1 December 2021

Response to your letter (24/11/21) for the Women and Equalities Select Committee

1) **Do you foresee a risk that certain definitions of conversion therapy may capture therapy that aims to support people who are distressed or unsure about their sexual orientation or gender identity?**

We do not consider this likely. Almost all the definitions describe conversion therapy in one way or another, as an attempt to change a person's sexual orientation or gender identity. These efforts are sometimes referred to by terms including, but not limited to, 'reparative therapy', 'gay cure therapy', or 'sexual orientation and 'gender identity change efforts'. The Cambridge Dictionary describes conversion therapy as "treatment that is intended to change someone's sexual orientation from being gay to being heterosexual".

In public documents such as version 2 of the Memorandum of Understanding between therapy organisations in the UK (which the Royal College of Psychiatrists has signed up to) conversion therapy is defined as "...an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis.'. The RCPsych is not aware of any definition that suggests it aims to support people who are distressed or unsure about their sexual orientation or gender identity. In fact, to use the term therapy in this context is misleading as it is not a recognised, nor considered an ethical or evidence-based treatment for a specific clinical condition. A non-heterosexual orientation is not a psychological disorder – it was removed from diagnostic systems in the 1970s and 1980s. Nor is any particular gender identity now seen as disordered.

We support the recommendations of the Cooper Report which proposes that conversion therapy be more accurately referred to in legislation as "conversion practices". A broad definition of conversion practices is essential to ensure that all forms of these practices are included in legislation and therefore prevent the exploitation of loopholes that would allow those providing, advertising, or advocating conversion practices to continue doing so with impunity. Any definition must cover all practices that seek to suppress, "cure" or change sexual orientation and gender identity.

2) **The Government proposals state that adults who want to be supported to be celibate will be free to do so.**

a) If an individual approaches an accredited provider of talking therapies asking for support to, for example, remain celibate because of their sexual orientation or resist same-sex attraction in order to protect their heterosexual marriage, how would such support be provided?

For people choosing to remain celibate, irrespective of their sexual orientation, or their marital status (same or opposite sex), access to psychological therapies should remain. The purpose of such therapy would be to facilitate them to arrive at an understanding of their distress, if they are experiencing this. Appropriate therapeutic approaches should enable the individual to manage their distress.

We also suggest referring to MOU in response to this. The MOU intends to ensure that:

- The public are well informed about the risks of conversion practices.
- Healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion practices.
- New and existing psychological therapists are appropriately trained.
- Evidence into conversion practices is kept under regular review.
- Professionals from across the health, care and psychological professions work together to achieve the above goals.

It is important to note that this position is not intended to deny, discourage or exclude those with uncertain feelings around sexuality or gender identity which results in psychological distress, from seeking qualified and appropriate help and support from qualified professionals. The MOU supports therapists to provide appropriately informed and ethical practice when working with a client who wishes to explore conflict or distress regarding their sexual orientation or gender identity.

For people who are unhappy about their sexual orientation or their gender identity, there may be grounds for exploring therapeutic options to help them explore why they feel the distress, the feelings of shame or stigma that might be associated with it, to be able to understand their distress, and reach a greater degree of self-acceptance. The aim is to support them to be in the best frame of mind to make decisions about how they wish to live their life.

Ethical and appropriate practice in these cases requires the practitioner to have adequate knowledge and understanding of gender and sexual diversity and to be free from any -preconceived ideas that favours one gender identity or sexual orientation as preferable over other gender and sexual diversities. For this reason, it is essential for clinicians to have awareness and acknowledge the broad spectrum of sexual orientations and gender identities and gender expressions. In addition to following good therapeutic principles and boundaries, therapists must also work within their statutory duties under the Equality Act 2010.

b) Do you think certain definitions of conversion therapy could alter the type of support offered to individuals wishing not to act on feelings of same-sex attraction?

The concept of certain definitions and types of support are too vague to be able to answer this question with integrity, and to be able to answer it fully. We would kindly ask the panel to be more specific about what these certain definitions are, and what type of support we are talking about, or highlight a concern that underlies the question so it can be properly addressed. It is important to understand that individuals may be forced to suppress their same sex attraction due to societal pressures. As such we do not support any form of conversion practice as the evidence indicates that they are a source of significant harm.

From the Chair

3) Do you foresee a risk that practitioners who work with individuals in gender identity clinics could fall foul of a definition which specifically permits an 'affirmative' approach to exploring gender identity?

This seems a separate issue and it is difficult to comment without knowing which definition this is referring to.

If this question refers to the conversion therapy as described above, as far as the College is aware, the GICs do not offer or intend to offer any form of conversion practice. An affirmative approach is not that which seeks to convert an individual to a gender identity but to affirm their personal feelings about their gender however that fluctuates.

4) Do you foresee a risk that professional support for people who have changed their gender presentation or sex characteristics and decide to cease or reverse the process ("de-transition") could be affected?

The College does not foresee this risk. For any professional therapist operating in an ethical way there is no risk for a person to lose support throughout their gender identity journey and it will be expected that support should be present throughout the journey whether it's going towards or away from a particular gender. The purpose of any psychotherapeutic approach is not to have an agenda destination. Our understanding is that conversion practices are often prescriptive about specific sexual orientation or gender identity.

5) Is there anything else you wish to add?

There is no evidence that so-called conversion treatments 'work' in the sense that they achieve their aims to change sexual orientation or suppress a person's gender identity. There were many attempts to study the effectiveness of conversion treatments for sexual orientation in the 1960s and 1970s. All of these attempts would be considered unethical and of dubious methodology today. In fact, the evidence is that conversion practices are harmful. Follow-up studies and surveys of people who have undergone interventions to change their sexual orientation show that such attempts often lead to serious psychological distress and psychological harm. Similarly, preventing transgender and gender non-conforming people from obtaining the help they need to transition or to express their gender identity leads to harm.

Leading therapy organisations, as well as legislative and legal authorities across the world, have published statements warning of the ineffectiveness of purported treatments to change sexual orientation or suppress gender identity, their potential for harm, their lack of ethical basis and their influence in stigmatising sexual orientation minorities as well as transgender and gender non-conforming people. Several countries and states have now introduced legal bans against such 'treatments' and many others are considering such a ban.

While the College fully supports the banning of conversion therapy, we are keen to ensure that people seeking psychological help and support, should not miss out on the essential care and treatment they need. This is especially important as we know that LGBTQ+ individuals experience higher rates of psychological distress and have increased risk of suicide. We need to ensure equitable access to psychological approaches, treatments, therapies and other forms of medical treatment for people with gender, sexual and relationship diversity. We must be mindful that access to care for individuals likely to be affected by this is already difficult and that we should be trying to find ways to improve this in any legislation that is taken forward.

Our view is that there is a general and widespread consensus that the use of conversion practice is unacceptable and should be made unlawful. Where the risk exists for a breakdown in that consensus is in the defining of it so we would strongly encourage further consultation and discussions on the detail of the legislation and a commitment to review its impact after its implementation so it can be strengthened or amended if circumstances demand it.

In summary

The RCPsych is clear that diverse expressions of sexuality and gender should not be considered pathological and as such do not require treatment or change.

The RCPsych strongly supports the ban on all conversion practices as these are known to cause psychological harm.

People who need mental health support should have access to appropriate therapies, irrespective of their sexuality and gender identity. Such support can mitigate distress, help people lead fulfilling lives and can also can with co-occurring psychological problems including depression and anxiety

Therapists and practitioners should be skilled in supporting individuals with all protected characteristics and their work should be in keeping with their professional regulations and the Equality Act 2010.

The College supports having clear guidance on how therapists and practitioners can support individuals who seek support for resolving distress around their sexuality and gender identity.

We also support further research and collection of high-quality disaggregated data to help tackle inequality in access, experience and outcomes of mental health care.

References:

a) https://dictionary.cambridge.org/dictionary/english/conversion-therapy
b) https://www.bacp.co.uk/media/13265/memorandum-of-understanding-on-conversion-therapy-in-the-uk-september-2021.pdf
c) https://www.ozanne.foundation/cooper_report/