



Ban Conversion Therapy Coalition Response to the Government Consultation on Proposals to Ban Conversion Therapy

Members of the Ban Conversion Therapy Coalition

Galop
Gendered Intelligence
GIRES
Global Network of Rainbow Catholics
House of Rainbow
Humanists UK
LGBT+ Consortium
LGBT Foundation
Mermaids
Naz & Matt Foundation
OneBodyOneFaith
Ozanne Foundation
Peter Tatchell Foundation
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Preliminary Question. Do you agree or disagree that the Government should intervene to end conversion therapy in principle? Why do you think this?

The Ban Conversion Therapy Coalition (BCT Coalition) strongly agrees that the Government should intervene to end so-called “conversion therapy”.

The Government should ban all practices that have the predetermined outcome to change, “cure”, or suppress an individual or group of individual’s sexual orientation or gender identity. The ban should cover all conversion practices in all forms and settings, for all LGBTQIA+ people of all ages.

There is significant harm associated with conversion practices including a higher risk of depression, anxiety, suicidal ideation, and suicide attempts.

The National LGBT Survey 2018 found that 2.4 per cent of LGBT+ people had been subjected to conversion practices in addition to 5 per cent who had been offered it. These figures were higher for trans people and asexual people.

LGBT+ anti-abuse charity Galop has found that at any given time 25 – 50 per cent of its service users in its young people’s service (ages 16-25) report they are either currently being subjected to or are at risk of being subjected to conversion practices.

Given that the Government’s commissioned research by Coventry University shows that the majority of conversion practices occur within religious settings, and that many victims seek out conversion practices voluntarily, a ban can only effectively end “conversion therapy” if it clearly covers religious or spiritual conversion practices and if there is no loophole allowing for an inoperative concept of “informed consent”. This position is consistent with international human rights law and the protection of freedom of speech and freedom of religion or belief, as set out in the Cooper Report.

Without a comprehensive ban, sexual orientation and gender identity conversion practices happening in the UK will continue.

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 BCT Coalition strongly supports the Government's proposals for addressing physical acts of conversion practices, however further detail should be added.

We support the proposals that the motivation of conversion practices should be considered as an aggravating factor upon sentencing. This acknowledges the severity of these offences, and that the predetermined motivation to change, "cure", or suppress a person's sexual orientation or gender identity can contribute to significant physical and sexual abuse.

The Government should clarify the extent of such sentencing uplifts and whether offences will be recorded as aggravated offences.

We would also recommend that there be a clear mix of criminal and civil responses, as set out in the Australian State of Victoria's conversion practices ban. This is set out in Part 3 – Civil response scheme of the Change or Suppression (Conversion) Practices Prohibition Act 2021. This is echoed by the Cooper Report.

The civil response scheme of the Victoria State legislation created a Commission that had powers to provide education concerning, receive reports concerning, request further information concerning, determine appropriate responses to, make referrals in cases of, and ensure appropriate levels of support were provided to victims of, conversion practices.

While this exact approach may not be what the Government decides would work in England and Wales, we would recommend ensuring that the functions of such a civil response scheme are replicated in legislation for England and Wales. Particularly, a civil scheme for reporting and investigating reports of conversion practices, with the power to make onwards referrals, would ensure that the ban is operating effectively.

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 BCT Coalition somewhat agrees the proposals to introduce new criminal law will capture "talking conversion therapy", or non-physical conversion practices.

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

The BCT Coalition somewhat agrees with the penalties being proposed.

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

The BCT Coalition has several concerns with the current proposals. we are concerned with a number of gaps in the proposals that will lead to a significant lack of protection for potential victims of sexual orientation or gender identity conversion practices if not changed or clarified. Namely:

- 1) The notion of "informed consent" for abuse such as conversion practices
- 2) There must be equal protection for potential victims in religious and faith-based settings
- 3) Ensuring gender transition services, support and healthcare are robustly distinguished from conversion practices
- 4) Ensuring a thorough definition of "conversion therapy"
- 5) Ensuring protection for everyone
- 6) Greater support services

1) "Informed Consent"

We point to the Cooper Report that was developed by leading Human Rights Lawyers, which concludes that the notion of informed consent within the context of the ban on conversion practices is 'flawed'.

The law is clear that personal autonomy must be restricted when there is an imbalance of power or where there is a real risk of a large number of vulnerable people giving "consent" through coercion or manipulation, which is not true consent. We do not believe that the individual would be in a position to understand all this free from duress or coercion. A failure to protect the vulnerable from exploitation or duress undermines, rather than promotes, personal autonomy.

The Coventry University report into conversion practices found that the majority of those subjected to it sought out conversion practices voluntarily. This is also the experience of the Ozanne Foundation, whose researched the experiences of 458 people who had been through conversion therapy and of Galop, which is running the UK's only conversion practices helpline. The majority of callers to the Galop conversion therapy helpline had 'consented' to conversion practices. It is

therefore clear that a ban that allows for 'consent' to conversion practices will leave the majority of victims unprotected.

Conversion practices 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' 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.

Consent for conversion practices also depends on social and historical contexts that stigmatise sexual orientation and gender minorities. This environment puts pressure on LGBTQIA+ 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 conversion practices on them as a person. These pressures do not exist for heterosexual cisgender people.

Again, the evidence from Galop's conversion therapy helpline shows that those who 'consented' to conversion practices 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". Conversion practices are always a form of abuse. Under Article 3 of the European Convention on Human Rights, conversion practices amount at least to degrading treatment and can amount to torture given that they are known to generate a significant risk of harm and are rooted in a discriminatory approach to a person's protected characteristic. It is not possible for a person to consent to degrading treatment even if they are over 18 and not defined as 'vulnerable'.

Legislation in relation to domestic violence, female genital mutilation and forced marriage all provide examples of circumstances in which Parliament has recognised the danger of permitting consent in respect of harmful, or potentially harmful, practices and activities. To allow an exception to banning abuse even when the victim provides so-called 'consent' because it relates to lesbian, gay, bisexual or transgender people is to choose to discriminate against them, as it does not afford them the same protection that is afforded to others.

Proceeding as per current proposals also poses a clear and significant risk for areas where consent is currently not allowed, such as in cases of domestic abuse, forced marriage or FGM. We recommend the Home Office scrutinises these proposals for their impact of other abuse-related legislation.

2) Religious and Faith-Based Conversion Practices

The BCT Coalition stresses that a broad definition is necessary to encompass all medical, psychiatric, psychological, religious, cultural, or any other practices that seek to suppress, “cure”, or change the sexual orientation and/or gender identity of a person of any age.

The ban must apply generally and not differentiate between secular, religious, or cultural contexts. The Government is aware from its commissioned research that the majority of conversion practices are conducted by individuals who are not professionally trained in therapeutic practices, such as religious leaders or members of an individual's community. Therefore, limiting a ban and allowing for religious exemptions such as “private prayer” and “casual conversations” will, in practice, allow conversion practices to continue, which immediately ignores the purpose of any proposed legislation from the offset.

We are also confused by the exemption of ‘private prayer’ and what this means exactly. Conversion practices interfere with an individual’s right to respect for a private life and to suggest that privacy is a defence to such practices, specifically in a religious setting ignores the legal and practical reality insofar as a significant number of conversion practices may fall into its definition. We are concerned that forms of conversion practice, such as ‘casual conversation, exchange of views, private prayer or pure speech acts’ which can constitute forms of conversion practice in certain circumstances are not being included within the Government’s proposed ban and the proposals even go as far as protecting them. This approach invites conversion practices to continue within religious settings – the setting that is known to be the most common setting that conversion practices are perpetrated. This is not in line with the Government’s objective.

We strongly support the Cooper Report proposals that outline criminalising any religious practice that is directed at an individual or group of individuals with a “predetermined purpose” of seeking to change, “cure” or suppress a person’s sexual orientation or gender identity. To be clear, this does not include holding a certain belief or preaching to a congregation from a sacred text, nor indeed any form of prayer that does *not* have a predetermined outcome but rather seeks give pastoral support and comfort.

3) Protection of Trans People and Gender Transition Services and Healthcare

We strongly recommend that the ban ensures that safe and affirmative therapies that (i) contribute to the healthy wellbeing of a LGBTQIA+ individual, (ii) are delivered by suitably qualified and regulated professional, (iii) that assist people to explore and better understand their gender identity (iv) with no pre-determined outcome, are not considered conversion practices.

The free exploration of gender identity and sexual orientation must not be impeded by a ban on conversion practices. Specifically, any ban must not negatively impact transgender individuals’ access to healthcare provisions and affirmative care. However, a ban must also recognise that trans people, including non-binary people, are at an even higher risk of being a victim to these abhorrent practices.

We welcome the Government’s proposed approach to complement existing clinical regulatory frameworks and their plan to not override the independence of clinicians in offering safe and supportive therapies and conversions allowing people to explore their gender identity and thereby protecting access to healthcare for trans young people. We further welcome subsequent clarification from the Minister for Equalities that, “...people who are transgender or are exploring

their transgender status, including under-18s, will also remain able to access the support they need from qualified health professionals without change. Our proposals will complement the existing clinical regulatory framework and not override the independence of clinicians to offer support in line with professional obligations.”

The Government clarity on this issue that we have seen is absolutely vital and must continue, as confusion or ambiguity could lead to further obstacles to necessary legitimate healthcare and support for trans people who already face unacceptable waiting times for healthcare.

4) Definition of “Conversion Therapy”

We note the use of “conversion therapy” within the Government’s proposals. The term “conversion therapy” is most widely used to describe this process of attempting to change, suppress, or divert one’s sexual orientation or gender identity. The term, however, suggests that treatment is needed for a disorder and that people can be converted to cisgender heterosexuality through such “treatment.” Neither is true.

The use of conversion therapy, additionally, without the use of the term “suppress” ignores a form of conversion practice that focuses on attempting to stop a person from expressing or acting on their sexual orientation or gender identity, which is equally as damaging.

We note that the Minister for Equalities explained to the Women and Equalities Select Committee that the Government is using “conversion therapy” as the common term, however we would recommend that a more clear and accurate definition is used in future and in legislation to ensure there is no uncertainty about exactly what is intended to be covered. ‘Therapy’ alone would not cover the practices that are utilised by perpetrators, as detailed by the commissioned research by Coventry University.

We recommend these practices are more accurately referred to as sexual orientation or gender identity conversion and suppression practices, or simply conversion practices. We recommend using conversion practices in government and legislative language consistently. However, we would support similar wording that provides clarity in law that all practices seeking to change, “cure”, or suppress a person’s sexual orientation or gender identity are covered by a legislative ban.

5) Ensuring Protection for Everyone

In addition to providing clarity for what is protected, the definition we recommend also ensures that who is protected is clear.

The government’s proposals only refer to ‘LGBT’ people or to sexual orientation or transgender status. It is thus unclear whether the government’s proposals would cover asexual people or people with other minority sexual orientations, non-binary people or other gender diverse people, or intersex people.

If the Government believes there is a legislative reason to use sexual orientation and from/to transgender in the wording, for example because this aligns with hate crime legislation, then it should clarify in its proposals that these also cover non-binary, intersex and asexual and

aromantic people for the avoidance of doubt. However, this should also take into account the recent recommendations of the Law Commission to use the terminology “transgender and gender diverse”.

We recommend sexual orientation or gender identity conversion and suppression practices, or simply conversion practices, as a means of ensuring all people are protected. However, we would support similar wording that provides clarity in law that all practices seeking to change, “cure”, or suppress a person’s sexual orientation or gender identity are covered by a legislative ban.

We also point to the Scottish Parliament Equalities, Human Rights and Civil Justice Committee’s report on petition PE1817, ‘End Conversion Therapy’. Point 5 reads “The Committee is anxious to ensure that, in a similar way to legislation that exists to protect victims of domestic abuse or female genital mutilation, the definition makes it clear that consent to such practices can never be informed and should not be available as a defence to those undertaking conversion practices.”

The UK Government should work closely with the Scottish Government and Parliament to ensure that legislation on a ban on conversion practices is harmonised to the highest standard across the nations. It would be unacceptable and create unintended legal consequences for conversion practices to be comprehensively banned in Scotland, but for a loophole of so-called “informed consent” to exist in English and Welsh law.

6) Greater support services

We welcome the support services included in the proposal. However, to mitigate the harm done to victims and survivors greater protections and support services are required. These support services should include specialist advocacy and specialist counselling services

The support package outlined by the proposal should go further than the helpline/instant messaging service and online resources. Callers to the Galop 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 conversion practices are often isolated from the LGBTQIA+ 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 LGBTQIA+ by-and-for organisations with knowledge and understanding of LGBTQIA+ identities and experiences. Galop’s 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”. 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%)”.

Similarly, Galop’s 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”. While these findings relate specifically to hate crime and domestic abuse more broadly the same need for in-depth knowledge of LGBTQIA+ issues applies to support services for victims and survivors of conversion practices too.

Further protections should include the provision of safe emergency housing, measures to protect anonymity and confidentiality and eligibility for special measures in court.

Q5. The Government considers that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion therapy. How far do you agree or disagree with this? Why do you think this?

The BCT Coalition somewhat disagrees that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion practices.

It is difficult to assess whether the Broadcasting Code already provides measures against the promotion of conversion practices as there is little evidence of it ever doing so.

Given that the Government is only now seeking to ban conversion practices, it is obvious that conversion practices have not widely been considered a harm outside of parts of the LGBTQIA+ community and therapeutic sector, if it has been known about at all.

The Government should therefore take more active steps to independently assess the Broadcasting Code and the understanding of Ofcom in applying it to the issue of conversion practices. This may require specific guidance given that conversion practices have not been covered as an offence previously.

This answer also applies to the advertisement of conversion practice, the Advertising Standards Authority and the Committee of Advertising Practice. Given that these practices have not been and are not currently defined, it is unclear how the Government could consider that the existing codes already prohibit conversion practices.

Q6. Do you know of any examples of broadcasting that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

There have been broadcasts of television shows that have included the endorsement and promotion of conversion therapy. One clear example is the BBC documentary 'Transgender Kids: Who Knows Best'. The documentary explored ways in which transgender children could be "cured" – a direct and clear endorsement and promotion of gender identity conversion practices. No evidence of the dangers and harms associated with such practices were discussed.

Ofcom did not investigate this broadcast despite numerous complaints. The Broadcasting Code therefore does not provide measures against the promotion or endorsement of conversion practices.

The Government should independently assess the effectiveness of the Broadcasting Code and the codes set out by the Advertising Standards Authority and the Committee of Advertising Practice.

Q7. The Government considers that the existing codes set out by the Advertising Standards Authority and the Committee of Advertising Practice already prohibits the advertisement of conversion therapy. How far do you agree or disagree with this?

The BCT Coalition somewhat disagrees that the existing codes set out by the Advertising Standards Authority and the Committee of Advertising Practice already prohibits the advertisement of conversion practices.

Q8. Do you know of any examples of advertisements that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

This is not something we have seen any evidence about. In the absence of useful data, the government should independently assess the effectiveness of the codes set out by the Advertising Standards Authority and the Committee of Advertising Practice.

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 BCT Coalition strongly agrees there is a gap in the provision for victims of conversion practices.

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 people at-risk of leaving the country to undergo conversion practices. 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 conversion practices, 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 LGBTQIA+ children or community members to different countries to undergo conversion practices that are outlawed in the UK.

It is also unclear how victims of conversion practices where the perpetrator is based outside the UK but conducts conversion practices virtually, over Skype, Zoom or similar, will be protected. The Government should investigate how to protect victims in these circumstances and how to ban these forms of international cross-border conversion practices.

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 BCT Coalition strongly agrees with this approach. It is a sensible proposal to limit the influence of those who have been found guilty of carrying out conversion practices.

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? Why do you think this?

The BCT Coalition strongly disagrees that the police, the Crown Prosecution Service, or other statutory services are providing adequate action against people who are already carrying out conversion practices.

Evidence from Galop's frontline services show that generally statutory services do not recognise when someone is being subjected to conversion practices. Their response is therefore absent or entirely inadequate in protecting victims of conversion practices. There is a considerable amount of work to do to upskill statutory agencies in terms of protecting LGBTQIA+ people from conversion practices.

This problem is compounded by conversion practices 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, the LGBT+ anti-abuse charity, have seen examples of statutory services being aware of cases within families but in the absence of training or a clear framework around conversion practices, fail to recognise the situations where a victim is at significant risk. Cases of conversion practices, 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 LGBTQIA+ children. No intervention is taken in the absence of frameworks, leaving victims of conversion practices 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 BCT Coalition strongly disagrees that the police, the Crown Prosecution Service, or other statutory services are providing adequate support for victims of conversion practices.

Evidence from Galop's frontline services show that conversion practices are a problem that is largely invisible to statutory services due to a lack of awareness and upskilling to enable such abuse to be identified or suspected. In cases where statutory services do identify conversion practices, they most frequently do not know what to do about it. Their response is therefore absent or entirely inadequate in protecting victims of conversion practices. There is a considerable amount of work to do to upskill statutory agencies in terms of protecting LGBTQIA+ 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, Galop have seen professionals taking the side of the perpetrators when brought in with the intention of supporting the victim in cases of conversion practice. 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 conversion practice.

Identifying when someone has been victim to - or is at risk of - conversion practices 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 conversion practices 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 conversion practices within training and guidance to statutory services will help to robustly risk assess each conversion practice situation.

In many instances, family members, spiritual/faith leaders and community members perpetrate conversion practices within private homes. For a ban to be effective emergency housing must be provided for those at risk of or being subjected to conversion practices where appropriate. This requires appropriate risk assessment as well as the provision of such housing.

Provision of emergency safe accommodation for victims of conversion practices 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 LGBTQIA+ 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 conversion practices under 18s could be risk assessed under the Children Act 1989, Sections 46-47, 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 conversion practices 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 conversion practice cases within GPs and health professionals, schools and voluntary organisations. Conversion practices could be brought into the national framework of safeguarding requirements to protect against this.

Giving evidence in court may be difficult for conversion practice survivors and given power imbalances prevalent in conversion practice cases as well as the traumatic nature of the experiences, they are likely to feel intimidated by seeing the perpetrator(s). To ease this difficulty all victims of conversion practices should be eligible for special measures.

Previous research has shown that LGBTQIA+ victims are very unlikely to report crimes to the police. Training for statutory services must include a focus on LGBTQIA+ identities as part of broader efforts to improve experiences for LGBTQIA+ 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.

Equalities impacts appraisal

There is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act 2010. Do you have any evidence of the equalities impacts of any proposals set out in the consultation?

There are significant impacts on those covered by the following protected characteristics:

Gender reassignment

Race

Religion or belief

Sexual orientation

The current proposals leave a significant number of LGBTQ+ people unprotected from abusive and harmful conversion practices – affecting those with protected characteristics gender reassignment and sexual orientation. Creating a legislative consent loophole for this form of abuse which is directed at individuals on the basis of their sexual orientation and/or gender identity – a loophole that does not exist for any other form of abuse in law – is indirect indiscriminate on the basis of gender reassignment and sexual orientation.

The discrimination against these two protected characteristics on the basis of the consent loophole which allows abuse to be justified particularly affects, and therefore indirectly discriminates, LGBTQ+ people of faith. The Government's commissioned research showed that the majority of conversion practices happen with religious or faith-based settings, therefore a significant number of victims of conversion practices will be people who are targeted due to their religion or belief as well as their sexual orientation and/or gender identity. Specifically, the proposals to exempt private prayer, which is not defined, and to exempt consent, when a large proportion of victims voluntarily seek out conversion practices particularly from religious authorities, negatively discriminate against LGBTQ+ people of faith.

The impact on LGBTQ+ people based on religion or belief also indirectly leads to discrimination on the basis of race. As the National LGBT Survey 2018 showed, there was a higher proportion of people from ethnic minorities subjected to conversion practices through religious or faith-based settings. This reflects the generally higher proportions of religious affiliation amongst British people of from ethnic minority backgrounds. The proposals affecting religion or faith, the consent and private prayer exemptions, would therefore also have a disproportionate negative impact on LGBTQ+ people of colour.