



Conversion Therapy Ban

Consultation response – December 2021

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

We strongly agree with the principle that the Government should end conversion therapy.

So-called conversion therapy is prevalent in the UK today. At any given time 25-50% of service users in our young people's service tell us that they are undergoing or are at risk of so-called conversion therapy. The national LGBT survey stated that in the UK 2.4% of LGBT+ people have been subjected to so-called conversion therapy and 7% have been offered it and that this proportion is higher for trans people¹. However, given the numbers that we see in our services as well as the number that fail to identify it as so-called conversion therapy we believe the true number is higher

There is significant harm associated with all so-called conversion therapy including a higher risk of depression, anxiety, suicidal ideation and risk of suicide attempts². We have seen this reflected in the testimonies of service users in our young people's service and of callers to our conversion therapy helpline. They report experiencing significant mental health impacts over the short and long-term, difficulties forming and maintaining relationships, feelings of isolation and shame and losing faith.

Our frontline caseworkers and advocates see that one of the consequences of so-called conversion therapy remaining legal is that statutory services often do not recognise non-violent so-called conversion therapy at all and do not identify violent so-called conversion therapy as so-called conversion therapy. They therefore do not take the required action to protect those who are at-risk or being subjected to it.

Without an effective ban that includes the wide range of conversion practices that we see, so-called conversion therapy in the UK will continue to thrive.

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?

We support this but think that further detail should be added.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

²https://www.stonewall.org.uk/system/files/2020_conversion_therapy_and_gender_identity_survey.pdf



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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 existing offences committed as part of so-called conversion therapy without duplicating laws. However, the proposals do not outline the extent of sentence uplifts and whether offences will be recorded as aggravated offences. Aggravated offences should be recorded as such with a proportionate sentence uplift of two years.

We support training for statutory services to help recognise and act on so-called conversion therapies. We additionally support the development of frameworks that recognise so-called conversion therapy as a form of abuse, and the challenges faced by victims coming forward. Identification of so-called conversion therapy cases is key to supporting victims and survivors. Evidence from our frontline services suggests that this is a key element that will help victims and survivors.

However, the proposals should be clear about which statutory services will require training and implement frameworks. Further evidence from our services show that many victims of so-called conversion therapies often do not explicitly identify it as such or seek specific support for it. A wide range of statutory services need to have training and frameworks to identify victims and those at risk. 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.

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?

We do not think that anyone can consent to so-called conversion therapy.

The majority of callers to our conversion therapy helpline 'consented' to so-called conversion therapy. This aligns with findings from the Government's commissioned research³.

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. 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

³ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>



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ostracisation and the removal financial support. In this context, a person cannot freely give their consent in the way that the proposal envisages.

Data from our conversion therapy helpline shows that the most common age to experience so-called conversion therapy is 18 to 24. Under 25s have lower benefit entitlements under universal credit⁴; this further increases the likelihood of them being dependent on family members who may be encouraging them to undergo conversion therapy. This age group are therefore more likely to experience imbalanced power dynamics that reduce their ability to meaningfully consent.

Research commissioned by the Government also noted these power dynamics; “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”⁵.

Consent for so-called conversion therapy also depends 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.

Callers to our conversion therapy helpline show that those who ‘consented’ to so-called conversion therapy historically now reflect either that they believe their consent was meaningless as they were too embedded within a belief system or community or that they regret having ‘consented’.

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.

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”⁶. So-called conversion therapies are always a form of abuse. Under Article 3 of the European Convention on Human Rights, so-called conversion therapies amount at least to degrading treatment and can amount to torture⁷. It is not

⁴ <https://www.gov.uk/universal-credit/what-youll-get>

⁵ <https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study>

⁶ <https://undocs.org/A/HRC/44/53>

⁷ <https://www.equalityhumanrights.com/en/human-rights-act/article-3-freedom-torture-and-inhuman-or-degrading-treatment>



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possible for a person to consent to degrading treatment 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. Mental illnesses such as depression, PTSD or anxiety are more prevalent in LGBT+ people who are victims of so-called conversion therapy⁸. These psychiatric illnesses fall within the remit of bodily harm under the Offences Against The Person Act 1861⁹.

If the legislation continues as the proposal currently describes it will fail to protect the majority of future victims. We strongly suggest that the proposal aligns with other abuse legislation where people cannot consent to any form of abuse.

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

We agree with the penalties proposed however we think that "proven impact on the victim" as an indication of the seriousness of the offence should be used cautiously. 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. Our services only see the true impact on a person when the so-called conversion therapy is historic rather than recent. 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?

The proposals miss a number of key things.

It is not clear in the proposals 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. They are both part of the same problem with the same causes and similar outcomes. 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. Callers to our

⁸https://www.stonewall.org.uk/system/files/2020_conversion_therapy_and_gender_identity_survey.pdf

⁹ https://www.ozanne.foundation/cooper_report/



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conversion therapy helpline have most frequently been seeking advocacy rather than a simple listening and signposting service. Services should be available for specialist advocacy and specialist counselling services. Those experiencing so-called conversion therapy are often isolated from the LGBT+ community and do not know who to reach out to for help. There is therefore a further need for specialist outreach work to help reach the people who need these services the most.

These services will be best provided by specialist LGBT+ by-and-for organisations with knowledge and understanding of LGBT+ identities and experiences. Our Hate Crime Report 2021 found that “Respondents who accessed support through a specific LGBT+ organisation were much more satisfied with the service they received compared to those who accessed a generic service. 80% of respondents were either very satisfied or satisfied with the support from a LGBT+ service, whereas only 38% of respondents who sought support from a generic service were either very satisfied or satisfied”¹⁰. It also found that “respondents were more likely to be dissatisfied with generic support than LGBT+ specific support because they had little knowledge around LGBT+ issues (36% v 9%)”. Our 2019 report ‘Recognise & Respond’ additionally found that “gay and bi men [and] trans survivors are considerably more likely to access LGBT+ specialist services over other domestic abuse support because they may be (or fear) being denied support due to gaps in policy, anti-trans prejudice, or they could be turned away because of their gender history”¹¹. While these findings relate specifically to hate crime and domestic abuse more broadly the same need for in-depth knowledge of LGBT+ issues applies to support services for victims and survivors of so-called conversion therapy too.

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. We know that these groups are subjected to so-called conversion therapy and there is evidence that they are more likely to be subjected to so-called conversion therapy than the wider LGBT+ community.

People with minority sexual orientations and gender identities have been increasingly using different and new terminology to label their identities¹². For this legislation to remain effective in the future where new terminologies may be used, the definition of those protected should be a catch-all for all minority sexual orientations and gender identities.

¹⁰ <https://galop.org.uk/resource/hate-crime-report-2021/>

¹¹ [Galop RR-v4a.pdf](#)

¹² <https://eric.ed.gov/?id=ED608534>



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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 sexual orientations and gender identities.

The definition of what constitutes so-called conversion therapy in the proposal is unclear from multiple perspectives.

The proposal's definition only includes an attempt to 'change' a person's identity. However, we frequently also see 'suppression' tactics within our services that are equally as harmful and will continue to exist if not included in the legislation. The UN state, "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"¹³. Without amending this to 'change or suppress' only a portion of the harmful so-called conversion therapy practices will be covered by this ban.

Our frontline services see a range of practices under the umbrella of so-called conversion therapy. It is not clear that these are included under the proposals. For example the proposals state that communication such as "private prayer" will not be included in the ban, but "private prayer" has not been 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. The case studies at the end of this answer exemplify the range of practices that constitute so-called conversion therapy.

To encompass all the examples of so-called conversion therapy that we see we think that "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 practices of so-called conversion therapy and includes all sexual orientations and gender identities without listing them and is in line with international terminology.

The proposals should further explicitly state that 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.

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?

¹³ <https://undocs.org/A/HRC/44/53>



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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 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. However, we think the proposal should go further.

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

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?

We agree 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?

Evidence from our frontline services show that generally statutory services do not recognise when someone is being subjected to so-called conversion therapy. Their response is therefore absent or entirely inadequate in protecting victims of so-called conversion therapy. There is a considerable



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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.

We have seen examples 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 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?

So-called conversion therapy is a problem that is largely invisible to statutory services. In cases where statutory services do identify so-called conversion therapy, they most frequently do not know what to do about it. Their response is therefore absent or entirely inadequate in protecting victims of so-called conversion therapy. There is a considerable amount of work to do to upskill statutory agencies in terms of protecting LGBT+ people from this abuse.

In the absence of statutory frameworks and guidelines the personal belief of each professional often guides their response. In some cases, we have seen professionals taking the side of the perpetrators when brought in with the intention of supporting the victim in cases of so-called conversion therapy. We have seen examples of the personal beliefs or views of individual support workers resulting in victims being unable to access support.

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?

There are a number of things that statutory services can do to support victims of so-called conversion therapy.

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 and professional training courses beyond those that are known to work with victims and survivors. These should



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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 Conference¹⁴ (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.

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 in the same way as 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 being subjected to or at risk of so-called conversion therapies under 18s could be risk assessed under the Children's Act 1989/2004 with powers given 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.

¹⁴ <https://www.gov.uk/government/publications/multi-agency-risk-assessment-conference-marac-protection-plans-requests-for-evidence>



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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, 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 measures¹⁵.

Previous research has shown that LGBT+ victims are very unlikely to report crimes to the police¹⁶. Training for statutory services must include a focus on LGBT+ identities as part of broader efforts to improve experiences for LGBT+ people within the Criminal Justice System. 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. Our 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 people¹⁷. Again, the financial impacts of this to themselves and society are likely significant.

¹⁵ <https://www.cps.gov.uk/legal-guidance/special-measures>

¹⁶ <https://galop.org.uk/resource/hate-crime-report-2021/>

¹⁷ <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=59eae91c-ee80-4b6b-8ecb-158edfeeaccd>