

The Psychotherapy and Counselling Union: standing up for therapists and therapy.

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## Psychotherapy and Counselling Unions response to the Banning Conversion Therapy Government Consultation

The government has announced that it is undertaking a consultation to help the development of legislation for banning conversion therapy (HM Government. (2021a: BPS: British Psychological Society, 2021). The Psychotherapy and Counselling Union (PCU: 2021) is one of many organisations who have combined in a unique collaboration of the leading psychology, psychotherapy and counselling (therapy) bodies, to develop the Memorandum of Understanding on 'reparative therapy' (MoU: Pink Therapy, 2017). The MoU has brought together a coalition of ideologically diverse organisations with an intended common line of action: to bring about the end of conversion therapy, which seeks to 'repair' gender, sexuality and relationship diversities (GSRD). The MoU 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. We are concerned about three principle threads to the consultation: the attempt to merge legislation for banning conversion therapy with statutory regulation of therapy; researching hidden populations; and the language of the government's consultation document.

# Merging legislation for banning conversion therapy with statutory regulation

The Psychotherapy and Counselling Union (Cox, Bagnall-Oakeley, & Kaplin, Forthcoming) has written of its concerns about the move to use conversion therapy as a vehicle to carry a new attempt to regulate the practice of therapy via Geraint Davies MPs proposed the Counsellors and Psychotherapists (Regulation) and Conversion Therapy Bill 2013-14 (HoC: House of Commons, 2017-19). Davies' Bill is designed to ensure that clients would be treated by qualified practitioners using evidence-based treatments. The Bill explicitly seeks to ban conversion therapy, sexual grooming or sexual activity with patients by practitioners. The notion, proposed by non-clinicians, that the Bill will further safeguard clients from rogue practitioners is not supported by the data (United Nations, 2020).

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Prorogued by the end of the parliamentary legislative session, Davies' Bill (HoC, 2017-19) for HCPC regulation was updated to include putative clearer safeguards for Transgender people. While the HCPC holds the statutory right to regulate practitioners with protected titles such as clinical psychologists and counselling psychologists, the Professional Standards Authority (PSA) regulates the holders of Accredited Voluntary Registers (AVR's), including the British Association of Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BCP) and the United Kingdom Council for Psychotherapy (UKCP).

### **Research and hidden populations**

The government's own report (HM Governemnt, 2021a), 'An assessment of the evidence on conversion therapy for sexual orientation and gender identity', found that there is no 'robust evidence' that conversion therapy can change sexual orientation or gender identity and that it can lead to mental health issues for participants. The BPS (2021) has urged the government to act with speed to outlaw conversion therapy practice, which it considers unethical, potentially harmful and not supported by evidence. Subsequently, the BPS signed the MoU.

No robust data exists on the number of LGBTQ+ people who have had conversion therapy and which sections of the UK population are most likely to have it or be offered it. The available evidence suggests people with conservative religious beliefs are most likely to have conversion therapy. For instance, studies with people who have undergone conversion therapy (mainly from the USA) are predominantly White Christian samples. However, the National LGBT Survey 2017 found that respondents from ethnic minority groups and those with non-Christian faiths were more likely to report having had conversion therapy. (Note that the survey's sample was not representative of the whole LGBTQ+ population: MoU, Pink Therapy, 2021).

The prevalence of conversation therapy is difficult to determine due to the hidden nature of the population and a reliance on self-selected samples. However, evidence from surveys of LGBTQ+ people in several countries is consistent with the evidence within the UK. In the 2017 UK National LGBT Survey, 2% of the 107,850 respondents said they had undergone conversion therapy. Another 5% said they had been offered it, and 1% were not sure (GEO, 2018). Amongst cisgender respondents, there was not much variation in who had undergone or been offered conversion therapy by sexual orientation. Bisexual respondents were the least likely to have undergone or been offered it (5%), and asexual respondents the most likely (10%). These findings can be compared with recently-published results from surveys from outside the UK.

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#### The language of the government's consultation document

**Consent:** The proposed ban allows for people to consent to conversion practices. However, as conversion therapy is overwhelmingly practiced in religious settings, people of faith may be more vulnerable in some people religious settings (HM Government, 2021b). In English and Welsh law regarding Domestic Violence and Abuse and Offences Against the Person, a person cannot consent to bodily harm being done to them. We suggest that conversion therapy legislation approaches consent in the same way.

**Limited understanding of gender variance:** The document shows limited understanding of sexuality Bisexual, pansexual and polysexual people (that is people who are attracted to more than one gender, described under the umbrella term of multisexual), and who are ignored by the proposed ban which limits its terms to monosexuality (people only attracted to one gender i.e. straight or gay people).

Inaccurate representation of gender-affirming processes: The MoU (2017) argues the government's consultation document inaccurately represents of gender-affirming processes. The document states that under 18's must be 'protected' from irreversible decisions. This is confusing as there are no irreversible treatments offered in the UK, and any decisions made by young people are covered by Gillick Competence. Physical treatment for trans young people (if they can get an appointment in a Gender Clinic) would only involve puberty blockers from the age of 16 years old when most teenagers will already be well into puberty. The effects of puberty blockers are reversible. If someone stopped them, they would continue to undergo puberty in the sex they were assigned at birth. Cross-sex hormones that feminise or masculinise a person are not available until 18 years of age. Surgery is unavailable until 18. Therefore there are no irreversible treatments for under 18 year olds. These misrepresentations of gender affirming treatments feed into the scaremongering that is prevalent in anti-trans narratives and we will be challenging this language in our consultation response.

**Asexuality:** The proposed ban as it is currently worded does not offer clear protection for people who are asexual. The MoU (2017) specifically includes people who 'experience no attraction' (point 2i), in recognition of the risk that asexual people can face in therapy. Asexual people feel low or no sexual attraction and they can experience sex and relationship therapy as an attempt to 'convert' them to be sexual. Their lack of sexual interest can be pathologised as sexual interest or arousal

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disorder or hyposexual desire disorder. We are calling for the specific inclusion of asexuality in the proposed ban documentation

Additionally, the MoU (2017) is frequently misrepresented to the public by anti-trans organisations. Their specific suggestion is that the Memorandum prevents therapists from working with clients who are questioning or distressed by their sexuality or gender identity. (We acknowledge the work of the MoU in the above section).

**Recommendations:** PCU's recommendation is for a more representative approach that could address the above issues. Further, we would like to see consideration of the intersection of issues sometimes used 'to further marginalise those working at or beyond the norms of society, and to encourage more overt political activism regarding regulation to challenge some of the narrow normative standards presented in the governments' (Cox, 2020, p. 14). Also, we argue for more inclusive and expansive language to be utilised in the proposed ban on conversion therapy.

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BPS Climate Change Professional Development Working Group member BPS Register of Applied Psychology Practice Supervisors (RAPPS) Psychotherapy & Counselling Union volunteer complaints supporter

https://www.gov.uk/government/consultations/banning-conversion-therapy

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