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Mr Paul Conrathe  
Sinclairs Law  
20 Dock Street  
London, E1 8JP

Dear Mr Conrathe,

You asked for my opinion on the methodology employed in the pamphlet entitled *2020 'Conversion Therapy' & Gender Identity Survey* and on the conclusions derived from it.

The respondents were not sampled from a defined population, as in a proper scientific survey. Instead, they were recruited online by the organizations that are campaigning for legislation. The pamphlet does not provide the questionnaire completed by the respondents, as is standard in scientific research.

As far as I can tell, no academic social scientist was involved in this research. It was overseen by Richard Matousek who is an 'independent researcher' at a marketing research company, Kantar. This project is his only research listed on the website [www.kantar.com](http://www.kantar.com).

Out of a total 1504 responses to the survey, only 51 respondents had undergone 'gender identity conversion therapy' (p. 10). Of these, 8 'felt it worked completely' (p. 14).

Therefore the survey identified only 43 people who reported negative experiences. This number seems a slender basis on which to propose new legislation. The category of 'gender identity conversion therapy' is so broad that it conflates quite disparate phenomena. On one hand, it includes 'severe physical and sexual violence' including rape (p. 5). These abhorrent acts are already serious crimes, and so legislation is not required to outlaw them. On the other hand, the label conversion therapy is also applied to voluntary counselling by an NHS psychotherapist, psychologist, or psychiatrist (p. 12).

The analysis excluded 28% of the survey responses (p. 7). Many of these were omitted for being ‘transphobic’ (p. 18). No objective criteria are provided to define transphobia; the epithet apparently serves to exclude responses that contradicted the legislative agenda of the organizations funding the research. One such response expressed concern that gender-nonconforming homosexuals are being encouraged to imitate the opposite sex by taking cross-sex hormones and enduring surgeries—‘transing the gay away’ (p. 18). Presumably any responses by detransitioners such as Keira Bell or Sinead Watson—who now regret being given medical ‘treatments’ for gender dysphoria—would likewise have been excluded.

In sum, then, the research reported in the pamphlet has little, if any, scientific value.

Yours sincerely,

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