# Memorandum of Understanding on Conversion Therapy in the UK

## Version 2

## October 2017

## 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 supress 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.

i) 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.

ii) For the purposes of this document, gender identity is interpreted broadly to include all varieties of binary (male or female), non-binary 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.

6 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.

For people who are unhappy about their sexual orientation or their transgender status, 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 challenge of psychotherapy and counselling to help them manage dysphoria 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.

8 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.

10 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.

11 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 non-discriminatory 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 will refer to the latest British Psychological Society guidelines on working with gender and sexually diverse clients when reviewing their curriculum on equality and diversity issues.

18 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 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.

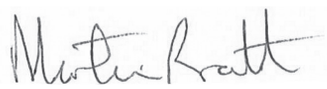
23 Signatory organisations will endeavour to keep abreast of international developments in addressing conversion therapy.

## Mutual understanding:

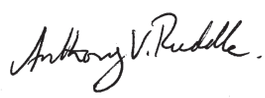
24 The memorandum is not intended to and does not create any contractual obligations between these parties.

25 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.

**Nichola Gale, President**
British Psychological Society

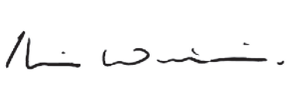


**Martin Pratt, Chief Executive Officer**
Association for Child and Adolescent Mental Health



**Anthony Ruddle, Chair**
Association of Christian Counsellors

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

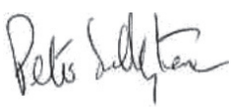


**Chris Williams, President**
British Association of Behavioural and Cognitive Psychotherapies

**Dr Andrew Reeves, Chair**
British Association for Counselling and Psychotherapy

**Helen Morgan, Chair**
British Psychoanalytic Council

**Michelle Ross, Co-founder**
cliniQ



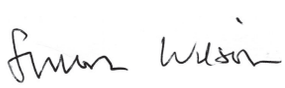
**Peter Saddington, Chair**
College of Sex and Relationship Therapists

**Vicky Parkinson, Chief Executive**
National Counselling Society

**Professor Sir Bruce Keogh, National Medical Director**
NHS England

**Catherine Calderwood, Chief Medical Officer for Scotland**
NHS Scotland

**Dominic Davis, Chief Executive**
Pink Therapy



**Simon Wilson, Chair**
Relate

**Nigel Mathers, Honorary Secretary**
Royal College of General Practitioners

**Martin Pollecoff, Chair**
UK Council for Psychotherapy

## Supporter organisation

Stonewall