

Good practice principles for working with gender, sexuality and relationship diversity (GSRD)

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Accompanying guidance for the consultation

The good practice principles have been written for practitioners working with gender, sexuality and relationship diversity (GSRD). In these principles, GSRD is used as an inclusive term encompassing diversity in sex characteristics, gender identities and expressions, sexual orientations and sexualities and relationship forms. It does not denote a discrete group; everyone has experiences of gender, sexuality and relationships, although some people are more likely to experience marginalisation or stigma in relation to them.

Their purpose is to support ethical practice and provide a shared cross-professional framework for professionals. They have been designed to apply across counselling, psychotherapy, and psychology, and to be read alongside ethical codes, professional standards and more detailed guidance produced by individual professional bodies.

As an overarching cross-professional framework, the principles are necessarily broad and do not seek to reproduce existing guidance or provide a comprehensive guide to good practice in every possible scenario. Because they are intended to provide a concise framework applicable across a broad range of identities, relationships and experiences, the principles focus on overarching considerations rather than offering detailed guidance on particular identity labels, relationship forms or individual pathways and decisions, including those relating to transition. The principles identify overarching expectations for ethical practice but are not a substitute for appropriate education, training or more detailed profession-specific guidance. As noted within the principles themselves, practitioners should recognise the limits of their knowledge and competence and seek relevant education, training and supervision in these areas.

Both this document and the working definition of conversion practices are drafts produced for consultation. They are intended to complement, rather than replace, the ethical codes.

Good practice principles

Principle 1: Respect for diversity and human dignity

(1) Gender, sexuality and relationship diversity form part of the range of human experience. Practitioners should respect the inherent dignity, worth, equality and rights of all people and seek to ensure that individuals are treated fairly, respectfully

and without discrimination in accordance with ethical frameworks and professional standards.

(2) This includes recognising that gender, sexuality and relationship diversity may be experienced and understood in ways that do not fit neatly within binary categories, established labels or conventional expectations. Practitioners should avoid treating such diversity as inherently indicative of dysfunction, disorder or a need for intervention and should avoid stereotyping or making assumptions based on factors such as social norms, cultural expectations, identity labels, appearance, behaviour, relationship status or form.

(3) Experiences of gender, sexuality and relationships are shaped by multiple intersecting aspects of identity and social context. These intersections may influence wellbeing, access to support and experiences of advantage or marginalisation. It is therefore important to approach individuals with curiosity, cultural humility and openness, recognising that no single aspect of identity should be assumed to define a person's experiences, needs or priorities.

(4) Practitioners should avoid assuming that an individual's gender, sexuality or relationships are necessarily relevant to their presenting concerns, while remaining open to their possible relevance when indicated by the individual's concerns or circumstances.

(5) It is important to recognise that some people may have clear and stable understandings of aspects of their gender or sexuality from an early age, while for others these understandings may develop, change or become clearer over time. Preferences concerning relationship forms may likewise develop, change or become clearer over time. People may come to understand, disclose or express their gender or sexuality at any stage of life. These experiences do not necessarily follow a common developmental pathway or timetable, and age alone does not establish either stability or transience.

Principle 2: Supporting self-determination and agency

(6) Supporting individuals to understand and reflect upon their experiences and make decisions about how they live, express themselves, form relationships and pursue their values and goals is an important aspect of respecting self-determination. Where gender, sexuality or relationship diversity is relevant, this may include how individuals understand or describe themselves, whether and to whom they disclose aspects of themselves, how they express their gender or sexuality, and the relationships or relationship forms they pursue.

(7) It is important that support be guided by the individual's needs and circumstances rather than assumptions about which identities, relationships or

developmental pathways are desirable. Decisions and preferences may be shaped by personal, relational, cultural, religious, social and other factors, and practitioners may support individuals to consider these influences where relevant. Such influences may not in themselves undermine autonomy, but coercion, pressure or undue influence may constrain a person's ability to make and communicate their own decisions freely.

(8) Supporting self-determination does not require practitioners to provide every intervention or course of action requested, or to set aside relevant assessment, evidence, professional judgement, ethical responsibilities or legal requirements. These responsibilities should be exercised without directing individuals towards a preferred outcome concerning their gender, sexuality or relationships.

(9) When working with children and young people, support for agency should be developmentally appropriate and should recognise their evolving capacities, needs, rights and circumstances alongside the roles and responsibilities of parents, carers and others involved in their care. The involvement of others should support rather than unnecessarily displace the child or young person's participation in decisions affecting them.

Principle 3: Supporting open exploration

(10) Where relevant to an individual's needs, concerns or circumstances, practitioners may support them to reflect on and explore experiences, identities, relationships, values, beliefs or uncertainties relating to gender, sexuality or relationships. The fact that these aspects of a person's life may differ from conventional expectations does not in itself mean that they require exploration.

(11) Exploration should be undertaken collaboratively and be responsive to the individual's needs, concerns and wishes. Where it forms part of an assessment or professional decision-making process, its purpose and scope should be explained. It is important for practitioners to remain open to multiple possible understandings of an individual's experiences or concerns, recognising that their meaning and significance may vary between individuals and across social contexts, as well as over time. Such openness involves avoiding premature assumptions that any single explanation is correct or that any particular developmental pathway, identity or relationship outcome is optimal.

(12) Open exploration may include discussion of distress, uncertainty, conflict, beliefs or values relating to gender, sexuality or relationships, including discomfort or conflict experienced in relation to these aspects of the self. Where relevant, these experiences should be considered within the broader context of the individual's development, wellbeing, relationships and life circumstances.

(13) When working with children and young people, exploration may involve consideration of developmental processes, family and peer relationships, emotional development and changing understandings of self. Children, young people and their families may require support in managing uncertainty, ambiguity and developmental change.

(14) Open exploration is distinct from conversion practices because it is not directed towards suppressing or changing a person's sexual orientation or gender identity, or towards producing another preferred identity outcome. This does not preclude collaboratively identifying goals or aspirations with the individual or discussing the potential benefits, challenges, losses and consequences associated with different options. The work should remain responsive to the individual's experiences, values, needs and choices without the practitioner or service treating any particular identity, relationship or behavioural outcome as preferable.

Principle 4: Understanding social contexts, stigma and marginalisation

(15) Experiences of gender, sexuality and relationships are shaped by wider social, familial, religious, cultural and other relevant contexts. It is important to recognise how factors such as stigma, stereotypes, prejudice, discrimination, victimisation, social and economic marginalisation, and unequal access to resources may affect wellbeing and contribute to distress or barriers to participation and inclusion. Particular groups and communities may encounter distinct forms of stigma, exclusion, pathologisation or barriers to appropriate support and healthcare.

(16) It is also important to recognise that negative social messages may sometimes be internalised and influence how individuals understand themselves and their experiences.

(17) Family, chosen family, caregiving, peer, community and other relationships may be important sources of support and belonging, but may also be sources of pressure, rejection or exclusion. For children and young people, these relationships may play a particularly significant role in shaping wellbeing and development.

(18) Parents, carers and family members may themselves require support in understanding, adjusting to and responding constructively to issues relating to a child's gender, sexuality or relationships.

(19) It is also important to recognise sources of resilience, belonging, community and social support that may contribute positively to wellbeing and identity development.

Principle 5: Creating inclusive, supportive and non-stigmatising environments

(20) Practitioners should seek, within their role and sphere of influence, to create environments, systems and interactions that enable individuals to engage safely,

respectfully and authentically without pressure to conceal, disclose or justify their gender, sexuality or relationships.

(21) An intention to treat everyone in the same way does not in itself establish safety or inclusion. It is important to consider how GSRD-related stigma, intersecting identities, experiences of marginalisation and power within the professional relationship may affect trust, communication and engagement.

(22) Psychologically safe environments should support discussion of experiences relating to gender, sexuality and relationships without fear of prejudice, discrimination or undue judgement.

(23) Individuals may approach services with differing expectations or concerns about how practitioners will respond to their gender, sexuality or relationships, including fears that they will be encouraged towards or away from particular identities, relationships or outcomes. Clearly explaining the practitioner's approach and commitment to non-judgemental, open-ended and non-coercive practice can help to establish trust.

(24) Practitioners should use names, pronouns and terminology that are respectful, appropriate to the context and preferred by the individual, recognising that there may be differing views within and between communities regarding terminology and language. Where information relating to a person's gender, sexuality or relationships may be sensitive, practitioners should explain how it will be recorded, used or shared, consistent with relevant confidentiality and safeguarding responsibilities.

(25) Inclusion extends beyond individual practitioner behaviour. Within their role and sphere of influence, practitioners are encouraged to consider whether organisational culture, communications, forms, records, facilities, policies or procedures create barriers or make unnecessary assumptions about gender, sexuality or relationships.

Principle 6: Evidence-informed and competent practice

(26) Practitioners should maintain appropriate knowledge, skills and understanding relating to gender, sexuality and relationship diversity appropriate to their role. This includes awareness of diversity within and across GSRD communities, relevant terminology and the potential effects of stigma, discrimination and marginalisation.

(27) Practice should be informed by the best available evidence, professional standards, ethical guidance and professional judgement, while taking account of the individual's needs, values, preferences and circumstances.

(28) Practitioners should recognise the limits of their competence and seek supervision, additional training or referral where appropriate. A person's gender, sexuality or relationships should not in themselves be assumed to require specialist

intervention or referral. Where an individual's needs fall beyond a practitioner's competence or professional role, access to additional assessment, support or specialist expertise should be facilitated where appropriate.

(29) Research evidence relevant to some areas of GSRD practice may be evolving, limited, conflicting or contested. When making professional decisions, practitioners are encouraged to take account of the quality, relevance and applicability of available evidence, drawing where appropriate on professional guidance, relevant critical appraisals, supervision or further training. The existence of disagreement should not in itself be taken to mean that all positions have equivalent evidential support. It is important to be transparent with individuals about relevant uncertainties and base decisions on the best available evidence, ethical principles and the individual's needs, values and circumstances.

(30) Reflective practice is an important aspect of professional competence. It is important for practitioners to reflect on how their assumptions, values, beliefs, worldviews, experiences and potential biases may influence their work, including assumptions about gender, sexualities or relationship forms. Practitioners should take appropriate steps to ensure that these do not inappropriately affect professional judgement, undermine individual autonomy or direct people towards particular outcomes. Depending on the practitioner's role and context, this may include supervision, consultation, CPD or discussion with colleagues.

Principle 7: Safeguarding, promoting consent and protecting from harm

(31) Gender, sexuality or relationship diversity should not in itself be treated as a safeguarding concern. Distress experienced in connection with these aspects of a person's life may nevertheless require appropriate assessment and support, and risk of harm may give rise to safeguarding concerns.

(32) Risks may also arise from how others respond, including pressure to conceal, change or suppress aspects of the person's gender, sexuality or relationships, unwanted disclosure, rejection, coercion, abuse, or discriminatory treatment. Practitioners should consider the individual's circumstances without assuming either that GSRD is itself the cause of distress or that distress arises solely from the responses of others.

(33) Practitioners should be attentive to issues of consent, bodily autonomy, power and vulnerability. This includes recognising the power associated with the practitioner's professional role and how this may affect what individuals feel able to question or decline, the preferences or disagreements they feel able to express, and the choices they perceive as available. Practitioners should take appropriate action when safeguarding concerns arise.

(34) In work with children and young people, relevant considerations include the individual's age, maturity and evolving capacity, parental or carer responsibility, and the individual's participation rights. They should also apply relevant legal, ethical, developmental and safeguarding requirements. It is important to recognise that children and young people may experience particular vulnerabilities arising from developmental, familial, social or institutional circumstances.

(35) Related legal, ethical and safeguarding considerations may also arise in work with adults, including where an individual lacks capacity in relation to a particular decision. Appropriate support can enable participation, understanding and the expression of preferences. A learning disability, neurodivergence or cognitive impairment does not in itself establish a lack of capacity or determine the person's agency or understanding of their gender, sexuality or relationships, although such factors may affect their communication or decision-making needs and give rise to additional ethical or safeguarding considerations.

(36) It is also important to consider how experiences of discrimination and other external pressures may affect a person's sense of safety, the choices they perceive as available and their ability to exercise autonomy.

(37) Attention to an individual's gender, sexuality or relationships does not remove the need to consider other relevant risks, vulnerabilities or support needs.

(38) Ethical practice therefore involves attending to the whole person, supporting psychological safety, participation and autonomy while responding proportionately to relevant risks, vulnerabilities and support needs.

Glossary

A note on terminology: *The language and identity labels people use may differ between individuals, communities, cultures and generations and may change over time. The terminology used in this document is intended to be inclusive rather than exhaustive. Where possible, practitioners should respect the terms individuals use to describe themselves and their experiences.*

Chosen family: People regarded as family through relationships of mutual care, commitment and support rather than solely through biological, legal or family-of-origin relationships.

Conversion practices: Practices directed towards an individual in relation to their sexual orientation or gender identity where the purpose is to change or suppress those aspects of the person because a particular sexual orientation or gender identity is regarded as preferable to another. Further explanation is provided in the accompanying *Working Definition of Conversion Practices*.

Gender expression: How a person presents or communicates their gender, which may include appearance, clothing, behaviour, voice, name or pronouns. Gender expression may or may not correspond with a person's gender identity or with social expectations associated with gender.

Gender identity: A person's internal sense or understanding of their gender, which may or may not correspond with the sex they were assigned at birth and may be understood within or outside binary categories. For some people, this may be experienced as stable; for others, it may be fluid or vary over time. People whose gender identity does not correspond with the sex they were assigned at birth may describe themselves using terms such as trans or transgender, non-binary, genderfluid or agender.

Gender, sexuality and relationship diversity (GSRD): Diversity in relation to gender, sexuality and relationships, including but not limited to sexual orientation, gender identity, gender expression, variations in sex characteristics and different relationship forms.

Intersecting identities: The ways in which different aspects of a person's identity and circumstances, such as gender, sexuality, disability, ethnicity, culture, faith and age, interact to shape their experiences, relationships and access to support.

Open exploration: A collaborative process through which an individual may consider their experiences, identities, relationships, values, beliefs or uncertainties without being directed towards a predetermined outcome.

Predetermined outcome: An outcome concerning a person's sexual orientation or gender identity that a practitioner or service regards as preferable in advance and towards which assessment, exploration or support is directed. A goal or aspiration identified with the individual at the outset of the work is not in itself a predetermined outcome in this sense. However, an individual's request for a particular outcome does not justify directing practice towards changing or suppressing their sexual orientation or gender identity.

Relationship diversity: Variation in how people form, structure, understand or choose not to enter intimate, romantic or sexual relationships. This may include different relationship statuses and forms, such as monogamous, consensually non-monogamous and polyamorous relationships.

Sexual orientation: A person's pattern of romantic or sexual attraction, or lack of attraction, and the ways in which they may understand or describe this. People may use terms such as lesbian, gay, bisexual, pansexual, heterosexual, asexual or queer, while others may use different terms or no identity label.

Variations in sex characteristics: Innate variations in physical sex characteristics, including chromosomes, hormones, reproductive anatomy or sexual anatomy. Some people with variations in sex characteristics may identify as intersex, while others may use different terminology.

Further resources

The following resources provide more detailed, profession-specific guidance relating to GSRD and are included to support practitioners in applying these overarching principles. Practitioners should also consult the ethical frameworks, standards and guidance of their own professional body.

British Association for Counselling and Psychotherapy (2023). [*Gender, Sexual, and Relationship Diversity \(GSRD\). Good Practice across the Counselling Professions 001*](#). Interim update, March 2023.

British Psychological Society (2024). [*Guidelines for Psychologists Working with Gender, Sexuality and Relationship Diversity: For Adults \(Aged 18 and Over\)*](#). Second edition.