

**(Þingskjal 45-mál 45. (bill 45 - case 45.)**

Sunday October 4<sup>th</sup> 2022

Allsherjar- og menntamálanefnd  
Alþingi

To whom it may concern,

I am writing to make a submission regarding Þingskjal 45 — 45. mál. (bill 45 - case 45.) a proposed Act to make conversion therapy (also known as conversion practices) illegal.

My interest in this relates to my practice as a Psychiatrist based in South Australia, Australia, practising in both the private and public sectors over the last 25 years. In Australia, there has been no notification to the regulatory body AHPRA regarding Conversion Therapy being practised by any registered health practitioner over the last six years. In addition, the College of Psychiatrists (RANZCP) has not received a complaint about Conversion Therapy being practised by any psychiatrist over the last sixteen years. In the last two years Conversion Therapy legislation has been passed in Queensland, Australian Capital Territory, and Victoria in Australia, and in New Zealand. In all these jurisdictions, the passage of such legislation has led to increasing reluctance from mental health professionals to engage in psychiatric and psychological treatment of LGBTQi individuals for fear of being falsely accused of Conversion Therapy.

“Conversion Therapy” refers to an ideological and religiously motivated effort to “convert” lesbian, gay, and bisexual individuals to become heterosexual. Using the term “conversion therapy” in the context of gender is misleading and inaccurate.

It has been clearly established that Transgender and Gender Diverse individuals are at risk of a number of psychiatric disorders including Major Depression, Autism Spectrum Disorder, Borderline Personality Disorder, and body image disturbance, and social issues such as a history of childhood abuse, amongst others (1-3). This proposed legislation will have the effect of closing off evidence-based treatments for these disorders, by having them potentially relabelled as Conversion Therapy. Medical specialists and other health providers of such services are typically risk averse and are less likely to provide such evidence-based therapies to this vulnerable group of patients if they believe that it may place themselves at risk of litigation. Patients should not be discriminated against in their access to proven mental health treatment based on their gender, sex, sexual orientation, race, or any other identifying factor.

In particular, I am greatly concerned that this Bill will result in ethical, neutral psychotherapies being conflated with Conversion Therapy, with the potential to criminalise Psychiatric and Psychological therapies. Such therapies have a body of evidence of over 120 years to support them. Psychoanalysis and related psychotherapies aim to explore the individual’s key drives, motivations, personality structure (including identity), and psychological defences, in order to allow them to better function in work and social activities, and relationships. Legislation that potentially interfere with peoples’ right to do so

should contain specific safeguards to avoid capturing such therapies. In my opinion the current Bill does not provide adequate safeguards and would benefit from more detailed and specific definitions and examples of what practices represent Conversion Therapy, and which do not (4).

The proposed Bill cites various conversion practices performed throughout the world, but I note provides no evidence of such practices being performed in Iceland.

It is also well established that the majority of young people who identify as transgender, ultimately realign themselves with their natal sex if given time and space (5,6). Legislation which effectively removes this time and space, by pushing them towards a Transgender or Gender Diverse identity, will invariably result in a significant number of young people who regret their irreversible medical and surgical transition. It is predictable that many of these will be at risk of suicide. It is also predictable that many others of these often young and vulnerable people will seek compensation from the government that produced the legislation that enabled such hasty decision making to be acted upon. This has already been seen elsewhere (7-9). In view of this, I believe that it would be particularly helpful if this Act is legislated, that it recognizes the phenomena of regret, desistance, and detransition. In addition, it would be helpful if psychotherapy and medical treatment of people who experience regret, desistance and detransition can be specifically excluded from being labelled as Conversion Therapy, to enable safe management of this particularly at-risk group.

In closing, on the basis of the above concerns, I write requesting that the Icelandic Government reconsider Þingskjal 45 — 45. mál. (bill 45 - case 45.), a proposed Act to make conversion practices (also known as conversion therapy) illegal, and specifically make amendments as outlined above.

Thank you for considering my submission.

Yours faithfully,

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