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Rt. Hon Caroline Nokes MP
Chair, Women and Equalities Committee
House of Commons
London SW1A 0AA

Dear Ms Nokes,

Further to your letter dated 24th November 2021 regarding the Women and Equalities Committee's work on the Government's consultation on its proposals for banning conversion therapy, I have outlined below the British Psychological Society's (BPS) responses to your questions.

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?

Conversion therapy is distinct from ethical forms of therapy that aim to support people who are distressed or unsure about their sexual orientation or gender identity. A careful definition of the former need not interfere with the latter, however we would like to see clear guidance to assure psychologists and other professionals that ethical and affirmative forms of support are not included in any ban.

The American Psychological Association's Resolution on Sexual Orientation Change Efforts (2021) and Resolution on Gender Identity Change Efforts (2021) explain that such efforts (aka so-called conversion therapies) typically involve:

- the dissemination of inaccurate, stereotypic, or unscientific information about sexual orientation or gender identity (e.g. that being LGBT is unhealthy or disordered)
- have overly directive approaches with pre-determined preferred outcomes (e.g. that the client identifying as cisgender and heterosexual is a desirable outcome)
- use unsound or unproven interventions
- provide misinformation on treatment outcomes

The British Psychological Society's (BPS, 2017) Practice Guidelines already state that psychologists should "avoid attempting to change gender or sexual orientation on the basis that they can be 'cured' or because of stigmatising theory, personal, religious and/or socio-cultural beliefs". Furthermore, BPS Guidelines for Psychologists Working with Gender, Sexuality and Relationship Diversity (2019) state that "psychologists must not engage in 'reparative' or 'conversion' therapies"

The Memorandum of Understanding on Conversion Therapy (2017, version 2) (MoU) signed by 21 organisations and professional bodies, including the BPS, defines conversion therapy 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 MoU does not deny, discourage or exclude those with uncertain feelings around sexuality or gender identity from seeking qualified and appropriate help. The document explicitly supports therapists to provide appropriately informed and ethical practice when working with

a client who wishes to explore, experiences conflict with, or is in distress regarding their sexual orientation or gender identity, stating:

> "For people who are unhappy about their sexual orientation or their gender identity, there may be grounds for exploring therapeutic options to help them live more comfortably with it, reduce their distress and reach a greater degree of self-acceptance. Some people may benefit from the support of psychotherapy and counselling to help them manage unhappiness and to clarify their sense of themselves. Clients make healthy choices when they understand themselves better".

The BPS Guidelines for Psychologists Working with Gender, Sexuality and Relationship Diversity (2019) state that:

> "As part of the therapeutic endeavour, a person may wish to explore their gender and/or sexual identity or relationships, express distress at the thought that they may have a GSRD [Gender, Sexuality or Relationship Diverse] identity…but must always consider GSRD identities and practices to be absolutely as valid and legitimate an outcome as any other identity or practice…Psychologists are advised to provide the space, for clients who wish to, to explore possible identities and practices rather than assuming any particular outcome" (p.6-9).

They also state that practitioners should only work within their competence and where they are struggling to act positively or within their skill set they should refer people to more appropriate practitioners or services and seek supervision and/or relevant training.

The American Psychological Association's (APA) Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) provides evidence-based recommendations for affirmative responses to people distressed about their sexual orientation which suggest that therapists should:

- provide **acceptance and support** of various aspects of the client (including respect for their values and beliefs);
- conduct a **comprehensive assessment** to gain a holistic picture and identify any other concerns that need addressing;
- **identity exploration** and development to explore a wide range of options without prioritising a particular outcome;
- encourage **active coping** strategies (cognitive, behavioural and emotional) to manage distress and difficult emotions;
- facilitate **social support** (e.g. support groups, LGBT or religious groups etc) to mitigate distress and feelings of isolation

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 approached 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?

Talking therapies can take a range of forms and the way in which the therapist would provide support would depend on the type of therapy being offered (e.g. Cognitive Behavioural Therapy, Mindfulness-Based Cognitive Therapy, Counselling, Psychoanalytic therapy, etc). However, general ethical principles would apply including respect for people regardless of

group based characteristics and respect for self-determination (BPS Code of Ethics and Conduct, 2018).

Celibacy is a part of sexual and relationship diversity and so general principles within the BPS Guidelines for Working with Gender, Sexuality and Relationship Diversity (2019) would apply. For instance, a psychologist should accept celibacy as a valid and legitimate choice and not view it as necessarily indicative of a psychological problem. Celibacy can be a positive choice and does not necessarily require psychological intervention.

Celibacy is often (although not always) associated with religious beliefs and values. The BPS Practice Guidelines (2017) state that "Psychologists should respect clients' values and spiritual beliefs and need to be mindful that their personal beliefs should not be an impediment to engaging with the client" (p. 34).

The general evidence-based principles identified by the APA's Task Force for Appropriate Responses to Sexual Orientation (2009) outlined above would apply to anyone seeking therapeutic support because of their sexual orientation irrespective of the outcome (which may include choosing celibacy). The APA Task Force further stated that:

> "[Mental health professionals] may approach such a situation by neither rejecting nor promoting celibacy but by attempting to understand how this outcome is part of the process of exploration, sexual self-awareness, and understanding of core values and goals. The therapeutic process could entail exploration of what drives this goal for clients (assessing cultural, family, personal context and issues, sexual self-stigma), the possible short- and long-term consequences/rewards, and impacts on mental health while providing education about sexual health and exploring how a client will cope with the losses and gains of this decision" (p.61)

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?

If a definition of conversion therapy included attempts to 'suppress' in addition to 'change' sexual orientation then the law or accompanying guidance would need to be clear that this would not include non-directive and non-judgemental forms of support to help people who choose to live in accordance with their beliefs and values.

If the person providing the therapy approached the encounter in a non-directive and non-judgemental way (following recommendations by Task Force on Appropriate Therapeutic Responses to Sexual Orientation), it is unlikely that this could be characterised as 'supressing' a person's sexual orientation or that any definition of conversion therapy would prevent this kind of support.

It is possible that if a ban was not carefully crafted that some practitioners or services may be hesitant about exploring a client's gender and sexual orientation. However, professionals should only work within their level of competence. As noted in the MoU, BPS believes that those with a responsibility for training should ensure that training prepares practitioners to have sufficient levels of competence such that they can work effectively with gender and sexually diverse clients in accordance with the law and best practice.

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?

BPS does not view 'affirmative' approaches to be conversion therapy. BPS Guidelines for Psychologists Working with Gender, Sexuality and Relationship Diversity (2019) state:

> "Psychologists should integrate an affirmative stance to their models of practice when working with gender, sexuality and relationship diversity (GSRD) clients. Central to this is the recognition that diversity in gender, sexuality and relationships is simply a natural part of human variation. Psychologists should have an understanding of the adverse effects of social stigmatisation on clients' identities and the distress caused to individuals who are seen as different. Assessments, formulations and interventions should acknowledge this explicitly. Modalities which do not accept GSRD identities and practices as being entirely as valid and legitimate as other identities and practices must not be used".

The World Professional Association for Transgender Health's (WPATH, 2012) Standards of Care (Version 7) describe the goals of psychotherapy for people with gender dysphoria as follows:

> "The general goal of psychotherapy is to find ways to maximise a person's overall psychological wellbeing, quality of life and self-fulfilment. Psychotherapy is not intended to alter a person's gender identity; rather, psychotherapy can help an individual to explore gender concerns and find ways to alleviate gender dysphoria"

The MoU on conversion therapy (2017) clearly states that it is:

> "[not] intended to stop psychological and medical professionals who work with trans and gender questioning clients from performing a clinical assessment of suitability prior to medical intervention. Nor is it intended to stop medical professionals from prescribing hormone treatments and other medications to trans patients and people experiencing gender dysphoria"

It is important that any law banning conversion therapy does not stop or impede regulated professionals in gender identity clinics from providing affirmative support for those exploring their gender identity. This should be made clear within any legislation or related guidance. Gender Identity Clinics should also be engaged as key stakeholders in developing any legislation on conversion therapy.

When it comes to gender identity, a therapeutic approach should only be considered conversion therapy if:

- It is founded on the notion that gender diversity is inherently disordered, and that a cisgender identity is preferable;
- There is a pre-determined outcome and/or the approach is overly directive in terms of how the client should identify or express their gender identity;
- The therapist has the intention to change the client's gender identity and/or gender expression to conform to cisnormative expectations.

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 goals and ethical principles of therapy remain the same irrespective of whether it is supporting someone considering undergoing gender reassignment or supporting someone

considering reversing the process. The aim should be to maximise the individual's psychological wellbeing and quality of life, explore their gender concerns and consider therapeutic options without a pre-determined outcome. A well-crafted law should not affect support for people who regret their transition or want to reverse the process.

5. Is there anything else you wish to add?

As outlined in the MoU, the BPS believes the practice of conversion therapy, whether in relation to sexual orientation or gender identity, to be unethical and potentially harmful. We are in the process of developing our own response to the Government's public consultation on its proposals to ban conversion therapy which we would be happy to share with the committee in due course.

If you require any further information at all on this or any other matters relating to the work of the Select Committee, please do not hesitate to get in touch with the BPS Public Affairs Manager Hannah Randle on hannah.randle@bps.org.uk

Yours Sincerely

Sarb Bajwa