



GENSPECT SUMMARY  
REVIEW OF THE TRINITY  
COLLEGE DUBLIN  
RESEARCH ON “GENDER  
IDENTITY CONVERSION  
THERAPY”

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## Summary Report

Genspect has reviewed the evidence presented in the February 2023 Trinity College Dublin, School of Nursing and Midwifery (TCD) research report *An Exploration of Conversion Practices in Ireland*<sup>1</sup> commissioned by the Department for Children, Equality, Disability, Integration and Youth (DCEDIY). A summary of issues identified with the report are listed here, our full report is available to download from the Genspect website shortly.

A Request for Tender for Conversion Therapy Research was issued by DCEDIY in November 2021 and said the research was intended to *“help to inform the policy rationale for and development of a cross-Government approach to dealing with conversion practices in Ireland, including the development of legislation if required.”*

The TCD research report<sup>1</sup> says that *“interactions with therapists who created barriers to gender affirming care or closed down discussions about gender identity”* should be considered within conversion practices and concludes *“legislation to ban conversion therapy is likely to focus on professional contexts with licenced practitioners”* (p.5 & p.69).

The Genspect Summary Review highlights issues with the case presented in the TCD report for banning gender identity and expression change efforts in professional contexts with licenced practitioners. In the context of so-called “gender identity conversion efforts” the TCD research does not provide robust evidence to demonstrate that legislation is required. Furthermore, it does not clearly define the scope of what conversion therapy legislation including gender



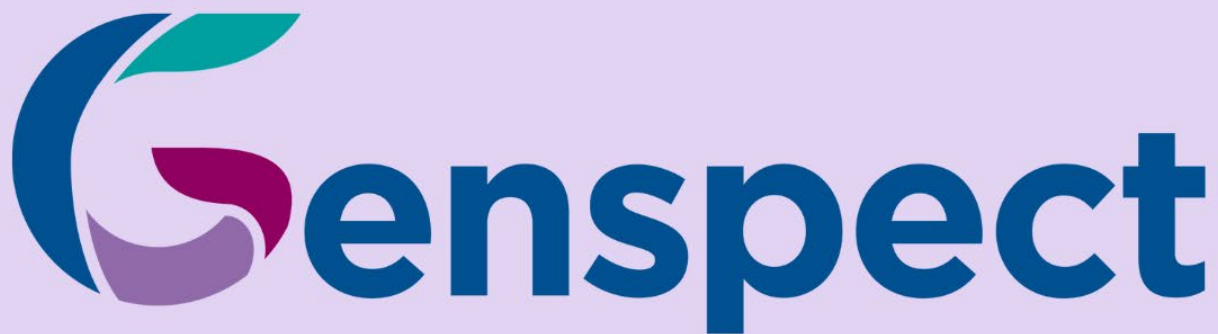
identity would or would not cover, and risks negatively impacting clinically necessary, ethical professional assessment and treatment of individuals with gender dysphoria.

Key areas of concern with the TCD research report<sup>1</sup> are as follows:

- **The report does not provide a clear definition** of what should be considered a conversion practice in the context of gender identity and expression. Critically, the report does not provide clear delineation between clinically necessary, ethical professional assessment and treatment of individuals with gender dysphoria, and unethical coercive practices with a pre-defined aim of changing a person's gender identity.
- **The quality of evidence presented in the report is low.**
  - The quantitative research data in the report relating to gender identity came from 23 responses to an anonymous online survey recruited via advocacy groups which may have influenced survey responses making the data susceptible to selection bias, recall bias and demand bias. Survey responses were self-reported and unverified.
  - The qualitative research evidence presented in the report relating to gender identity is based upon interviews with just two individuals, one of whom *"was not sure if what he experienced could be described as conversion therapy"* (<sup>1</sup> p.64). The other interviewee who identified as intersex and transgender *"argued that surgery she had to assign gender when she was born was a form of conversion therapy"* (<sup>1</sup> p.66). No details are provided on how long ago this

interviewee had this surgery, whether the surgery was performed in Ireland or any other clinical details.

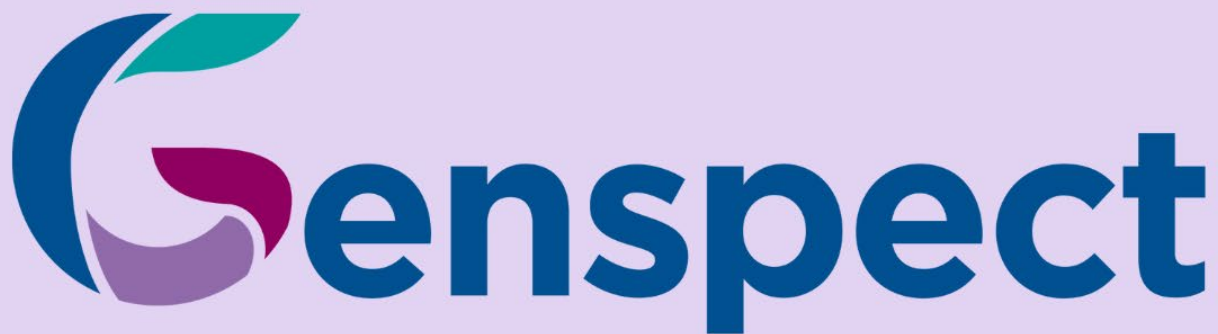
- **The report conflates gender identity, gender expression and sexual orientation** and thereby repeatedly creates confusion and ambiguity within their report.
- **The report does not directly address clinical concerns** that conversion therapy legislation that includes gender identity could restrict the efficacy of therapy for individuals experiencing gender identity issues. These concerns have been published in the UK<sup>2</sup> and Ireland<sup>3</sup> and have been the subject of public debate and government policy changes<sup>4</sup> in the UK. This publicly funded research missed the opportunity to address these clinical concerns.
- **The report does not acknowledge the heated disagreement within the international medical community regarding the safety and efficacy of medical treatment of young people with gender dysphoria.** Within the HSE in Ireland there are currently two conflicting sets of guidelines (or “Models of Care”)<sup>5</sup>, with the children’s service aligning with the gender affirmative approach and the adult service offering a more cautious, least-invasive-first approach. The TCD report ignores this lack of consensus and blandly states that *“guidelines are available to support practitioners to work therapeutically with LGBTI+ individuals”*. We note that there is significant contradiction between gender affirming guidelines from the USA versus the latest guidelines from Sweden, Finland, France, New Zealand, the U.K. and Norway that favours psychological support as first line treatment.<sup>6-7</sup>



- The report provides no objective, corroborating evidence about gender identity conversion therapy in the form of professional complaints resulting in investigation and professional sanction from any professional clinical bodies in Ireland.
- The report repeatedly infers that harm is caused by efforts to change gender identity and expression, but none of the studies relating to gender identity provide evidence to demonstrate causation. Misrepresentation of evidence of causality has been spread to the public via media reports quoting Minister O’Gorman discussing the report saying “*This practice is abusive and causes significant harms to people already in distress*”.<sup>8</sup>
- The TCD research was not independent. The government department that commissioned the research appointed a Research Advisory Group with representatives from advocacy groups (LGBT Ireland, TENI and Gay Project [Cork]) who co-signed a public letter<sup>9</sup> before the research had begun, stating their “*firm commitment*” to a “*fully LGBT+ inclusive ban*” on conversion therapy. The Research Advisory Group did not include any individuals or groups representing other viewpoints.

## Conclusion

If legislation to ban conversion therapy is based upon the TCD research report, the legislation will put clinicians working with patients with gender identity issues in an impossible situation: if they follow a gender affirmative approach they will be at risk of carrying out inappropriate therapy and subsequent legal action from



patients who regret their medical transition, however if they do not follow a gender affirmative approach they will be at risk of accusations of conversion therapy.

A result of this legal minefield will be that many clinicians will choose not to work with anyone with gender identity issues. This will leave the growing community of people with gender dysphoria (who already face unconscionably long waiting lists) even worse off than they are currently.

While the TCD research report does not provide evidence that gender identity conversion therapy legislation is required, it does, however, highlight deficiencies in mental health services. Genspect recommends that policy makers wishing to improve the lives of people with gender dysphoria focus their attention not on conversion therapy legislation, but instead on the following areas:

- Substantial investment in mental health services
- Statutory Regulation of Counsellors, Psychologists and Psychotherapists
- Specific improvements to gender identity services

The full Genspect Summary Review is available to download from the Genspect website.

## References

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