Women and Equalities Commission – Banning conversion therapy inquiry

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?

The definition used for conversion therapy needs careful drafting to ensure that it does not capture ethical forms of therapy which work with clients to explore and be supported to take the journey towards self-knowledge and self-exploration about their sexual orientation or gender identity.

We would like to see a ban that gives clear definitions of what the practice is and is not, with clear guidelines for practitioners. This is to ensure there are no detrimental consequences of such a ban for clients. We would also want to ensure that safeguards are in place to ensure that bona fide therapists can talk freely and openly with their clients about sexuality and gender, without fear of recriminations.

In our response to the Government's consultation, we will be encouraging them to adopt the definition within the The Memorandum of Understanding on Conversion Therapy (2017, version 2) signed by all the major psychological therapy professional bodies, in addition to the Royal College of Psychiatrists, Royal College of GPs and NHS England. The MoU 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".

BACP has also produced a Good Practice across the counselling resource on Gender, sexual and relationship diversity – which is freely available

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?

We would recommend that support is provided in line with our Ethical Framework for the Counselling Professions:

22. We will respect our clients as people by providing services that:

a. endeavour to demonstrate equality, value diversity and ensure inclusion for all clients
b. avoid unfairly discriminating against clients or colleagues
c. accept we are all vulnerable to prejudice and recognise the importance of self-inquiry, personal feedback and professional development
d. work with issues of identity in open-minded ways that respect the client's autonomy and be sensitive to whether this is viewed as individual or relational autonomy
e. challenge assumptions that any sexual orientation or gender identity is inherently preferable to any other and will not attempt to bring about a change of sexual orientation or gender identity or seek to suppress an individual's expression of sexual orientation or gender identity
f. make adjustments to overcome barriers to accessibility, so far as is reasonably possible, for clients of any ability wishing to engage with a service
g. recognise when our knowledge of key aspects of our client's background, identity or lifestyle is inadequate and take steps to inform ourselves from other sources where available and appropriate, rather than expecting the client to teach us
h. are open-minded with clients who appear similar to ourselves or possess familiar characteristics so that we do not suppress or neglect what is distinctive in their lives.

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?

A poorly worded definition of conversion therapy could create unintended consequences for therapists working with gender and sexually diverse clients. It is essential that the legislation is workable and 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.

The definition provided within the Memorandum of Understanding on Conversion Therapy would protect those providing ethical therapeutic 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?

Affirmative practice is described in BACP's Good Practice across the Counselling Professions resource on Gender, Sexual and Relationship Diversity (GSRD) (Barker, 2019) as:

Affirmative practice across GSRD involves offering all clients the same level of comfort in their therapeutic work. For those who are marginalised in relation to GSRD this may require counterbalancing cultural stigma by explicitly affirming marginalised identities, experiences, and practices (Langdridge, 2007).

Alongside the MoU on conversion therapy (2017) which 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"

BACP would not consider an affirmative approach as conversion therapy unless it was done on the basis that a gender identity is inherently preferable to any other; that there was an attempt to bring about a change of gender identity or seek to suppress an individual's expression of gender identity.

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?

BACP believe that 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.

Is there anything else you wish to add?

BACP welcomes the commitment from the UK Government that it will seek to eradicate the practice of conversion therapy in the UK.

BACP's Ethical Framework for the Counselling Professions is clear that we are utterly opposed to any misuse of counselling or psychotherapy in an attempt to change a person's sexual orientation or gender identification.

BACP believes that to do so would be ineffective, potentially harmful and in total contradiction with the ethics and principles of evidence-based, client-centred psychotherapeutic and counselling practice. No sexual orientation or gender identity is inherently superior to or more healthy or natural than any other.

BACP supports the updated memorandum of understanding (MoU2) against conversion therapy launched in October 2017, which makes it clear that conversion therapy in relation to gender identity and sexual orientation (including asexuality) is unethical, potentially harmful and is not supported by evidence.

Sexual orientations and gender identities are not mental health disorders, although exclusion, stigma and prejudice may precipitate mental health issues for any person subjected to these abuses. Anyone accessing therapeutic help should be able to do so without fear of judgement or the threat of being pressured to change a fundamental aspect of who they are.

Further information

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