



**domestic
abuse
commissioner**

Government Conversion Therapy Consultation: Written submission from the Domestic Abuse Commissioner for England and Wales

Role of the Domestic Abuse Commissioner

The Domestic Abuse Act establishes in law the Office of the Domestic Abuse Commissioner to provide public leadership on domestic abuse issues and play a key role in overseeing and monitoring the provision of domestic abuse services in England and Wales. The role of the Commissioner is to encourage good practice in preventing domestic abuse; identifying adult and child victims and survivors, as well as perpetrators of domestic abuse; and improving the protection and provision of support to people affected by domestic abuse from agencies and government. The Commissioner welcomes the opportunity to respond to the Conversion Therapy Consultation and the Government's consideration of this important issue.

Background

Research from Galop, the LGBT+ anti-violence charity, suggests that more than one in four gay men and lesbian women report at least one form of domestic abuse since the age of 16. However, LGBT+ experiences of domestic abuse are often underrepresented in policy and practice. Galop's research also found that gay and bisexual men might be twice as likely to experience domestic abuse compared to heterosexual men, and prevalence rates of domestic abuse may be higher for transgender people than any other section of the population.¹ These findings are echoed in ONS data from the year ending 2020, which found that gay people are nearly twice as likely as heterosexual people to experience familial abuse, and bisexual people might be three times as likely.² Specialist services report that this abuse often targets the victim's sexual orientation in which they are forced to hide or try to change it.³ Worryingly, service data has shown us that LGBT+ men are dropping off from mainstream male victims' services after referral.⁴ The impact of this can be severe, with SafeLives reporting that LGBT+ survivors of domestic abuse are

¹ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf> p.5

² [Domestic abuse prevalence and victim characteristics - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) See 2020 spreadsheet, Table 6.

³ Insight provided directly to the Domestic Abuse Commissioner from specialist services.

⁴ Insight provided directly to the Domestic Abuse Commissioner from specialist services.

twice as likely to have attempted suicide compared to non-LGBT+ survivors (28% compared to 15%).⁵

So-called conversion therapies are always a form of abuse, and it is abuse that can take place within the home perpetrated by an intimate partner or by one or more family members towards an LGBT+ individual.⁶ The UN states that “actions to subject lesbian, gay, bisexual, trans or gender-diverse persons to practices of “conversion therapy” are by their very nature degrading, inhuman and cruel and create a significant risk of torture”.⁷ Under Article 3 of the European Convention on Human Rights, so-called conversion therapies amount at least to degrading treatment and can amount to torture.⁸

It is the view of the Domestic Abuse Commissioner that conversion therapy, when perpetrated by a family member or intimate partner, is a form of domestic abuse as defined in the Domestic Abuse Act:

Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;*
- (b) violent or threatening behaviour;*
- (c) controlling or coercive behaviour;*
- (d) economic abuse (see subsection (4));*
- (e) psychological, emotional or other abuse;*

*and it does not matter whether the behaviour consists of a single incident or a course of conduct.*⁹

As established in case law,¹⁰ the Commissioner strongly believes that a person cannot consent to harm or abuse, whether that is physical abuse or any other form of abuse as defined in the Domestic Abuse Act. The majority of victims appear to ‘consent’ to so-called conversion therapy and if the proposal continues with this consent loophole, the legislation will fail to protect the majority of future victims.¹¹ It is established within case law that you cannot consent to harm and abuse, and the Domestic Abuse Commissioner is concerned that the current proposal creates a dangerous legal precedent where individuals can consent to non-physical forms of harm, with the implication being that non-physical abuse is less harmful than physical violence. We know from victims and survivors that the inverse is often true and controlling and coercive behaviour is incredibly harmful.

Furthermore, the Commissioner recommends to Government that conversion therapy should be included as an example of so called "honour"-based abuse that harms LGBT+ survivors. There is currently no statutory definition of so called “honour”-based abuse in England and Wales, but a common definition has been

⁵ <https://safelives.org.uk/support-for-lgbt-survivors>

⁶ [What is LGBT+ Conversion Therapy? - Galop](#)

⁷ <https://undocs.org/A/HRC/44/53>

⁸ <https://www.equalityhumanrights.com/en/human-rights-act/article-3-freedom-torture-andinhuman-or-degrading-treatment>

⁹ [Domestic Abuse Act 2021 \(legislation.gov.uk\)](#) Part 1, Section 1.3

¹⁰ See R v Brown [1993]

¹¹ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-andqualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>

adopted across government and criminal justice agencies as “a crime or incident which has, or may have been, committed to protect or defend the honour of the family and / or community.”¹² It can take many forms, including child marriage, virginity testing, enforced abortion, forced marriage, female genital mutilation, as well as physical, sexual, economic abuse and coercive control. It is the view of the Commissioner that conversion therapies very much fall in scope of so called “honour”-based abuse and controlling and coercive behaviour.¹³ While so-called “honour”-based abuse is not explicitly named in the Domestic Abuse Act, it very much falls under the statutory definition of domestic abuse. The Commissioner expects the Statutory Guidance to provide significant detail on work related to so-called “honour”-based abuse to enable local areas to understand their responsibilities in recognising and responding to it. The Commissioner also expects so-called “honour”-based abuse to be included in the Domestic Abuse Strategy in the new year.

It is well established that victims and survivors of domestic abuse with protected characteristics, including LGBT+ victims and survivors, are best served by specialist “by and for” services. These services provide highly tailored support for groups of people who experience the highest levels of exclusion from mainstream services. Yet specialist LGBT+ domestic abuse services are vastly under-represented and the provision that does exist is not sustainably funded. Research conducted by Galop for the Domestic Abuse Commissioner found that there are only a small number of LGBT+ domestic abuse services, most of which are victim support services based in London.¹⁴

Furthermore, the report found that there are no funded LGBT+ ‘by and for’ domestic abuse services in the South West and North East of England, or in Wales; there are no LGBT+ specific services for LGB+ and or T+ perpetrators and/or perpetrator programmes; there is a lack of emergency accommodation/ housing services for LGB+ and/or T+ people, in particular GB+ and/or T+ men; there is a lack of service provision for LGB+ and or T+ children and young people outside of London; there are currently 3.5 FTE LGBT+ IDVAs based in 4 services: Galop, LGBT Foundation, RISE and LGBT Birmingham; VAWG and domestic abuse organisations providing a specialist LGBT+ service are less likely to adopt key indicators for LGBT+ inclusion relevant to the needs of non-binary and/or trans+ service users; Partnership working appears to be underdeveloped; only a small number of services indicate referral pathways to their local MARAC suggesting that most others are not embedded in their local ‘coordinated community response’ to domestic abuse; and most services have no main source of funding.¹⁵

Finally, it is also important to recognise the experiences and specialist needs of trans and gender non-binary victims and survivors, who are disproportionately affected by domestic abuse. We know that experience of domestic abuse amongst trans and gender non-binary survivors is highly prevalent and complex but largely underreported, meaning these survivors are less visible to statutory organisations and support services. Galop reports that 28% of all trans respondents from a nationwide 2018 study disclosed intimate partner violence a year

¹² [What is Honour Based Abuse? – Karma Nirvana](#)

¹³ [What is Honour Based Abuse? – Karma Nirvana](#)

¹⁴ [Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf \(domesticabusecommissioner.uk\)](#)

¹⁵ [Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf \(domesticabusecommissioner.uk\)](#)

prior to the study taking place.¹⁶ In a 2010 study from Scotland, 80% of trans respondents disclosed emotionally, sexually, or physically abusive behaviour by a partner or ex-partner.¹⁷ SafeLives reports that the nature of the abuse is often severe and complex, with sex and gender identity frequently being targeted as part of the abuse.¹⁸ Furthermore, an analysis of the Gender Recognition Act's consultation responses from the Government's Equalities Office found that of the respondents who answered questions relating to domestic abuse, a quarter (24.6%) had been unable to access support. Respondents noted a lack of support for survivors in general, and particularly support that met the needs of trans people.¹³

It is critical that the Government enacts the banning of all so-called conversion therapies as a matter of urgency. The Commissioner has drawn on the expertise of Galop and supports their calls to Government. The below recommendations and consultation response outlines the Domestic Abuse Commissioner's recommendations to Government on its proposals.

Recommendations:

- 1. So-called conversion therapies, when perpetrated by an intimate partner or family member, should be clearly defined as domestic abuse across local and national strategies and guidance.** This should include the National Statement of Expectations and Commissioning Toolkit, and Domestic Abuse Act statutory guidance. This should also be included in the DLUHC 'Priorities for Domestic Abuse' guidance.
- 2. The Department for Levelling Up, Housing and Communities should update guidance to local authorities to make it clear that victims of domestic abuse facing so-called conversion therapy can access safe accommodation when they are forced to flee this form of domestic abuse.** This should include explicit reference to conversion therapy in section 21 of the homelessness guidance and in the guidance on domestic abuse support within safe accommodation (Part 4 of the Domestic Abuse Act).
- 3. The Government should scrap its proposal suggesting that over-18s can 'consent' to non-physical conversion therapy if they are not deemed 'vulnerable'. The majority of victims appear to 'consent' to so-called conversion therapy and if the proposal continues with this consent loophole, the legislation will fail to protect the majority of future victims.**¹⁹ It is well established that nobody can consent to harm or abuse. It is imperative that the Government treat physical and non-physical forms of conversion therapy with parity so as not to create a false hierarchy of harm and violate the well-established case law that nobody can consent to harm and abuse.²⁰ The Commissioner is concerned that the current proposal creates a dangerous legal precedent where individuals can consent to non-physical forms of violence.
- 4. The Government should provide stakeholders with clearer and more detailed information on their proposal for existing violent offences**

¹⁶ http://www.galop.org.uk/wp-content/uploads/Galop_RR-v4a.pdf p.18

¹⁷ http://www.galop.org.uk/wp-content/uploads/Galop_RR-v4a.pdf p.18

¹⁸ <https://safelives.org.uk/support-for-lgbt-survivors>

¹⁹ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>

²⁰ See R v Brown: [R v Brown - Wikipedia](https://en.wikipedia.org/wiki/R_v_Brown)

motivated by so-called conversion therapy to be considered as an aggravating factor upon sentencing. The proposals do not currently outline the extent of sentence uplifts and whether offences will be recorded as aggravated offences. The Commissioner recommends that the uplift should be proportionate to the harm experienced and recognise the long-term effects on victims, and that it should be developed in consultation with the specialist sector.

5. **The Government should include detailed and clear information on how conversion therapy as a new aggravating factor would function within the Coercive or Controlling Behaviour Offence.** New guidance for the CCB Offence is currently being drafted and it is essential that it reflects any sentencing changes related to conversion therapy as perpetrated by an intimate partner or family member.
6. **The Government should include conversion therapy as an example of so called "honour"-based abuse that impacts LGBT+ survivors.** The Commissioner expects the Statutory Guidance to provide significant detail on work related to so-called "honour"-based abuse to enable local areas to understand their responsibilities in recognising and responding to it. The Commissioner also expects so-called "honour"-based abuse to be included in the Domestic Abuse Strategy.
7. **The Government should provide clear guidance to local areas about how conversion therapy intersects with their domestic abuse safeguarding obligations.** Existing domestic abuse frameworks should be updated to include conversion therapy that is perpetrated by an intimate partner or family member. Guidance for risk-assessing children and under-18s being subjected to or at risk of so-called conversion therapies should also be provided in line with the Children Act.
8. **Local areas should commission specialist training to identify conversion therapy across a wide range of statutory services.** These should include education, homelessness services, drug and alcohol services, suicide prevention services and health services, including SARCs, as well as for all professionals that work with victims, such as ISVAs and IDVAs. Training for statutory services must be domestic abuse-informed and include a focus on LGBT+ identities.
9. **The Government should support Local Areas through clear guidance for training.** For example, The Home Office / Ministry of Justice should commission guidance for training DA services, IDVAs and ISVAs. The Department of Health and Social Care and Public Health England should issue guidance for drug and alcohol services and health services which specifies that conversion therapy should be considered within definitions of domestic abuse and in policies and training on domestic abuse.
The Government should provide further detail as to how the new Conversion Therapy Protection Orders (CTPOs) would operate in line with current and future Protection Orders. The Commissioner recommends the introduction of positive requirements, in line with Domestic Abuse Protection Orders (DAPOs) and Stalking Protection Orders (SPOs). The Government should also clarify the penalty for breach of CTPOs and ensure that it is in line with DAPOs and SPOs. The Commissioner recommends strong guidance be provided to police, courts and victims as to how these orders would interact and intersect.

Preliminary Question. Do you agree or disagree that the Government should intervene to end conversion therapy in principle? Why do you think this?

Yes, the Domestic Abuse Commissioner agrees. Domestic abuse, including conversion therapy perpetrated by an intimate partner or family member, has a significant impact on a victim's safety, health and wellbeing. These impacts can be highly visible, such as cuts and bruises. However, domestic abuse more often presents itself in more insidious and invisible ways, and due to the nature of trauma, its impacts are often long term. Examples include gastrointestinal conditions, chronic pain, fatigue, sexually transmitted infections, depression, suicidal ideation, sleeping and eating disorders and PTSD, among many others.²¹ Research has shown that women who have experienced domestic abuse, for example, are 40% more likely to die from any cause compared to the general population²², and three times more likely to be diagnosed with a mental health problem.²³

Not only does domestic abuse cause untold harm to individuals, but it represents a considerable social ill, costing society £66.1bn in the year ending March 2018.²⁴ This includes costs to criminal justice agencies, health systems, as well as lost economic output. The Home Office breaks down this cost into three parts: £47.3 billion is the estimated cost to those experiencing domestic abuse for the reduction in their quality of life due to the physical and emotional harms they experience; £14.1 billion is the estimated cost to the economy of lost output; and £4.7 billion is the estimated cost of public and other services such as private civil and criminal legal representation and charitable services.²⁵

This is compounded by the distinct harms that so-called conversion therapy cause, including a higher risk of depression, anxiety, suicidal ideation and risk of suicide attempts.²⁶ In the UK, 2.4% of LGBT+ people have been subjected to so-called conversion therapy and 7% have been offered it.²⁷ This proportion is higher for trans people.²⁸ So-called conversion therapy still exists in the UK and will continue to exist without an effective ban. Specialist organisations have reported to the Commissioner that statutory services often do not recognise so-called conversion therapy as abuse and therefore do nothing to protect those who are at-risk or being subjected to it. This is particularly troubling in the context of domestic abuse in which statutory agencies have a duty to safeguard victims and highlights the need for far greater awareness and domestic abuse-informed training for frontline professionals. The Commissioner recommends that the upcoming Statutory Guidance for the Domestic Abuse Act, as well as the new Domestic Abuse strategy included detailed guidance of how the Government will be addressing this.

²¹ WHO (2012) Understanding and addressing violence against women- Health consequences. Available [online](#)

²² Singh Chandan et al. (2020) The Risk of Cardiometabolic Disease and All-Cause Mortality in Female Survivors of Domestic Abuse, the Journal of the American Heart Association, DOI: 10.1161/JAHA.119.014580

²³ Chandan, J.S *et al.* (2019). 'Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness,' The British Journal of Psychiatry, 7:1-6. doi: 10.1192/bjp.2019.124.

²⁴ [The economic and social costs of domestic abuse \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁵ [The economic and social costs of domestic abuse \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁶ https://www.stonewall.org.uk/system/files/2020_conversion_therapy_and_gender_identity_survey.pdf

²⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

²⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

Q1. To what extent do you support, or not support, the Government's proposal for addressing physical acts of conversion therapy? Why do you think this?

The Domestic Abuse Commissioner supports the Government's proposal for addressing physical acts of conversion therapy. However, it is vital that the proposals should also extend to non-physical forms so as not to create a false hierarchy of harm and breach the principle that nobody can consent to harm and abuse. Further detail should also be added:

- The proposal for existing violent offences motivated by so-called conversion therapy to be considered as an aggravating factor upon sentencing is a positive step. This will acknowledge the harm of violent acts committed within so-called conversion therapy without duplicating laws. The Commissioner recommends that the Government provides detailed guidance as to how this would intersect with domestic abuse offences, including through the upcoming Controlling and Coercive Behaviour guidance.
- However, the proposals do not outline the extent of sentence uplifts and whether offences will be recorded as aggravated offences. The Commissioner recommends that the uplift should be proportionate to the harm experienced and recognise the long-term effects on victims, and that it should be developed in consultation with the specialist sector.
- We support calls for training for statutory services to help recognise and act on so-called conversion therapies and the development of frameworks that recognise so-called conversion therapy as a form of abuse, and the challenges faced by victims coming forward. This includes integrating conversion therapy perpetrated by an intimate partner or family member into existing domestic abuse frameworks. Identification of so-called conversion therapy cases is key to supporting victims and survivors:
 - Frameworks and training to identify it need to exist within a wide range of statutory services. These should include education, homelessness services, drug and alcohol services, suicide prevention services and health services including SARCs as well as for all professionals that work with victims such as ISVAs and IDVAs. The Government should support Local Areas through clear guidance for training. For example, The Home Office / Ministry of Justice should commission guidance for training DA services, IDVAs and ISVAs. The Department of Health and Social Care / Public Health England should issue guidance for drug and alcohol services and update NICE guidelines.
 - The Department for Levelling Up, Housing and Communities should update guidance to local authorities to make it clear that victims of domestic abuse facing so-called conversion therapy can access safe accommodation when they are forced to flee this form of domestic abuse. This should include explicit reference to conversion therapy in section 21 of the homelessness guidance and in the guidance on domestic abuse support within safe accommodation (Part 4 of the Domestic Abuse Act).

Q2. The Government considers that delivering talking conversion therapy with the intention of changing a person's sexual orientation or changing them from being transgender or to being transgender either to someone who is under 18, or to someone who is 18 or over and who has not consented or lacks the capacity to do so should be considered a criminal offence. The consultation

document describes proposals to introduce new criminal law that will capture this. How far do you agree or disagree with this?

The Commissioner does not agree that people can consent to so-called conversion therapy, regardless of their age or whether or not they are determined to have the capacity to consent. The majority of victims appear to ‘consent’ to so-called conversion therapy yet still suffer long-term harm and require support. If the proposal continues with this consent loophole, the legislation will fail to protect the majority of future victims.

It has been established within law that you cannot consent to harm and abuse, and the Domestic Abuse Commissioner is concerned that the current proposal creates a dangerous legal precedence where individuals can consent to non-physical forms of domestic violence, which are most forms of violence. As the Domestic Abuse Act states:

Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;*
- (b) violent or threatening behaviour;*
- (c) controlling or coercive behaviour;*
- (d) economic abuse (see subsection (4));*
- (e) psychological, emotional or other abuse;*

*and it does not matter whether the behaviour consists of a single incident or a course of conduct.*²⁹

We know from victim and survivor testimony that often it is the non-physical forms of abuse that cause the greatest harm, and so it is critical that efforts to ban conversion therapy do not create a false hierarchy between physical and non-physical abuse.

The UN states that “actions to subject lesbian, gay, bisexual, trans or gender-diverse persons to practices of “conversion therapy” are by their very nature degrading, inhuman and cruel and create a significant risk of torture”.³⁰ Under Article 3 of the European Convention on Human Rights, so-called conversion therapies amount at least to degrading treatment and can amount to torture.³¹

So-called conversion therapies are always a form of abuse. It is not possible for a person to consent to abuse, even if they are over 18 and not defined as ‘vulnerable’.

- So-called ‘conversion practices’, including non-physical forms, result in significant harm to those who are victim to them. There is a growing body of quantitative evidence that exposure to sexual orientation change efforts is statistically associated with multiple negative health outcomes, including suicidal thoughts and suicide attempts.³² mental health outcomes fall within the remit of bodily harm under the Offences Against The Person Act 1861.³³

²⁹ [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://legislation.gov.uk) Part 1, Section 1.3

³⁰ <https://undocs.org/A/HRC/44/53>

³¹ <https://www.equalityhumanrights.com/en/human-rights-act/article-3-freedom-torture-and-inhuman-or-degrading-treatment>

³² [Conversion therapy: an evidence assessment and qualitative study - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³³ https://www.ozanne.foundation/cooper_report/

- There could be a deeply concerning precedent set by the suggested legislation asserting that people can consent to certain forms of non-physical abuse. This has the potential to undermine existing legislation relating to other forms of abuse such as domestic violence, forced marriage and honour-based abuse. We support calls that the proposal aligns with other abuse legislation where people cannot consent to any form of abuse.
- So-called conversion therapies take place within imbalanced power dynamics - between parent and child, between faith leader and congregant or between community leader and community member.³⁴ People who 'consent' to so-called conversion therapies are often financially and emotionally dependent on the person or persons asking them to do so where refusal could result in social ostracisation and the removal financial support. In this context, a person cannot freely give their consent in the way that the proposal envisages.
 - Research commissioned by the Government found that "although most people who have conversion therapy appear to do so voluntarily, they also describe being led into conversion therapy by people in a position of authority in their religious institutions or families".³⁵
- Consent for so-called conversion therapies depend on social and historical contexts that stigmatise sexual orientation and gender minorities. This environment puts pressure on LGBT+ individuals to believe that their identity is wrong or immoral. Where an individual has been consistently led to believe that their identity is wrong, it is largely impossible for that individual to envision and understand the long-term potential impacts of so-called conversion therapy on them as a person. These pressures do not exist for heterosexual cisgender people.
- The defining of certain people as 'vulnerable' is problematic. In practice, imposing different requirements on people deemed 'vulnerable' versus those who are not serves little benefit, would be difficult to consistently implement and could compound the othering of disabled people.

Q3. How far do you agree or disagree with the penalties being proposed?

The Commissioner agrees with the penalties proposed, bearing in mind the following:

The proposals outline "proven impact on the victim" as an indication of the seriousness of the offence. However, the impact on the victim in many cases will continue throughout their lives. It is not possible to ascertain the total impact on the victim, particularly if the so-called conversion therapy is recent rather than historic.

For example, survivors of so-called conversion therapy often experience mental health problems and have their education and friendships disrupted – the true impacts of which are ongoing. The guidance on this must recognise that the "provable impact" in recent cases may appear to be less severe than the true lifetime impact and consider this when assessing it.

Q4. Do you think that these proposals miss anything? If yes, can you tell us what you think we have missed?

Yes, the Commissioner thinks that the proposals miss a number of things:

³⁴ [Conversion therapy: an evidence assessment and qualitative study - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study) See:

³⁵ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>

- It is not clear in the proposal that so-called “talking” conversion therapy is included in frameworks and training for statutory services. To be effective it is important that statutory services have a coordinated approach to tackling both ‘talking’ and ‘physical’ so-called conversion therapies. The proposals need to make clear that “talking” conversion therapy is included.
- The support package outlined by the proposal should go further than the helpline/instant messaging service and online resources. Services should be available for in-person advocacy and victim support provided by ‘by and for’ organisations with specialist knowledge and understanding of LGBT+ identities and experiences. The proposals should go further than signposting to counselling support and include the provision of specialist counselling services for victims and survivors of ‘conversion therapies’ and specialist advocacy for those at current risk.
- The proposal considers only an attempt to ‘change’ a person’s identity when ‘suppression’ tactics would continue to exist and are equally as harmful. The UN states, “while some of the practices are directly aimed at changing sexual orientation and gender identity, others are aimed at supporting individuals not to act on their same-sex desires”.³⁶
 - Without amending this to ‘change or suppress’ only a portion of the harmful so-called conversion therapy practices will be covered by this ban.
- It is not clear if everyone in the LGBT+ community is protected in the current proposals. They refer to protecting LGBT people, preventing “changing a person’s sexual orientation or from or to being transgender” and “from being attracted to the same-sex to being attracted to the opposite-sex”.
 - None of these terms explicitly include asexual or aromantic people, intersex people, non-binary people and people with other minority gender identities.
 - “Practices that seek to change or suppress a person’s sexual orientation or gender identity” is an effective definition of so-called conversion therapy. This includes all sexual orientations and gender identities without listing them and is in line with international terminology.
 - If the Government specifically wants to use its own terminology, it needs to clarify that this includes asexual, aromantic, intersex, and non-binary people as well as people with other minority gender identities. There is evidence to show that some of these groups are more likely to experience so-called conversion therapy that is already illegal compared to those that are LGB.
- It is not clear in the proposals how so-called conversion therapies in religious settings (which constitute the majority of so-called conversion therapies) will be effectively banned. This is particularly important to provide further detail on in relation to conversion therapies as a form of so-called “honour”-based abuse. In order to effectively tackle this, wider Departmental join up will be essential and the Commissioner expects the Statutory Guidance to provide significant detail on work related to so-called “honour”-based abuse to enable local areas to understand their responsibilities in recognising and responding to it. The Commissioner also expects so-called “honour”-based abuse to be included in the Domestic Abuse Strategy in the new year.
 - The proposals outline that communication such as “private prayer” will not be included in the ban, but “private prayer” has not been

³⁶ <https://undocs.org/A/HRC/44/53VAWG>

- defined. If interpreted as individual prayer then this may not be a problem, but in many cases prayer with or over someone behind closed doors is a form of so-called conversion therapy.
- Research commissioned by the Government states that so-called conversion therapy includes “Prayer ‘healing’ (including exorcising spirits), confession and repentance, faith declarations, fasting, pilgrimages, Bible reading, attending religious courses”.³⁷
 - Much of so-called conversion therapy practices are forms of communication and will therefore not be included. If these forms of so-called conversion therapy are not proscribed in the legislation, it will fail to protect the majority of future victims.
 - The proposals should explicitly state that healthcare services, including mental health services as well as gender transition services, gender transition healthcare and gender affirmative therapy (which accepts people’s understanding of themselves without a predetermined or preferred outcome) are not considered as forms of so-called conversion therapy. This should be included in either the legislation or the guidance accompanying the bill. This is also key for services working with under-18s so that they can remain gender-affirming, whilst also recognising that best practice for this age group is underdeveloped. Evidence from the ongoing Cass Review should be considered during this process.³⁸

Q9. The consultation document describes proposals to introduce conversion therapy protection orders to tackle a gap in provision for victims of the practice. To what extent do you agree or disagree that there is a gap in the provision for victims of conversion therapy?

The Commissioner agrees that there is a gap in provision for victims of so-called conversion therapy. The proposal correctly identifies that there is a gap in the current legislation where so-called conversion therapy victims are not covered by protection orders. They are therefore unable to be protected by services that are aware that they are in danger of being victim to so-called conversion therapy as well as being at risk of being taken out of the country to undergo so-called conversion therapy.

Q10. To what extent do you agree or disagree with our proposals for addressing the gap we have identified? Why do you think this?

The Commissioner agrees that the proposals are a necessary step. The introduction of Conversion Therapy Protection Orders with powers including the removal of passports and the wide scope of “any requirement the court considers necessary” is welcome. It is of vital importance to protect children and vulnerable people at-risk of leaving the country to undergo so-called conversion therapy.

The Commissioner would like to see the addition of the following provisions to any new Conversion Therapy Protection Order:

- The proposal does not include a new offence for aiding or abetting the transfer of a person outside the UK for the purpose of so-called conversion therapy, which the Government should include. Similar offences exist for aiding and abetting the removal of a person for the purpose of FGM or forced marriage. Without this law families and communities may seek to take their

³⁷ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>

³⁸ [Cass Review – Independent Review of Gender Identity Services for Children and Young People \(independent-review.uk\)](https://www.independent-review.org/cass-review-independent-review-of-gender-identity-services-for-children-and-young-people)

LGBT+ children or community members to different countries to undergo so-called conversion therapies that are outlawed in the UK.

- The proposal does not include the provision of positive requirements, only restrictions. While restrictions are likely to be of greatest merit in protecting a victim from immediate risk of so called conversion therapy, we would like to see legislation introduce the possibility of positive requirements, in line with new Domestic Abuse Protection Orders and Stalking Protection Orders.
- The proposal does not clarify the penalty for breach of any new Orders. The Commissioner would recommend breach penalties of any such Order to be in line with current and future Orders, including Stalking Protection Orders and Domestic Abuse Protection Orders.
- The Commissioner would also like to see clear guidance provided to police forces, courts, and victims and survivors about how Domestic Abuse Protection Orders and Conversion Therapy Prevention Orders interact and intersect.

Q11. Charity trustees are the people who are responsible for governing a charity and directing how it is managed and run. The consultation document describes proposals whereby anyone found guilty of carrying out conversion therapy will have the case against them for being disqualified from serving as a trustee at any charity strengthened. To what extent do you agree or disagree with this approach? Why do you think this?

The Commissioner agrees with this approach. This is a good proposal that will help to limit the influence of those who have carried out so-called conversion therapy.

Q12. To what extent do you agree or disagree that the following organisations are providing adequate action against people who might already be carrying out conversion therapy? (Police; Crown Prosecution Service; OTHER statutory service)? Why do you think this?

The Commissioner disagrees that these agencies are providing adequate action against people who might already be carrying out so-called conversion therapy.

- Evidence provided by Galop's frontline services to the Domestic Abuse Commissioner show that generally statutory services do not recognise when someone is being subjected to so-called conversion therapy.³⁹ Galop report that their response is often absent or inadequate in protecting victims of so-called conversion therapy. This suggests that there is a considerable amount of work to do to upskill statutory agencies in terms of protecting LGBT+ people from so-called conversion therapy.
- This problem is compounded by so-called conversion therapy cases often taking place in environments that otherwise appear to be loving, caring and supportive and do not flag as a cause for concern within existing frameworks.
- Galop has raised examples with the Domestic Abuse Commissioner of statutory services being aware of cases within families but in the absence of training or a clear framework around so-called conversion therapies, fail to recognise the situations where a victim is at significant risk. Cases of so-called conversion therapy, including those with elements of abuse already recognised in law, are in some cases viewed by statutory services as cultural or generational disagreements between homophobic, biphobic or transphobic parents and LGBT+ children. No intervention is taken in the absence of

³⁹ Insight provided directly from Galop to the Domestic Abuse Commissioner.

frameworks, leaving victims of so-called conversion therapy in ongoing abusive situations.

Q13. To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy? (Police; Crown Prosecution Service; OTHER statutory service)? Why do you think this?

The Commissioner disagrees that these agencies are providing adequate support for victims of so-called conversion therapy.

- Evidence provided by Galop's frontline services to the Domestic Abuse Commissioner shows that so-called conversion therapy is a problem that is largely invisible to statutory services, and in cases where statutory services do identify so-called conversion therapy, they most frequently do not know what to do about it.⁴⁰ Galop report that their response is often absent or inadequate in protecting victims of so-called conversion therapy. This suggests that there is a considerable amount of work to do to upskill statutory agencies in terms of supporting people experiencing this type of abuse.
- In the absence of statutory frameworks and guidelines the personal belief of each professional often guides their response. In some cases, specialist services have described seeing professionals taking the side of the perpetrators when brought in with the intention of supporting the victim in cases of so-called conversion therapy. Evidence provided by Galop to the Domestic Abuse Commissioner describes examples of the personal beliefs or views of individual support workers resulting in victims being unable to access support.⁴¹

Q14. Do you think that these services can do more to support victims of conversion therapy? If yes, what more do you think they could do?

Yes, there are a number of measures that the Commissioner believes could be taken by statutory services to support victims of so-called conversion therapy. These include:

- Identification of so-called conversion therapy cases and recognising it as domestic abuse is key to supporting victims and survivors. Frameworks and training to identify it need to exist within a wide range of statutory services and professional training courses beyond those that are known to work with victims and survivors. These should include education, homelessness services, drug and alcohol services, suicide prevention services and health services.
 - There are likely ways of utilising existing frameworks to deliver on this aim. A way to appropriately risk assess of adults subjected to so-called conversion therapies could be to include it in the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification and Assessment and Management Model (DASH) which would inform the Multi-agency Risk Assessment Conference (MARAC) process, which exists in every local authority. This in combination with the previously outlined inclusion of so-called conversion therapies within training and guidance to statutory services will help to robustly risk assess each so-called conversion therapy situation.

⁴⁰ Insight provided directly from Galop to the Domestic Abuse Commissioner.

⁴¹ Insight provided directly from Galop to the Domestic Abuse Commissioner.

- In many instances, family members, spiritual/faith leaders and community members perpetrate so-called conversion therapy within private homes. For a ban to be effective emergency housing must be provided for those at risk of or being subjected to so-called conversion therapy where appropriate. This requires appropriate risk assessment as well as the provision of such housing.
 - Provision of emergency safe accommodation for victims of so-called conversion therapy should be assessed as priority need for housing, explicitly recognised as a form of domestic abuse, for example, as outlined in the Homelessness Code of Guidance for local authorities (Chapter 21). It is likely that this will increase the burden of emergency housing needed by local authorities and funding should be available for this. This support-based accommodation will need to be available for all LGBT+ people including trans women, GBT men, and those outside the gender binary. This need should be included within local authorities needs assessments and strategies for support-based accommodation as part of their obligations under Part 4 of the Domestic Abuse Act 2021.
- To appropriately protect children and under-18s being subjected to or at risk of so-called conversion therapies, they should be risk assessed under the Children's Act 1989/2004 with powers granted to remove them from abusive home environments when necessary.
- Victims and survivors of conversion therapies may additionally require extra protections to ensure anonymity and confidentiality. There may be risks from a person's family/community if they are 'outed' and/or located and steps must be taken to assess this and protect against it. This could include integrating it into existing risk assessment structures as outlined above. Additionally, lifelong anonymity for victims or those at risk of so-called conversion therapy could be given to survivors if requested, similarly to the anonymity given to victims of forced marriage under part 10 of the Anti-social Behaviour, Crime and Policing Act 2014, as inserted by section 173 of the Policing and Crime Act 2017.
- There are likely to be wider anonymity issues in dealing with so-called conversion therapy cases within GPs and health professionals, schools and voluntary organisations. So-called conversion therapies could be brought into the national framework of safeguarding requirements to protect against this.
- Giving evidence in court may be difficult for so-called conversion therapy survivors and given power imbalances prevalent in so-called conversion therapy cases as well as the traumatic nature of the experiences, and they may feel intimidated by seeing the perpetrator(s). To ease this difficulty all victims of so-called conversion therapy should be eligible for special measures.⁴²
- Previous research conducted by Galop has shown that LGBT+ victims are very unlikely to report crimes to the police.⁴³ This is compounded by a context in which domestic abuse is also vastly underreported, with Women's Aid's Survival and Beyond report finding that only 28% of women using community-based services reported domestic abuse, while 43.7% who use refuges reported to police.⁴⁴ Training for statutory services must be domestic abuse-informed and include a focus on LGBT+ identities as part of broader efforts to improve experiences for LGBT+ people within the Criminal Justice System.

⁴² <https://www.cps.gov.uk/legal-guidance/special-measures>

⁴³ <https://galop.org.uk/resource/hate-crime-report-2021>

⁴⁴ [Survival-and-Beyond-Report-Summary.pdf \(womensaid.org.uk\)](#)

The police and other agencies should also refer victims to specialist support services.

- Regulatory standards must also be developed to cover pastoral care and spiritual guidance provision whose aim is to improve mental and spiritual health.

Q15. Do you have any evidence on the economic or financial costs or benefits of any of the proposals set out in the consultation? If yes, please can you provide us with details of this evidence, including where possible, any references to publications?

There are financial costs to the individual and the state of so-called conversion therapy and an effective ban would be financially beneficial.

- The Commissioner understands that Galop's frontline services see so-called conversion therapy disrupting young people's education, the long-term financial impacts of this to themselves and society are likely significant.
- So-called conversion therapies may also contribute to the higher homelessness prevalence amongst LGBT+ young people.⁴⁵ Again, the financial impacts of this to themselves and society are likely significant.

⁴⁵ [Download.ashx \(akt.org.uk\)](#)