# Memorandum of Understanding on Conversion Therapy in the UK

Version 2 – Update July 2024





























































#### **Purpose and Overarching Position:**

- 1 The primary purpose of this Memorandum of Understanding (MoU) is the protection of the public through a commitment to ending the practice of 'conversion therapy' in the UK.
- 2 For the purposes of this document 'conversion therapy' is 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.

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', and sometimes may be covertly practised under the guise of mainstream practice without being named.

- For the purpose of this document, sexual orientation refers to the sexual or romantic attraction someone feels to people of the same sex, opposite sex, more than one sex, or to experience no attraction.
- For the purposes of this document, gender identity is interpreted broadly to include all varieties of binary (male or female), nonbinary and gender fluid identities.
- 3 Signatory organisations agree that the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful.
- 4 Signatory organisations agree that neither sexual orientation nor gender identity in themselves are indicators of a mental disorder.
- 5 This MoU also intends to ensure that:
  - the public are well informed about the risks of conversion therapy.
  - healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion therapy.

- new and existing psychological therapists are appropriately trained.
- evidence into conversion therapy is kept under regular review.
- professionals from across the health, care and psychological professions work together to achieve the above goals.
- This position is not intended to deny, discourage or exclude those with uncertain feelings around sexuality or gender identity from seeking qualified and appropriate help.

This document 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.

Nor is it 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.

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.

Ethical practice in these cases requires the practitioner to have adequate knowledge and understanding of gender and sexual diversity and to be free from any agenda 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 acknowledge the broad spectrum of sexual orientations and gender identities and gender expressions.

#### Roles and responsibilities:

- 7 Signing this document commits signatory organisations to draw up an action plan to proactively implement the relevant actions below.
- Where appropriate, the organisations undersigned will ensure that there is board-level support in carrying out the necessary measures to meet the commitments within the MoU.
- While all parties share a common interest in ending conversion therapy, their remits and responsibilities differ.
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Jyles Robillard-Day, Chief Executive Officer National Counselling and Psychotherapy Society

### **Supporter organisations**









# Memorandum of Understanding on Conversion Therapy in the UK Version 2 – Update April 2024

























































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### **Supporter organisations**



Association for the Treatment of Sexual Addiction and Compulsivity







# Memorandum of Understanding on Conversion Therapy in the UK

**Version 2 – Update November 2022** 

























































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Memorandum of Understanding on Conversion Therapy in the UK

Version 2 - Update March 2022



























































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Association for the Treatment of Sexual Addiction and Compulsivity





Centre for Mental Health



# Memorandum of Understanding on Conversion Therapy in the UK

Version 2

December 2021

































Mental Health Network NHS Confederation





















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- new and existing psychological therapists are appropriately trained.
- evidence into conversion therapy is kept under regular review.
- professionals from across the health, care and psychological professions work together to achieve the above goals.
- This position is not intended to deny, discourage or exclude those with uncertain feelings around sexuality or gender identity from seeking qualified and appropriate help.

This document 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.

Nor is it 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.

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.

Ethical practice in these cases requires the practitioner to have adequate knowledge and understanding of gender and sexual diversity and to be free from any agenda 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 acknowledge the broad spectrum of sexual orientations and gender identities and gender expressions.

#### Roles and responsibilities:

- 7 Signing this document commits signatory organisations to draw up an action plan to proactively implement the relevant actions below.
- Where appropriate, the organisations undersigned will ensure that there is board-level support in carrying out the necessary measures to meet the commitments within the MoU.
- 9 While all parties share a common interest in ending conversion therapy, their remits and responsibilities differ.
- This MoU does not exhaustively list every action which every organisation will take but sets out a framework for how organisations will respond to the issue in areas where they do have responsibility.
- Organisations with practice members will ensure through training and/or published guidelines that the relevant over-arching ethical principles in their statements of ethical practice are understood and applied when working with sexually and gender diverse clients, as pertaining to the basic standards of honest, competent and nondiscriminatory practice to which clients of all identities and orientations are entitled.
- 12 Organisations that work in the provision of mental or psychological health delivery or commissioning, such as the NHS, will seek to ensure they do not commission or provide conversion therapy.
- 13 Professional associations will work to ensure their memberships have access to the latest information regarding conversion therapy.
- 14 Professional associations will endeavour to make Continuing Professional Development (CPD) events available which help develop therapists' understanding and cultural competence in working with gender and sexually diverse clients.
- 15 Organisations will work together to create a shared information resource on conversion therapy, including Frequently Asked Questions (FAQs), and help and support for both members of the public and professionals.

- 16 Those with a responsibility for training will work to ensure that training prepares therapists to have sufficient levels of cultural competence such that they can work effectively with gender and sexually diverse clients.
- 17 Training organisations are advised to refer to the latest guidelines from professional associations who are signatory organisations on working with gender and sexually diverse clients when reviewing their curriculum on equality and diversity issues.
- Organisations will review their current guidelines and policies and consider the need to include more specific requirements to ensure individual practitioners and training organisations demonstrate awareness and understanding of policy regarding conversion therapy.
- 19 Campaigning bodies will work to ensure that their target audiences are aware of the basis for concern about any ongoing practice of conversion therapy.

#### Review & Research:

- 20 Signatory organisations will meet regularly to oversee the implementation of the MoU and monitor progress towards realising its intentions and goals.
- 21 Within the next five years, if funded, signatory organisations will seek to ensure appropriate research into the prevalence and effects of conversion therapy in the UK, and into how best to work with gender and sexually diverse clients.
- The text of the MoU will be kept under review and altered, if necessary, in the light of new research or the appearance of unintended consequences. A full formal review will be conducted every three years from the date of the MoU hard launch (July 2018). The next formal review is due in July 2021.
- 23 Signatory organisations will endeavour to keep abreast of international developments in addressing conversion therapy.

#### Mutual understanding:

- 24 The memorandum is not intended to and does not create any contractual obligations between these parties.
- Instead, this memorandum is signed in 25 recognition of a shared professional responsibility to improve the support and help available to those at risk from conversion therapy.

Nicola Gale, President British Psychological Society

Jeremy Clarke, Chair & Clinical Director, Albany Trust

Association for Family Therapy

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Dr Thomas Swaine, **GLADD Secretariat** GLADD (The Association of LGBT Doctors and Dentists)

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John Hazlett Dickinson, Chair British Association of Dramatherapists

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Michelle Ross, Co-founder cliniQ

Peter Saddington, Chair College of Sexual and Relationship Therapists

Dr. Jay Stewart, CEO Gendered Intelligence

Vicky Parkinson, Chief Executive National Counselling Society

Professor Sir Bruce Keogh, National Medical Director

Catherine Calderwood.

Cathania Taldemad

NHS England -

Chief Medical Officer for Scotland NHS Scotland

Dominic Davis, Chief Executive Pink Therapy

Richard Bagnall-Oakeley, Chair Psychotherapy and Counselling

Union

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Mark Winstanley, Chief Executive Rethink S. C. Juggan

Sean Duggan, Chief Executive Mental Health Network Paul Former

Paul Farmer CBE, Chief Executive Mind Dame

Dr Adrian James, President Royal College of Psychiatrists

#### Supporter organisations



Association for the Treatment of Sexual Addiction and Compulsivity





Centre for Mental Health



# Memorandum of Understanding on Conversion Therapy in the UK

Version 2

October 2017









































#### **Purpose and Overarching Position:**

- The primary purpose of this Memorandum of Understanding (MoU) is the protection of the public through a commitment to ending the practice of 'conversion therapy' in the UK.
- For the purposes of this document 'conversion therapy' is 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.

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', and sometimes may be covertly practised under the guise of mainstream practice without being named.

- For the purpose of this document, sexual orientation refers to the sexual or romantic attraction someone feels to people of the same sex, opposite sex, more than one sex, or to experience no attraction.
- For the purposes of this document, gender identity is interpreted broadly to include all varieties of binary (male or female), nonbinary and gender fluid identities.
- 3 Signatory organisations agree that the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful.
- 4 Signatory organisations agree that neither sexual orientation nor gender identity in themselves are indicators of a mental disorder.
- 5 This MoU also intends to ensure that:
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- new and existing psychological therapists are appropriately trained.
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Association for the Treatment of Sexual Addiction and Compulsivity



## Memorandum of Understanding on Conversion Therapy in the UK

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- 20 Signatory organisations will meet regularly to oversee the implementation of the MoU and monitor progress towards the realising its intentions and goals.
- 21 Within the next five years, if funded, signatory organisations will seek to ensure appropriate research into the prevalence and effects of conversion therapy in the UK, and into how best to work with gender and sexually diverse clients.
- 22 The text of the MoU will be kept under review and altered, if necessary, in the light of new research or the appearance of unintended consequences. A full formal review will be conducted within the next 12 months.
- 23 Signatory organisations will endeavour to keep abreast of international developments in addressing conversion therapy.

#### Mutual understanding:

- The memorandum is not intended to and does not create any contractual obligations between these parties.
- Instead, this memorandum is signed in recognition of a shared professional responsibility to improve the support and help available to those at risk from conversion therapy.

Martin Pollecoff, Chair UK Council for Psychotherapy

Dr Andrew Reeves, Chair British Association for Counselling and Psychotherapy

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Professor Sir Bruce Keogh, National Medical Director NHS England

Catherine Calderwood. Chief Medical Officer for Scotland NHS Scotland

Cathania Taldemood

Supporter organisation

Stonewall

# Memorandum of Understanding on Conversion Therapy in the UK





























## Memorandum of Understanding on Conversion Therapy in the UK

- 1 The purpose of this memorandum of understanding (MoU) is to set out an agreed framework for activities by the parties concerned to help address the issues raised by the practice of conversion therapy in the UK.<sup>1</sup>
- 2 The MoU is informed by a position that efforts to try to change or alter sexual orientation through psychological therapies are unethical and potentially harmful.
- 3 This position is not intended to discourage clients with conflicted feelings around sexuality seeking help. Psychological therapists routinely work with people who are struggling with inner conflict. 'For people who are unhappy about their sexual orientation whether heterosexual, homosexual or bisexual 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 acceptance of their sexual orientation.'
- 4 The MoU follows a meeting in April 2014 of professional associations, statutory and voluntary regulators, government departments, NHS England and campaigning groups.
- 5 At the meeting the organisations recognised a shared commitment to protecting the public from the risks of conversion therapy.

#### Background

- There has been a long history of medical and psychological professions seeing homosexuality as a form of arrested sexual development. Up until 1974 the American Psychiatric Association classified homosexuality as a mental illness. In 1992 the World Health Organisation declassified homosexuality as a mental disorder.
- 7 Awareness of the prevalence of conversion therapy in the UK grew following the publication of research in 2009 which revealed that 1 in 6 psychological therapists had engaged clients in efforts to change their sexual orientation.<sup>3</sup>
- 8 Several professional bodies have reviewed the evidence around conversion therapy and concluded there is no good evidence that it works, while there is evidence that it has the potential to cause harm.<sup>45,6</sup>

<sup>1 &#</sup>x27;Conversion therapy' is the umbrella term for a type of talking therapy or activity which attempts to change sexual orientation or reduce attraction to others of the same sex. It is also sometimes called 'reparative' or 'gay cure' therapy.

<sup>2</sup> Royal College of Psychiatrists (2014), 'Royal College of Psychiatrists' statement on sexual orientation'. London: Royal College of Psychiatrists http://www.rcpsychac.uk/pdf/PS02\_2014.pdf

<sup>3</sup> Annie Bartlett, Glenn Smith, Michael King (2009). The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientationf. BMC Psychiatry. March 2009, Vol. 9, No. 11. http://discovery.ucl.acu/k/B888/

<sup>4</sup> UKCP (2014), 'Conversion therapy: consensus statement'. London: UK Council for Psychotherapy http://www.ukcp.org.uk/UKCP\_Documents/policy/Conversion%20therapy.pdf

<sup>5</sup> APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), Report of the task force on appropriate therapeutic responses to sexual orientation. Washington, DC: American Psychological Association http://www.apa.org/pi/igbt/resources/therapeutic-response.pdf

<sup>6</sup> Royal College of Psychiatrists, 'Psychiatry and LGB people'. [Online] [Accessed 1 November 2014]. http://www.rcpsych.ac.uk/members/specialinterestgroups/gaylesbian/submissiontothecofe/psychiatryandlgbpeople.aspx

- 9 All the major psychological professional bodies in the UK have concluded that conversion therapy is unethical and potentially harmful. Statements to this effect have been disseminated among psychological professionals.
- 10 The organisations undersigned are committed to ensuring that all members of the public can confidently access safe and high-quality psychological therapies.

#### Goals and objectives

- 11 The aim of the commitments contained in this MoU are to ensure that:
  - The public are well informed about the evidence and risks of conversion therapy;
  - Healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion therapy;
  - New and existing psychological therapists are appropriately trained to competently deal with requests for conversion therapy and to support clients in distress;
  - Professionals from across the health, care and psychological professions work together to promote the public interest.

#### Roles and responsibilities

- 12 While all parties share a common interest, their remits and responsibilities differ.
- 13 This MoU does not exhaustively list every action which every organisation will take but sets out a framework for how organisations will respond to the issue in areas where they do have responsibility.
- 14 For organisations with practitioner members, each will review their statements of ethical practice, and consider the need for the publication of a specific ethical statement concerning conversion therapy;
- 15 Professional associations will work to ensure their memberships have access to the latest information regarding conversion therapy;
- 16 Professional associations will strongly endeavour to make continuing professional development (CPD) events available which help develop therapists' understanding and cultural competence in working with lesbian, gay and bisexual (LGB) clients;
- 17 Organisations will work together to create a shared information resource on conversion therapy, including Frequently Asked Questions (FAQs) and help and support for both members of the public and professionals;
- 18 Those with a responsibility for training will work to ensure that trainings prepare therapists to sufficient levels of cultural competence so they can work effectively with LGB clients:
- 19 Training organisations will refer to the British Psychological Society guidelines on working with gender and sexual minority clients when reviewing their curriculum on equality and diversity issues<sup>7</sup>;

<sup>7</sup> British Psychological Society (2012). Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients. London: British Psychological Society, http://www.bpsshop.org.uk/Guidelines-andliterature-review-for-psychologists-working-therapeutically-with-sexual-and-gender-minority-clients-PSE267aspx

- 20 Auditing and accrediting organisations will review their current guidelines and policies and consider the need to include more specific requirements to ensure individual practitioners and training organisations demonstrate awareness and understanding of policy regarding conversion therapy;
- 21 Campaigning bodies will work to ensure that the public are aware of the basis for concern about any ongoing practice of conversion therapy;
- 22 Where appropriate, the organisations undersigned will ensure that there is board-level support in carrying out the necessary measures to meet the commitments within the MoU;
- 23 NHS England does not endorse or support conversion therapy and will make this clear to Clinical Commissioning Groups.

#### Review

- 24 The organisations will meet in January 2015 to review progress on the areas identified in the MoU and share best practice. This meeting will be hosted by the Department of Health.
- 25 The organisations undersigned will review the MoU 12 months after publication.

#### Mutual understanding

- 26 The memorandum is not intended to and does not create any contractual obligations between these parties.
- 27 Instead, this memorandum is signed in recognition of a shared professional responsibility to improve the support and help available to those at risk from unethical and potentially harmful conversion therapy.

Professor Sir Bruce Kennih National Medical Director NHS England

Julian Lousada

British Psychoanalytic Council

Margaret Unwin Chief Executive PACE

Antony Ruddle Chair Association of Christian Counsellors

**Professor Dorothy Miell** 

British Psychological Society

**Dominic Davies** Chief Executive Officer Pink Therapy

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Professor Rob Newell President British Association for Behavioural and Cognitive Psychotherapies

Dr Rafik Taibjee Co-chair

Gay and Lesbian Association of Doctors and Dentists

Dr Maureen Baker Chair Royal College of

General Practitioners

UK Council for Psychotherapy

Amanda Hawkins British Association for Counselling and Psychotherapy

Liz McElligott Chief Executive National Counselling Society

Professor Sir Simon Wessely President. Royal College of Psychiatrists





















# **Conversion therapy**

Consensus statement

At the request of the Department of Health this public information was prepared by the UK Council for Psychotherapy with the support and assistance of the British Psychoanalytic Council, the Royal College of Psychiatrists, the British Association for Counselling and Psychotherapy, the British Psychological Society, The National Counselling Society. Pink Therapy. Stonewall. PACE and Relate

June 2014

#### What is conversion therapy?

You may have heard of a practice known as 'conversion therapy'. It is also sometimes called 'reparative' or 'gay cure' therapy.

Conversion therapy is the umbrella term for a type of talking therapy or activity which attempts to change sexual orientation or reduce attraction to others of the same sex.

There is no good evidence this works and we believe it has the potential to cause harm. Often these approaches are based on religious interpretations about sexuality rather than on a researched and informed understanding of sexual orientation.

#### Conversion therapy in context

Attitudes towards sexuality have changed rapidly in the last few decades.

Historically many psychological professionals saw homosexuality as a form of arrested sexual development. Up until 1973 the American Psychiatric Association<sup>1</sup> classified homosexuality as a mental illness. It was not until 1990 that the World Health Organisation declassified homosexuality as a mental disorder.

Though homosexuality is no longer considered a mental illness in healthcare professions, the legacy of this association continues to have an impact.

In this context, some people still seek and inappropriately offer 'cures' and 'treatments' for homosexuality as if it were an illness.

## Why do therapy professionals consider conversion therapy unethical?

The major therapy professional bodies in the UK have been united in speaking out against conversion therapy. This is because this particular approach is based on the assumption that homosexuality is a mental disorder, or begins from the pre-conceived view that the client should change their sexual orientation. As homosexuality is not an illness, it is both logically and ethically flawed to offer any kind of treatment.

Conversion therapy suggests to vulnerable people that their sexuality is the root cause of their difficulties. This is misleading and prejudiced. Questions around sexuality and identity can be challenging and difficult. Nevertheless, we believe it would be irresponsible and

potentially damaging for a therapist to offer to try and change sexual orientation.

The UK Council for Psychotherapy states:

'It is exploitative for a psychotherapist to offer
treatment that might 'cure' or 'reduce' same sex
attraction as to do so would be offering a treatment for
which there is no illness'

The British Association for Counselling and Psychotherapy says:

There is no scientific, rational or ethical reason to treat people who identify within a range of human sexualities any differently from those who identify solely as heterosexual.'

The British Psychological Society has published guidance which says:

'As same-sex sexual orientations... are not diagnosable illnesses, they do not require any therapeutic interventions to change them.'

The British Psychoanalytic Council states:

The BPC does not accept that a homosexual orientation is evidence of disturbance of the mind or in development. In psychoanalytic psychotherapy, it is the quality of people's relationships which are explored, whether they are heterosexual or homosexual.'

The Royal College of Psychiatrists states:

The Royal College of Psychiatrists believes strongly in evidence-based treatment. There is no sound scientific evidence that sexual orientation can be changed. Furthermore, so-called treatments of homosexuality create a setting in which prejudice and discrimination flourish'

To see more detailed statements on conversion therapy from professional bodies in the UK please go to the following links:

- British Association for Counselling and Psychotherapy<sup>2</sup>
- British Psychoanalytic Council<sup>3</sup>
- British Psychological Society<sup>4</sup>
- Royal College of Psychiatrists<sup>5</sup>
- UK Council for Psychotherapy<sup>6</sup>

<sup>2</sup> http://www.itsgoodtotalk.org.uk/assets/docs/BACP-Ethical-Framework-for-Good-Practice-in-Counselling-and-Psychotherapy\_1360076878.pdf

<sup>3</sup> http://www.psychoanalytic-council.org/sites/psychoanalytic-council.org/files/6.2%20Position%20statement%20on%20homosexuality.pdf

<sup>4</sup> http://www.bps.org.uk/system/files/images/therapies\_ attempting\_to\_change\_sexual\_orientation.pdf

<sup>5</sup> http://www.rcpsych.ac.uk/pdf/PS01\_2010x.pdf

<sup>6</sup> http://www.psychotherapy.org.uk/UKCP\_Documents/ policy/10\_UKCP\_statement\_on\_reparative\_therapies.doc

<sup>1</sup> http://www.psychiatry.org/lgbt-sexual-orientation

## What does research tell us about conversion therapy?

All treatments must be both ethical and effective before being recommended by professional bodies or adopted by services such as the NHS. As already noted, same-sex attraction and sexual behaviour are not mental disorders needing treatment. Nevertheless, there are claims conversion therapy should be available to people distressed by their same sex attraction. So is there any evidence that such therapy can change sexual orientation?

Randomised controlled trials are the scientific gold standard for assessing the effectiveness of treatments. There are no randomised trials of conversion therapies.

Recent systematic reviews of the evidence for conversion therapy suggest that studies which have shown it to be successful are seriously methodologically flawed.<sup>78</sup>

Oral history studies of people who underwent treatments (such as aversion therapy) for homosexuality in the 1970s and 1980s also show there is a potential for harm.

We believe that offering to change a person's sexual orientation or control his or her same sex attraction would be likely to reinforce the notion that these feelings are wrong or abnormal. For wider society, it also perpetuates the mistaken belief that homosexuality is a disorder needing treatment.

### Support for people in distress about their sexual orientation

In any human population, across all cultures and points in history, some people will have a same-sex orientation while the majority of people will have opposite-sex orientation.

Being gay, lesbian, bisexual, trans or queer does not mean there is anything wrong with a person, but it may create certain challenges which a heterosexual person may never need to even think about. Some experiences might include:

- Rejection, bullying or discrimination by individuals and groups who do not understand and accept the diverse range of human sexualities
- Anxiety over how family, friends, work colleagues and the community will respond and be affected
- Pressure by family to seek professional help to change sexual orientation
- · Loneliness, isolation, shame and quilt
- Confusion over unexpected attraction to a person of the same or opposite gender, that is different from previous sexual orientation
- Conflict between sexuality and other aspects of identity such as cultural background or religious convictions
- · Questions about being or becoming a parent

Talking to a qualified therapist who is open-minded, unbiased and works within an ethical code, can help an individual reflect on these issues, and understand feelings about sexual orientation and identity in a safe and confidential setting.

#### Seeing a psychological therapist

Psychotherapists, counsellors and practitioner psychologists are trained mental health professionals specialising in helping people to work with complex issues.

People visit therapists for all sorts of different reasons. Bereavement, employment or relationship difficulties are just some of the common reasons why people seek specialist support.

Psychological therapy usually involves talking but sometimes other methods may be used – for example, art, music, drama and movement.

Therapy can help you to discuss feelings you have about yourself and other people, particularly family and those close to you. In some cases, couples, families or groups are offered joint therapy sessions together.

Some of these professionals are also specially trained in sexual issues and, therefore, have expertise in specifically helping people who are experiencing difficulties around their attraction to others of the same sex.

<sup>7</sup> Serovich J, Craft S, Toviessi P, Gangamma R, McDowell T, Grafsky E, 'A Systematic Review Of The Research Base On Sexual Reorientation Therapies. *Journal of Marital and Family Therapy*. April 2008, Vol. 34, No. 2, 227–238

<sup>8</sup> APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), 'Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation'. Washington, DC: American Psychological Association

#### **Getting help**

If you or someone you know is struggling with confused or conflicting feelings around their sexual attraction (of any orientation) then going to see a therapist may be helpful.

While responsible therapists will not offer to convert or change your sexual orientation, they are equipped to assist you in gaining a greater understanding of the way you feel, and to help you work through difficult feelings that may arise in relation to the reactions of family, friends and other members of your community.

If you would like to talk to a psychotherapist, counsellor or psychologist you can seek help through your GP, who should be able to refer you to an appropriate practitioner.

Nevertheless, getting access to therapy on the NHS can sometimes be difficult. If you would like to explore accessing help privately you should ensure that the professional you see is a member of a recognised professional body.

These bodies hold registers of approved practitioners who are governed by an ethical code and robust conduct and complaints procedures in case something goes wrong.

#### These include:

- UK Council for Psychotherapy<sup>9</sup>
- British Association for Counselling and Psychotherapy<sup>10</sup>
- British Psychological Society<sup>11</sup>
- British Psychoanalytic Council<sup>12</sup>

#### Who else can help?

If you find your distress comes as a result of suffering discrimination, there are people you can talk to for practical information about what steps to take.

Stonewall<sup>13</sup>, the lesbian, gay and bisexual equality charity has an information service which provides advice and signposting on issues such as homophobic bullying, discrimination at work, reporting hate crime and asylum. Stonewall's information phone line can be reached on 0800 050 20 20

Families and Friends of Lesbians and Gays<sup>34</sup> is a national voluntary organisation which support parents and their lesbian, gay and bisexual daughters and sons.

Pink Therapy<sup>15</sup> offers an online directory of therapists of all sexualities and gender identities who work with gender and sexual diversity clients from a non-judgmental standpoint. They also provide many helpful resources in their online knowledge base.

PACE<sup>16</sup>works with lesbian, gay, bisexual and trans\* people to improve their mental health and emotional wellbeing through: counselling, group work, advocacy, research and training. They provide online message boards, counselling, groups and factsheets.

#### Further reading

The British Psychological Society<sup>17</sup> has produced guidance for applied psychologists working with sexual and gender minority clients which other therapists may find useful.

For a perspective on theories of sexual orientation please see the following information from Stonewall<sup>18</sup>.

<sup>9</sup> http://www.psychotherapy.org.uk/index.php?id=32

<sup>10</sup> http://www.itsgoodtotalk.org.uk/therapists/

<sup>1.1</sup> http://www.bps.org.uk/psychology-public/findpsychologist/find-psychologist

<sup>12</sup> http://www.psychoanalytic-council.org/find-a-therapist

<sup>13</sup> https://www.stonewall.org.uk/

<sup>14</sup> http://www.fflag.org.uk/

<sup>15</sup> http://www.pinktherapy.com/en-gb/findatherapist.aspx

<sup>16</sup> http://www.pacehealth.org.uk/

<sup>17</sup> http://www.bps.org.uk/sites/default/files/images/ rep\_92.pdf

<sup>18</sup> http://www.stonewall.org.uk/at\_home/sexual\_ orientation\_faqs/2701.asp