kingdom, it has been used as an educational material for professionals who work with transgender youth (Moore, 2022c), and "exploratory therapy" has appeared in a draft of public healthcare recommendation—as revealed by Reuters, this happened as a result of direct pressure from the conservative government of Liz Truss, in circumvention of the traditional process of consultations with experts (Rigby et al., 2022). The authors' intention was not to take part in a scientific debate and convince those that had not been convinced (a scenario where any specialist knowledgeable about scientific literature on transgender people would change their mind after reading the Evanses' book is unlikely due to the book's extremely poor quality and its unethical nature), but to create a handbook for "conversion therapy" to be used by psychologists and parents working from prejudice against transgender people and gender non-normative children. The main pillars of these approaches are: gender conservatism that motivates parents to attempt to "fix" their children and the still unprocessed legacy of "conversion therapy" in psychology and psychiatry, which, until recently, viewed transness as a disorder, and transition as a last resort to be used when all other methods have failed.

For this reason, we would like to close this report with the following recommendations:

1. For mental health specialists:

Conversion therapists use an appearance of science and the aesthetics of specialised knowledge to give more weight to their claims. It is of the utmost importance that people with actual knowledge and skills counter those tactics by actively opposing their rhetoric, denying them spaces to spread pseudo-scientific ideas and taking part in criticising them in the media. This also means confronting the legacy of "conversion therapy" that is still alive in many sexological organisations and models of care. Positive examples of such behaviour include the recent statement by the Polish Sexology Association and the participation of the Zdzisław Bizoń Polish Association of Cognitive and Behavioural Therapy in our open letter, as well as signatures by many independent specialists. Negative examples include, of course, the Polish Association of Psychodynamic Psychotherapy and all psychologists who take part in legitimising Marcus and Susan Evans in this way.

2. For journalists:

One of the major driving forces of pseudo-science is irresponsible journalism that, for the sake of sensationalism or a misunderstanding of the idea of presenting both sides of a conflict, gives a voice to people who deliberately mislead and manipulate data, without any sort of critical analysis of their words or proper fact-checking. Lives and health of transgender people are not subject to debate, and "conversion therapists" should not be welcome guests of television programmes. That does not mean that there should be silence on "conversion therapists" (our report is a form of journalism of its own), but that all reports on them should be driven by evidence-based science and prioritise the presentation of the most excluded perspectives: those of transgender people and conversion therapy survivors.

3. For transgender people and allies:

"Conversion therapists" love the silence of doctor's offices, networks of whispered recommendations between parents and niche conferences. This is where they can do the harm, the effects of which we will often not see for years to come. They hate when their activity is brought to light and they themselves are confronted with what they are trying to suppress. If you have the means to do so, staying up to date and protesting every time "conversion therapists" attempt to promote their methods is one of the best things that we can do together for our community's long-term safety and health, including future generations of transgender kids and teenagers.

We will always continue our work in monitoring the activity of "conversion therapists" in Poland and in supporting our community in their access to reliable medical information.

Nina Kuta & Dag Fajt/tranzycja.pl

Appendix: Open letter to the authorities of the Polish Association of Psychodynamic Psychotherapy

To Whom It May Concern,

It is with indignation that we have learned of the invitation of Marcus and Susan Evans to the IX conference of the Polish Association of Psychodynamic Psychiatry that is to take place on 10-11 September 2022.

In their articles, books, lectures and publications, Marcus and Susan Evans have, on numerous occasions, talked about trans people in a manner which depreciates and pathologises them, and also undermines their gender identity. The psychotherapeutic interventions they promote are, in effect, attempts to influence a transgender kid or teenager to abandon their gender identity—in other words, they are a form of conversion therapy themselves.

• In an interview titled *My job is to think. Psychoanalytical approach to gender dysphoria*, published in issue 8 of *Psychoterapia Psychodynamiczna w Polsce* (*Psychodynamic Psychotherapy in Poland*), Marcus Evans states: "I think that many sex change operations will be treated in the future the way we now treat lobotomy". In the interview, he connects transgender identity with "a paranoid-schizoidal position", lack of sexual intercourse in teenagers, borderline personality disorder and "merging with the mother and eroticising her". He calls data regarding a high satisfaction rates after sex reassignment procedures "false" without any justification of such an extreme statement. Evans provides no citations for most of his claims, with the exception of a few references to papers from the 70s by Robert Stoller and Mervin Glasser, conversion therapists who aimed to "prevent" the emergence of homosexuality and gender non-normative behaviour in children.

• In Marcus Evans' 2020 article *Freedom to think: the need for thorough assessment and treatment of gender dysphoric children*, the author compares the increase in visibility of transgender children to the anorexia epidemic, and access to gender-affirming interventions to encouraging people with anorexia to starve themselves. In order to prove the claim that the diagnostic process for transgender children and teenagers should be longer, Evans attempts to present gender-affirming interventions in as negative a light as possible—he claims that using puberty blockers at the age of 15 is equivalent to consent to genital surgery or the removal of gonads; he also spreads medical misinformation that puberty blockers lead to infertility and the loss of the ability to orgasm.

• The therapeutic model promoted by the Evanses is briefly described in the article *First, Do No Harm: A New Model for Treating Trans-Identified Children*, published on Quillette in February 2021. According to the authors, therapists who accept the identity of transgender children may thereby "cement their identity" and make it impossible to "accept their natural bodies". Transgender youth supposedly "subconsciously wants the parent figure to enter their life and help them understand the part of themselves they want to reject". An excessive certainty of one's identity is, according to the Evanses, a "red flag" indicating that the person in question is ignoring the negatives of transition. The job of the therapist is to integrate the parts of the personality that the transgender youth wishes to reject and to question the transgender identity in order to look for its "real causes". Nowhere in the article do the authors admit the possibility that medical transition may bring fulfillment and satisfaction to transgender people and that the gender assigned at birth is not a "rejected part of personality" at all.

• In their newest book *Gender Dysphoria A Therapeutic Model for Working with Children, Adolescents and Young Adults* the authors repeatedly question the gender identity of transgender minors, calling it "a fixed belief system" (p. 28), a symptom of unresolved disorders in another area (p. 57) or the result of pressure from parents suffering from Munchausen by proxy (p. 74). In order to support those ideas, the authors cite a discredited theory by Lisy Litman of "Rapid Onset Gender Dysphoria", as well as studies by Kenneth Zucker regarding the impermanence of transgender identity in children, criticised many times for methodological reasons (some of those problems we have described *in one of our articles*). The Evanses do not show the described transgender patients basic respect in the form of respecting their decision to change the pronouns and name used, e.g. by describing a transgender woman with her previous, male name (p. 183). The authors compare the increase in the percentage of children and teenagers who self-describe as transgender to the opioid crisis (p. 39). They repeatedly cite the work and activity of Kenneth Zucker, a Canadian psychologist whose clinic was closed after the state of Ontario introduced a ban on conversion therapy. In an interview for *TransAdvocate* Erika Muse, a trans woman who went through therapy conducted by Zucker as a teenager, stated: "I feel like he destroyed my life (...) as if he destroyed me as a person."

All of the above medical interventions are inconsistent with the current scientific knowledge and the guidelines of psychological and pediatric organisations. A broad consensus indicates the efficacy of gender-affirming interventions in reducing the pain in adult transgender people, and an increasing data set shows an analogous effect in transgender youths. The Evanses' approach remains completely incompatible with the guidelines of the American Academy of Pediatrics, according to which the role of mental health specialists is to support any gender identity and expression chosen by a child, without pathologising it or pressuring them in any direction. A therapeutic model where children and teenagers are forced to prove the reality of their identity and defend themselves from a therapist trying to convince them that identity, in reality, stems from something else is, in effect, conversion therapy, a form of violence condemned by every notable medical organisation. Conversion practices are traumatising and linked to an increased rate of suicide attempts.

We are only able to outline here just how deeply transphobic the book by the Evanses is. We strongly recommend reading its review *On Trying to Pass off Transphobia as Psychoanalysis and Cruelty as Clinical Logic* by the psychotherapist Avgi Saketopoulou. The Evanses' activity goes far beyond the boundaries of needed and valuable scientific debate on supporting transgender children—it is an organised assault on our bodily autonomy and

access to transition, where pseudo-scientific rhetoric only serves as a cover for systematic elimination of healthcare for trans people. This will become even clearer after looking more closely at other activity by the Evanses, which we will describe in the following paragraphs.

Marcus and Susan Evans became known in the media after Marcus Evans left a managerial position on the supervisory board of the British Tavistock Gender Identity Development Service in 2019. They have talked to the press about their experiences and the reasons they left Tavistock. Susan Evans appeared in *The Telegraph* newspaper in a longer material prepared by Josephine Bartosch, a journalist associated with the British gender critical movement. Bartosch does not recognise transgenderism as a phenomenon, and in her editorial texts she calls them an ideology or a lobby or a "social contagion" suggesting thereby that it is possible to be infected with transness. Marcus Evans, on his part, published the first major article about his experiences on Quillette, a popular site for publications of many pseudo-scientific ideas (including a defense of classifying human races on the basis of skull shapes). Quillette itself programmatically presents transness as "gender ideology", "gender denialism" or "gender extremism". We invite you to take a look at the *transgender tag* in order to find out the level of the publications on your own. Nowadays, the Evanses are frequent guests in the media both by transphobic feminists and Christian fundamentalists.

Susan Evans directly participated in a lawsuit against the Tavistock clinic, which later turned into a second-instance defeat in the case of Tavistock v Bell. Despite Evans' best efforts, a decision was made against limiting access to transition and puberty blockers. The arguments used by the Evans and Bell side was based on questioning the so-called Gilick competence, an Anglo-Saxon legal idea that regulates consent for medical procedures by minors. To that end, Evans and Bell cooperated with lawyer Paul Conrathe, a representative of the ProLife Alliance and Society for the Unborn Children. In the opinion of legal analysts his attack on Gilick competence was clearly linked to a desire to remove any reproduction rights from persons under 18 years of age, including access to abortion and hormonal birth control.

The Evanses cooperate with entities whose goal is to take bodily autonomy away from transgender people—not just in the media but also in a professional capacity. Marcus Evans currently serves an advisory role at the Society for Evidence Based Gender Medicine. SEGM is an unambiguously anti-trans think tank, not recognised in the scientific world—it was denied participation in the yearly conference of the American Academy of Pediatrics, one of the most prestigious institutions concerned with transgenderism. In addition, SEGM worked to reduce access to healthcare for trans people in the state of Arizona by making it impossible to receive any sort of reimbursement, which violates anti-discrimination regulations included in Obamacare. The SEGM board of directions included, until recently, Julie Maxwell, a pediatrician from the NHS and the director of Family Education Trust—a religious organisation opposing LGBT people and supporting physical violence against children. SEGM's financing model is not clear. Investigative journalists from the Trans Safety Network have proven that the organisation requires anonymous donations of tens of thousands of dollars and does not file tax returns required of non-profit organisations.

The Evanses serve as advisors to another trans-hating organisation, Genspect International. According to an analysis by *Health Liberation Now* journalists, Genspect is closely associated with a large number of identities that oppose the "gender ideology" and that promote conversion therapy of LGBT persons. Genspect promotes and cooperates with the British organisation Our Duty that defines as it goals a ban of transition until the age

of 25 and attempts by therapists to eliminate the phenomenon of transgenderism (the organisation states its goal to be a "100% desistance rate", here referring to a return to the gender assigned at birth). Genspect International attempts to position itself as a scientific organisation, one that is open and dialog-focused. In direct presence of other conversion therapists and allies from the fundamentalist right these appearances are no longer kept. In a private conversation, Stella O'Malley, the founder of Genspect, clearly stated that her goal is a full ban on the transition of children and youths.

As we have shown, activity by Marcus and Susan Evans are extremely transphobic and contradict psychological knowledge on trans people. We want to state our strong opposition against promoting conversion therapists in Poland while reminding you that Victor Madrigal-Borloz, the UN Independent Expert, working on the basis of an analysis by the International Rehabilitation Council for Torture Victims, considers such practices a form of torture and calls for a global ban against their use.

In recent months, we have seen an intensifying of action from the political right against transgender people, both abroad (bans against transition of minors in many American states) and in Poland (statements by Jarosław Kaczyński, a petition by Ordo Iuris to introduce a similar transition ban in Poland). Due to their responsibility to support their transgender patients, mental health specialists should act as a counterbalance for this trend, therefore we express our hope that your decision to invite the Evanses as guests of the conference does not stem from an approval towards their views and activity nor their political leanings, but rather from a lack of awareness. In light of the above facts we believe that the only way out of this unfortunate situation is to withdraw the invitation. We offer help in finding other psychotherapists that would be worth inviting to your conference. The subject of gender dysphoria in youths is of great importance, but it is equally important to treat it with honesty and with respect towards transgender people and with their active participation.

Best regards.

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