

Banning Conversion Therapy Government Consultation

Presented to Parliament by the Secretary of State for Foreign, Commonwealth and Development Affairs and Minister for Women and Equalities

by Command of Her Majesty

29 October 2021

Command Paper 535

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Banning Conversion Therapy

Government Consultation

A consultation produced by the Cabinet Office. It is also available at <u>https://www.gov.uk/government/consultations/banning-conversion-</u> therapy

About this consultation

То:	This consultation is open to everyone.
	 We would be particularly interested in hearing from: Members of the public – particularly those who have experienced conversion therapy; Organisations that work with victims of conversion therapy and within the wider LGBT charity sector; Religious organisations and people with religious beliefs; Medical practitioners and healthcare providers, particularly those who support people who may be questioning whether they are LGBT; and Other organisations that have experience of conversion therapy.
Duration:	From 29/10/21 to 04/02/22
Enquiries (including requests for the paper in an alternative format) to:	Conversion Therapy Consultation Team Government Equalities Office 20 Great Smith St Westminster London SW1P 3BT Email: ctconsultation@cabinetoffice.gov.uk
How to respond:	Please go to <u>https://www.gov.uk/government/consultations/ban</u> <u>ning-conversion-therapy</u> to complete the consultation. Alternative formats are available to download here. If you require a hard copy, please contact ctconsultation@cabinetoffice.gov.uk via email with your name, full address and 'Hard copy request' in the subject line. Postal responses should be clearly marked
	'Conversion therapy consultation'.
Response paper:	The Government's response to this consultation will be published in the new year.

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Ministerial Foreword

The United Kingdom is a global leader on LGBT rights and is committed to banning the coercive and abhorrent practice of conversion therapy. We want every individual to have the freedom to be themselves and proposals have been developed with the protection of LGBT people in mind. The proposals we are bringing forward in this consultation are intended to ensure that everyone in this country is protected through both criminal and civil measures.

Our proposed package of measures includes legislating to introduce a new criminal offence and to ensure that conversion therapy is recognised appropriately when it is the motivation for an existing crime. This is a robust, effective and proportionate policy that will have a demonstrable impact on the ground.

I am also proposing a number of further civil measures to make sure the ban is effective, including Conversion Therapy Protection Orders, restricting promotion, removing profit streams, and strengthening the case for disqualification from holding a senior role in a charity. We will also be launching a support service for victims that will offer help and assistance to those who have been through or are at risk of conversion therapy. This administration is the first UK Government to commit to providing such support. We will be launching a competitive tendering process in November for a new government-funded support service for victims and those at risk of conversion therapy.

I want to reassure those who may have concerns about the impact of this ban on clinicians' independence as well as on freedom of speech. People's personal freedoms are key to the health and functioning of a democratic society, such as freedom of choice, freedom of speech and belief, and are central to my proposals. It is also vitally important that no person is forced or coerced into conversion therapy, and that young people are supported in exploring their identity without being encouraged towards one particular path. This is especially the case for those who are under 18 and where this might result in an irreversible decision. These proposals therefore do not alter the existing clinical regulatory framework or the independence of regulated clinicians working within their professional obligations.

The proposed protections are universal: an attempt to change a person from being attracted to the same-sex to being attracted to the opposite-sex, or from not being transgender to being transgender, will be treated in the same way as the reverse scenario. They therefore protect everyone.

The Government is proud to champion equality for LGBT people everywhere and I look forward to hosting 'Safe To Be Me: A Global Equality Conference', which will take place in June 2022, coinciding with the 50th anniversary of the first official London Pride marches.

This global event will be the first of its kind in the UK, bringing together governments, policy experts and international organisations who advocate for human rights to discuss how to combat the violence and discrimination faced by LGBT people around the world. I will be proud to share our work to ban conversion therapy at the Conference with all our

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international counterparts and to work with partners to end these practices across the world.

As well as hosting 'Safe To Be Me: A Global Equality Conference', this Government has continuously championed LGBT rights and built upon our status as a global leader. In January 2020, we introduced same-sex marriage in Northern Ireland to ensure every citizen of the United Kingdom can be free to marry. We also rolled out the HIV prevention drug PrEP on the NHS in England, making it available across the country, benefiting tens of thousands of people, and driving us towards our ambition of zero new HIV transmissions by 2030. And we have already reduced the fee for, and are digitising the process of, applying for a Gender Recognition Certificate, in order to make the process kinder and simpler.

In developing the proposals in this consultation, we have listened to citizens and organisations with the full range of perspectives on how best to ban conversion therapy in an effective and proportionate way. I would like to encourage everyone with an interest to respond to this consultation and will ensure that all responses are considered in the development of legislation that is being prepared for Spring 2022.

The Rt Hon Elizabeth Truss MP

Secretary of State for Foreign, Commonwealth and Development Affairs and Minister for Women and Equalities

Introduction

- 1. The Government will ban conversion therapy. There is no justification for these coercive and abhorrent practices and the evidence is clear that it does not work: it does not change a person from being LGBT and can cause long lasting damage to those who go through it. We are committed to building a society in which conversion therapy no longer takes place. Our intention is to bring forward a ban in the criminal law that is supported by additional civil interventions that will ensure these practices are ended. Our approach has been built on a detailed assessment of the existing legislative framework to identify gaps that currently allow conversion therapy to continue. Having identified gaps in the law, we have developed a practical package of civil and criminal measures to put a stop to these coercive and abhorrent practices. We are determined to deliver a conversion therapy ban that protects people from these practices.
- 2. Our proposals are universal and protect everyone, whatever their sexual orientation and whether they are transgender or not. An attempt to change a person from being attracted to the same-sex to being attracted to the opposite-sex will be treated in the same way as the reverse scenario. This is also the case should a person try to change another from being transgender or to being transgender. It is important that a person experiencing gender dysphoria is able to openly explore what works for them without feeling pressured into any particular outcome. The Government is determined to ensure that no person is put on a clinical pathway that is not right for them, and that young people are supported in exploring their identity without being encouraged towards one particular path. Forcing or coercing a person into this position would be considered conversion therapy.
- 3. It is the duty of the Government to keep its citizens safe, whilst also protecting the vital values that underpin our democratic society, such as freedom of speech, freedom of belief and privacy. Our proposals protect these whilst being an effective means of ending the coercive and abhorrent practice of conversion therapy. The Government is also keen to ensure that the police, prosecutors and statutory services recognise and act on the problem. By introducing a ban, statutory services will also be expected to develop policy frameworks that recognise conversion therapy as a problem, and the challenges faced by victims coming forward, and to provide training for how to protect people from these practices. The Government will work with the relevant public authorities in order to develop this guidance and to ensure that our legislative interventions operate as intended.
- 4. We will consider further refinements to our proposals as we move through consultation and into the process of developing a draft Bill in the New Year. It is of paramount importance to this Government that the approach we develop protects people from these practices.

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- 5. Our existing criminal law framework means that conversion therapy amounting to offences of physical or sexual violence is already illegal in this country. However, we have identified gaps that allow other types of conversion therapy to continue. Having identified these gaps in the law, we are determined to close them. To do so, we are taking the following action to introduce new criminal and civil measures:
 - Targeting talking conversion therapy committed against under 18s under any circumstance, or committed against those aged 18 or over who have not consented or due to their vulnerability are unable to do so, with a new criminal offence. Consent requirements for adults seeking out talking therapy will be robust and stringent.
 - Targeting physical acts conducted in the name of conversion therapy by legislating to ensure this sinister motivation for violence is considered by the judge as a potential aggravating factor upon sentencing.
 - Producing a holistic package of measures, such as Conversion Therapy Protection Orders, support for victims, restricting promotion, removing profit streams, and strengthening the case for disqualification from holding a senior role in a charity.
- 6. In the development of our approach we have liaised closely with the devolved administrations. Our approach is for England and Wales only, however, we welcome responses to this consultation from the whole of the United Kingdom and will share these with the respective administrations.
- 7. Whilst we have engaged subject matter experts with a wide range of perspectives extensively throughout the development of our policy, this consultation marks the start of our formal public engagement. The Government recognises that it has taken time to get to this point; however our focus has always been on how we ban these practices, not if, and the launch of this consultation marks a significant step in its delivery. It is the Government's intention to deliver a ban as quickly as possible and we will be preparing a draft Bill for Spring 2022.
- 8. In addition to our intention to legislate, we are introducing a package of support to ensure victims of conversion therapy can find and access the support they need, and increase awareness amongst frontline professionals of the potential damage these practices can cause. We are also working with our partners around the world to end the violence and discrimination faced by LGBT people, which will be a key objective of the 'Safe to Be Me: Global Equality Conference' taking place in London in June 2022. We are grateful to the victims of conversion therapy who have shared their experiences with us.
- The UK continues to be recognised as one of the top ten most progressive countries for LGBT rights by ILGA-Europe. We have one of the world's strongest legislative frameworks to prevent and tackle discrimination. This ban will continue to build our standing on these issues.

Background to conversion therapy

Prevalence and nature of conversion therapy

- 10. The National LGBT Survey 2017 found that 5% of respondents said they had been offered conversion or reparative therapy 'in an attempt to cure them of being LGBT'; and a further 2% said they had undergone it (Government Equalities Office, 2018). Young people aged 16 and 17 years old also responded and reported that they had experienced or were offered conversion therapy, which suggests that conversion therapy is a 'live' and not just a historical issue.
- 11. Generating a robust estimate of how prevalent conversion therapy is requires accurate data. Research has focused on surveys of the LGBT population who may be experiencing conversion therapy. However, this is challenging and relies on selfreporting. Estimating prevalence is also complicated by the small samples involved. This can lead to a number of data quality issues.
- 12. In an attempt to correct for potential sample bias in the National LGBT Survey and ensure that the data on conversion therapy would more accurately reflect the UK population as a whole, weighting was carried out on the conversion therapy questions. The results showed that the new weighted percentages did not markedly alter the headline statistics on the proportions of respondents saying they had been offered or received conversion therapy. It found that 2.9% of respondents had received conversion therapy and 5.0% were offered conversion therapy.
- 13. To improve understanding of the practice, experience and effect of conversion therapies, the Government commissioned a study, which was carried out by Coventry University. One of the study's findings was that "(t)here is little representative evidence regarding the prevalence of conversion therapies due to the hidden nature of the population and a reliance on self-selected samples" (p.31). As a result it is difficult to estimate the true prevalence of conversion therapy among LGBT people in the general population. The evidence available suggests that the proportion of people from LGBT populations outside the UK receiving conversion therapy and 15%.
- 14. The Government conducted a further assessment of the international evidence, to supplement the study by Jowett et al (2021), to look in more detail at the distinction between evidence on conversion therapy to change sexual orientation, and that to change gender identity (Government Equalities Office, 2021b). The supplementary analysis found that:
 - The evidence base on the effects of conversion therapy to change a person's sexual orientation is long-established, extending over 20 years; while for gender identity, the evidence base is much newer, with the earliest study identified being from 2018.

- The types of practices used tend to be similar for conversion therapy for sexual orientation and for gender identity (e.g. talking conversion therapies delivered by faith groups or mental health professionals).
- There is a growing body of quantitative evidence that exposure to conversion therapy is statistically associated with poor mental health outcomes. Although care needs to be taken when making causal inferences, qualitative studies have found that those who have undergone conversion therapy attribute such feelings to the conversion therapy.
- 15. While the evidence base for conversion therapy is predominantly based on self-reporting and care needs to be taken when examining the impact of conversion therapy, consistent patterns were found that enable indicative conclusions to be drawn. This includes evidence from people being interviewed in the UK and other countries who identified the damage conversion therapy has caused them. Jowett et al (2021) particularly, found that "(p)lausible explanations for such harms include that conversion therapy exacerbates internal conflicts rather than resolves them, and reinforces stigma associated with minority sexual orientations or gender identities" (p7).
- 16. Whilst the exact prevalence of conversion therapy is challenging to establish, it is the view of the Government that one incident of conversion therapy is too many. If there are gaps in the legislative framework that allow conversion therapy to take place, then the Government is determined to plug these gaps and fulfil its duty to protect its citizens.

Summary of proposals

- 17. We have developed proposals to end conversion therapy, including a new criminal offence, as well as civil measures. To do this we have analysed the available evidence, listened to stakeholders, learnt from international counterparts and identified gaps in our legislation. The measures we are proposing are the most effective and robust way of ending conversion therapy in England and Wales. However, we recognise that this is not a simple matter and we will consider refinements to this approach based on the response to this consultation and further close work with subject matter experts.
- 18. We have listened carefully to the voices of victims, communities concerned about the details of a ban, groups concerned about impacts on clinical care, and frontline healthcare professionals and regulators. We will continue to engage these groups throughout the policy development and legislative process.
- 19. Whilst conversion therapy is an issue that overwhelmingly affects LGBT people, we have developed interventions that provide fair protection for everyone. An attempt to change a person's sexual orientation or to change them from being transgender will be treated in the same way as the opposite and reverse scenario. Our proposed interventions are therefore symmetrical and universal, protecting everyone.
- 20. While our existing criminal law framework means no act of harmful physical violence done in the name of conversion therapy is legal in this country, to deliver a comprehensive approach to banning conversion therapy through civil and criminal measures, our proposal is to:
 - Target physical acts conducted in the name of conversion therapy by legislating to ensure this sinister motivation for violence is considered by the judge as a potential aggravating factor upon sentencing.
 - Target talking conversion therapy with a new criminal offence where it is committed against under 18s under any circumstance, or committed against those aged 18 or over who have not consented or due to their vulnerability are unable to do so.
 - Produce a holistic package of measures, such as Conversion Therapy Protection Orders, new support for victims, restricting promotion, removing profit streams, and strengthening the case for disqualification from holding a senior role in a charity.
- 21. The Government has developed proposals within the following parameters:
 - The ban will apply to everyone equally i.e. interventions are universal.
 - The ban will complement the existing clinical regulatory framework and not override the independence of clinicians to support those who may be questioning if they are LGBT, in line with professional obligations.

- The policy must strike a balance with potentially competing rights under the Human Rights Act 1998 and European Convention on Human Rights (ECHR). We are particularly alive to concerns about how the policy may interact with the following ECHR rights: Article 3: Prohibition on torture, inhuman or degrading treatment; Article 8: Respect for your private and family life, home and correspondence; Article 9: Freedom of thought, belief and religion; Article 10: Freedom of expression; Article 11: Freedom of assembly and association; and Article 14: Protection from discrimination in respect of these rights and freedoms.
- 22. The Government is aware of concerns regarding the impact of legislation. We recognise there is a plurality of experience in this area and that there are adults who seek counselling to help them live a life that they feel is more in line with their personal beliefs. We do not intend to ban adults from seeking such counselling freely, but consent requirements will be robust and stringent. The person entering the arrangement must have freely consented and received all the appropriate information about the potential impacts, short and longer term, of such counselling to allow them to do so, otherwise this would amount to an offence.
- 23. The Government has heard from victims that in recent years many of those who would previously attempt to change a person's LGBT identity have conceded that this is not possible. Instead, they may liken feelings of same-sex attraction or being transgender to a defect, deficiency, or addiction and may conduct conversion therapy in an attempt to remedy or control this. The Government considers that in certain instances this would amount to conversion therapy and our approach will target such practices.
- 24. Whilst there are adults who may choose to undergo conversion therapy, it is the Government's view that those under 18 years of age are more vulnerable and therefore are at higher risk of being harmed. As such, our approach provides stronger protections for those aged under 18 years.

25. The policy approach set out below will not impact everyday religious practice. An adult who wants to be supported to be celibate will be free to do so; parents will remain able to raise their children with the values of their faith, and simply expressing the teachings of a religion will not constitute conversion therapy. The Government will continue to work with faith communities to develop an approach that is effective in protecting people from harm, whilst also respecting the right to freedom of religion and belief.

Banning acts of conversion therapy

Physical acts of conversion therapy

Background

26. It may be that physical acts are committed as part of conversion therapy. The United Kingdom has cultivated a robust criminal law framework that accounts for these. No act of physical violence done in the name of conversion therapy is legal in this country.

Gaps in the law

- 27. Violent physical acts that can be carried out as part of conversion therapy practice are illegal, and would be charged as offences. These are covered by legislation including, but not limited to, the Sexual Offences Act (2003) e.g. rape; the Criminal Justice Act (1988) e.g. assault; and the Offences Against the Person Act (1861) e.g. forcibly administering drugs, with wide ranging penalties from a fine to up to life imprisonment.
- 28. We are conscious that a new criminal law banning physical conversion therapy acts that overlaps with the existing criminal framework may cause confusion in the criminal justice system that results in the law operating in a less effective manner. If we were to create overlapping offences, then prosecutors would be faced with an unhelpful choice in how to charge an offence, which could lead to inconsistency in sentences for equivalent crimes.
- 29. Some have also pointed to the existing hate crime legislative framework as being a vehicle for targeting conversion therapy. We recognise that the Law Commission is currently considering recommending reform of the hate crime legislative framework and is due to report at the end of 2021.

Proposal

30. Our proposal is to legislate to ensure that when existing violent offences are motivated by conversion therapy, this is considered as a potential aggravating factor by the judge upon sentencing by a court. This will acknowledge the harm of physical acts that are committed as part of a conversion therapy practice, whilst retaining clarity of the law by not introducing an overlapping offence. Courts will consider an intention to change a person's sexual orientation or to change them to or from being transgender as an aggravating factor to any existing offence, where appropriate increasing the sentence within the existing maxima for that offence.

- 31. For example with a sexual assault charge, if it is demonstrated by prosecutors that it is committed as part of a conversion therapy practice, then a court must consider this as an aggravating factor upon sentencing.
- 32. We have heard from stakeholders with direct experience of protecting LGBT people from violence that conversion therapy is not recognised sufficiently. We are aware of incidents of people who have been impacted by conversion therapy being turned away from statutory services due to this lack of recognition. It is important that the police, prosecutors and statutory services recognise and act on conversion therapy, and understand that the current law takes account of it. As we implement the Act as passed by Parliament, we will ensure those working within these services receive appropriate training to be able to respond to the practice.
- 33. By introducing a ban, statutory services will also be expected to develop policy frameworks that recognise conversion therapy as a problem, the challenges faced by victims coming forward, and to provide training for how to protect people from these practices. This will include the police, the Crown Prosecution Service and other statutory services.

Consultation question on proposal for targeting physical conversion therapy

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?

Talking conversion therapy

Background

- 34. The Government has heard from victims that conversion therapy will often not involve direct physical acts of violence. We will therefore also target types of the practice that do not involve physical violence, but which could be reasonably understood as a type of talking conversion therapy. To be clear: talking conversion therapy could not be reasonably understood to include communication such as casual conversations, exchanges of views, private prayer or pure speech acts.
- 35. Legitimate talking therapies are important for society, indeed particularly for LGBT people, who have worse than average mental health outcomes¹. Banning conversion therapy must not result in interference for professional psychologists, psychiatrists, psychotherapists, counsellors and other clinicians and healthcare staff providing legitimate support for those who may be questioning if they are LGBT. The ban will complement the existing clinical regulatory framework and not override

¹ Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence (NIESR, 2016):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/1 60719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf; Promoting the health and wellbeing of gay, bisexual and other men who have sex with men (PHE, 2014):

the independence of clinicians to support those who may be questioning their LGBT status, in line with their professional obligations. The Government's assessment is that no form of conversion therapy is consistent with the existing regulatory standards of statutory healthcare professionals.

- 36. The Government is of the view that talking conversion therapies will have the intention of changing a person's sexual orientation or changing them to or from being transgender. These are the therapies we want to capture. The term 'talking therapy' is a working term used to give a sense of the non-physical nature of these acts. The Government is also interested to hear about any examples of acts of non-physical conversion therapy that might not involve talking.
- 37. Legitimate talking therapies that support a person who is questioning if they are LGBT do not start from the basis that being LGBT is a defect or deficiency. Instead the therapies are open and explorative discussions focused on helping a person to decide on their options in a supportive manner. Professional bodies and regulators are best placed to set out professional obligations and identify practices that are harmful for the individual involved.
- 38. The Government has heard from victims of conversion therapy that those who previously practised talking conversion therapies with the intention to change people from being LGBT often now recognise that it is not possible to do so. Instead, they may liken feelings of same-sex attraction or being transgender to a defect, deficiency or addiction and may conduct conversion therapy in an attempt to remedy or control this. The Government's view is that this is wrong and ultimately constitutes conversion therapy.
- 39. The view of the Government is that adults should be free to choose to seek out counselling in keeping with personal freedoms. However, the person entering the arrangement must have freely consented and received all the appropriate information about the potential impacts, short and longer term, of such counselling to allow them to do so, otherwise this would amount to an offence. It is the Government's view that those who are under 18 are more at risk of being harmed by such counselling and as such, our proposals will protect young people regardless of whether they have freely entered such counselling. Providing such counselling to under 18s or vulnerable adults will be an offence.

Gaps in the law

40. The existing legislative framework may apply to talking conversion therapies, depending on the facts of the case. For example, there are provisions in the Communications Act 2003 (section 127) that seek to stop the online sharing of messages that are 'grossly offensive or of an indecent, obscene or menacing character'. The Protection from Harassment Act 1997 seeks to address behaviour which is repeated and unwanted by the victim and which causes the victim alarm or

distress. The Public Order Act 1986 (sections 4 and 5) seeks to stop verbal harassment that occurs outside the family home.

41. However, the Government feels these do not adequately capture all examples of talking conversion therapies. This is because the legislation mentioned here is used to prosecute acts that would not cover all conversion therapy scenarios. The Communications Act 2003 (section 127) focuses on indecent pictures and offensive language, but not all conversion therapy practices necessarily use sexual imagery or offensive language to seek to change individuals from being LGBT. The Protection from Harassment Act 1997 cites repetition as one of its criteria, meaning that one off acts of conversion therapy would fall outside the legislative framework. The Public Order Act 1986 (sections 4 and 5) looks to stop abusive behaviour; however its focus on private and public locations excludes dwellings and thus there is a gap in this legislation that means it would not apply to some examples of conversion therapy.

Proposal

- 42. Our proposal is to introduce a new criminal offence that will capture talking conversion therapies. Our view is that a talking therapy delivered to either a person under 18 or a person who is 18 or over and who has not given informed consent, with the intention of changing their sexual orientation or changing them to or from being transgender, should constitute a criminal offence. In line with existing law, vulnerable people aged 18 and over who lack the capacity to consent will also be considered unable to consent to talking conversion therapies.
- 43. The offence will be triable 'either way' that is, either as a summary offence in the Magistrates' Court, or as an indictable offence in the Crown Court. For less serious instances charged as a summary offence, if the prosecutor can demonstrate the elements of conversion therapy in court, then the perpetrator may face up to six months' imprisonment or a fine of up to an unlimited amount. In cases where the action is tried as an indictable offence and is shown to have seriously harmed the victim, e.g. psychiatric injury, the perpetrator could face imprisonment of up to five years. The threshold for conviction and associated sentences will be kept in line with existing legislation for similar offences.
- 44. Through guidance for the police, prosecutors and courts, we will ensure that the criminal law is operating effectively and proportionately. Certain factors will increase the seriousness of this offence. For example: repetition; whether money exchanged hands; proven impact on the victim; age of the victim; and nature of the relationship, including possible power dynamics.
- 45. We recognise that some believe that an adult cannot consent to non-coercive and non-forced talking conversion therapies even when fully aware of the potential for being harmed; however it is the view of the Government that the freedom for an

adult to enter such an arrangement should be protected. Our approach is in line with our international counterparts and precedent for similar issues.

Consent

- 46. Section 74 of the Sexual Offences Act 2003 defines consent as where a person agrees by choice, and has the freedom and capacity to make that choice'. The Government's view is that this existing legal definition is sufficient and appropriate for conversion therapy legislation. This is because the definition is robust and proven to work effectively in a variety of legal settings. This definition is also applicable to the existing offences that cover physical acts of conversion therapy.
- 47. For consent to be valid in the context of an over-18 entering talking therapy, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. The meaning of this is:
 - Voluntary the decision to either consent or not to consent to an act must be made by the person, and must not be influenced by others.
 - Informed the person must be given all of the information about what the therapy involves, including the short and longer term risks.
 - Capacity the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision.

Coercion

- 48. Section 76 of the Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in an intimate or family relationship. The Government's definition of coercive and controlling behaviour in the existing domestic abuse framework is as follows:
 - Coercion is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten a victim.
 - Controlling is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- 49. Controlling or coercive behaviour is also an abusive behaviour under section 1 of the Domestic Abuse Act 2021, which provides a statutory definition of domestic abuse and which received Royal Assent in April 2021.
- 50. To amount to a criminal offence under the 2015 Act, the following elements must be present:
 - The behaviour must take place "repeatedly or continuously" this means the behaviour must have taken place on two or more occasions.

- The behaviour has to have a "serious effect" on the victim meaning that it has caused the victim to fear violence will be used against them on two or more occasions or that it has had a substantial adverse effect on the victim's day-to-day activities.
- The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she "ought to have known" it would have that effect.
- The alleged perpetrator and victim have to be personally connected when the incidents took place.
- 51. The offence of controlling or coercive behaviour previously only captured behaviour between current intimate partners, or between former intimate partners and family members who live together, who were deemed to be "personally connected". Section 68 of the 2021 Act amended the definition of 'personally connected' in Section 76 of the 2015 Act to remove the 'living together' requirement, which means that the offence of controlling or coercive behaviour may now apply to partners, expartners or family members, regardless of whether they live together. The amendment to the controlling or coercive behaviour offence by the 2021 Act will come into force in April 2022.
- 52. In a conversion therapy context, the Government is aware that such coercive or controlling behaviour may take place between two people who are not in an intimate or family relationship and would therefore not be covered by the existing offence. The Government is also of the view that due to the nature of conversion therapy, which targets an innate aspect of personhood, even a one-off incident of coercion or control leading to the practice could be of harm to someone. This suggests there is a gap in the law in the conversion therapy context.
- 53. Our proposal is to develop a new talking conversion therapy criminal offence that operates on two tests: 1) coercion or control; 2) motivation of conversion therapy. The first test will build on the existing coercive controlling behaviour offence, which will be expanded to be regardless of repetition or the nature of the relationship between the perpetrator and victim. It is not the Government's intention to amend the existing definition set out in Section 76 of the Serious Crime Act 2015, rather to apply its principles specifically to the conversion therapy offence. The second test will require a court to be satisfied that the talking therapy act was motivated by conversion therapy.
- 54. It has been suggested that introducing statutory regulation of psychotherapists and counsellors could go some way to ending conversion therapy. Regulation of psychotherapists and counsellors is provided in England and Wales by a number of voluntary registers, which themselves are quality assured by the Professional Standards Authority. The Government considers this voluntary regulation to be an

effective means of quality assuring these professions. The Government has no plans to introduce statutory regulation of psychotherapists and counsellors.

Consultation questions on the proposal for targeting talking conversion therapy

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?

Q3. How far do you agree or disagree 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?

Additional policy tools to end conversion therapy

- 55. The criminal law interventions detailed in the previous parts of this consultation target those actions that are directly committed against a person by another. To end the practice of conversion therapy, we have developed a number of additional interventions.
- 56. The next few sections of the consultation set out the following additional interventions:
 - \circ Promotion
 - Taking abroad/protection orders
 - Ensuring the law engages disqualification from charity trustee roles
 - Businesses
 - Engaging statutory services
 - Victim support
 - International leadership

Restricting the promotion of conversion therapy

Broadcast media

- 57. We have heard from stakeholders that many people's pathway into conversion therapy may start with broadcast media.
- 58. The existing regulatory framework provided by <u>Ofcom's Broadcasting Code</u>² already prohibits the broadcast of material which promotes conversion therapy. The Code covers TV, radio and on-demand services and it applies to:
 - Harmful and/or offensive material.
 - Material which promotes hatred and/or abuse.
 - Factual programmes or items or portrayals of factual matters must not materially mislead the audience.
 - Demonstrations of exorcism, the occult, the paranormal, divination, or practices related to any of these that purport to be real.
 - Religious programmes must not improperly exploit any susceptibilities of the audience.
- 59. It is important to note that we do not consider speaking <u>about</u> perceived ways to change someone's sexual orientation or change them to or from being transgender to constitute promotion of conversion therapy. Artistic depiction of conversion

² https://www.ofcom.org.uk/tv-radio-and-on-demand/broadcast-codes/broadcast-code

therapy will also be protected. As disagreeable as some statements may be, freedom of speech, religion and belief are fundamental principles.

- 60. We consider that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion therapy. To ensure that there are no gaps in the Code, we would be interested in examples of broadcasting that promote conversion therapy and that may not be covered by the Code. If there is sufficient evidence of a gap we will consider the need to amend the Communications Act 2003 and the Broadcasting Code in our Bill.
- 61. In the Government's view, endorsing or promoting any instance of conversion therapy in broadcast media would most likely breach the current Code. As such, we would encourage everyone to make full use of the reporting mechanism provided by Ofcom to ensure the promotion of harmful conversion therapy is stopped. As part of the implementation of any legislative measures, we will also consider how best to encourage people to identify and report promotion of conversion therapy that contravenes the Code. We will also work closely with Ofcom to assess whether updates to the Code are required.

Advertisements

- 62. Given the evidence of the damage conversion therapy does to people and what we know about how it can be promoted, we are also considering how best to tackle the advertisement of conversion therapy.
- 63. The UK Advertising Codes³, set out by the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP), already have specific rules on products and therapies with health claims and specific rules on advertising aimed at children. In addition, they prohibit advertisements that are:
 - Harmful
 - $\circ \quad \text{Offensive or} \quad$
 - Misleading
- 64. The Government considers that the existing ASA and CAP Codes of Practice already prohibit the advertisement of conversion therapy. To ensure that there are no gaps in the Codes, the Government would like to hear examples of conversion therapy advertising that may not be covered. If there is sufficient evidence of a gap we will consider the need to amend the Communications Act 2003 and the UK Advertising Codes.

Online promotion

65. Tackling the online promotion of conversion therapy is key to the holistic approach we are taking to end the practice. The Government is considering how best to tackle

³ https://www.asa.org.uk/codes-and-rulings/advertising-codes.html

the promotion of conversion therapy online through the Online Safety Bill and associated work. It is likely that conversion therapy will constitute a type of practice that the new duty of care will target. This duty of care will ensure platforms take more responsibility for the safety of their users and protect them from being harmed by content or activity on their services. Compliance with this duty of care will be overseen and enforced by an independent regulator.

66. Later this year, the Department of Digital, Culture, Media & Sport will be consulting on the Online Advertising Programme (OAP). This work complements the work in the Online Safety Bill, by looking at how people may be harmed by content generated through paid-for advertising online. The OAP is examining the wider regulatory model for online advertising, with the aim of designing a system that incentivises compliance and allows for rapid remedial action by enforcement bodies. The regulatory framework will cover a range of content, from those with illegal intent to those that are legal but harmful. The Government will ensure that conversion therapy is accounted for in the development of this work.

Consultation questions on the promotion of conversion therapy

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?

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?

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?

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?

Protecting people from conversion therapy overseas

- 67. The Government is conscious that conversion therapy is a global problem that has become more apparent in recent years.
- 68. The Government does not want people being taken abroad to undergo conversion therapy under any circumstance. Certain violent and sexual offences that could be committed in the course of conversion therapy, including rape, sexual assault, actual bodily harm and grievous bodily harm, already have extraterritorial effect so

that, where appropriate, UK nationals and residents who commit those offences outside the UK may be prosecuted in the UK.

Protection Orders - Gaps in existing provision

- 69. Existing protection orders are not sufficient for protecting people from conversion therapy. Existing Female Genital Mutilation (FGM) and Forced Marriage (FM) Protection Orders enable courts to remove a passport from someone who is under 18, when there is substantial evidence that they may be forced by an adult to undergo FGM or FM abroad. Caselaw has shown that these powers can also be used in relation to adults.
- 70. The new Domestic Abuse Protection Orders introduced by the Domestic Abuse Act 2021 will give substantial protections to those who are over 16 when the respondent is personally connected to the victim (i.e. intimate partner or family member). The order can give a wide scope of conditions for 'the respondent' (the potential perpetrator); it can put in place 'any requirement that the court considers necessary to protect the person for whose protection the order is made'.
- 71. This leaves a gap with regards to victims or potential victims of conversion therapy as FGM and FM Protection Orders are specific in focussing on these acts only and are applied for in family court. Domestic Abuse Protection Orders focus on instances of domestic abuse only and for victims who are over 16. We have also looked at other orders such as Restraining Orders and Stalking Orders and believe that conversion therapy victims would benefit from a new, specific order.

Proposal for conversion therapy protection orders

- 72. In order to safeguard a victim or potential victim from conversion therapy, we are exploring introducing Conversion Therapy Protection Orders.
- 73. A Conversion Therapy Protection Order could set out certain conditions to protect a person from undergoing the practice. This could be actions such as:
 - Requirements that no-one (could be specific person or persons) arranges for a person under 18 to undergo conversion therapy and, if aged 18 or over, without their consent.
 - Ensuring the passport or means of travel is removed from the person to be protected so they are not forced or coerced to go abroad to receive conversion therapy. For over 18s, this is only likely to occur in extreme circumstances.
 - Any requirement that the court considers necessary to protect the person for whose protection the order is made. "Requirement" includes any prohibition or restriction: e.g. stay a certain distance from the person at all times.

- 74. Each order would be tailored depending on the needs of the victim and the decision made by the court, after reviewing the case. The 'respondent' or potential perpetrator, if not in court, would be notified as soon as possible about the terms within the order and obliged to adhere to them.
- 75. In line with FGM Protection Orders, the Government will ensure that the following groups could apply to a court for a Conversion Therapy Protection Order:
 - The person who has had or is at risk of conversion therapy.
 - A local authority.
 - Any other person with the permission of the court for example, the police, a teacher, a charity, a friend or a family member.
- 76. The court will consider the application and, if necessary, schedule a hearing to find out more information. The court can also make orders in an emergency when the circumstances require it.
- 77. Were a person to breach a protection order then there would be a penalty. This would range from a fine to imprisonment depending on the severity of the case and be determined by the court.
- 78. Conversion Therapy Protection Orders would apply to England and Wales only. However, if an order is breached in Scotland or Northern Ireland, then English or Welsh services should be able to try the case back where the order was raised. This is in line with existing protection orders and there are similar provisions in the Criminal Justice and Public Order Act 1994.

Consultation questions on protecting people from being taken overseas

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?

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

Ensuring charities do not support conversion therapy

- 79. There may be people who conduct or promote conversion therapy within a charity setting.
- 80. The existing charity law regulatory framework allows for discretionary disqualification of individuals from trustee and/or senior management roles in charities where certain statutory criteria are met. This power is provided in the

Charities Act 2011, under section 181A⁴. The Charity Commission is able to make a disqualification order where all three of the below are met:

- One of the relevant conditions has been met (e.g. misconduct/mismanagement in a charity).
- The Commission is satisfied that the person is unfit to be a trustee of a charity.
- The Commission is satisfied that it is desirable in the public interest to make the disqualification order to protect public trust and confidence in charity or charities.
- 81. The Commission will only use this power in cases where it is satisfied on the facts that there are sufficiently serious and substantial grounds that make it necessary or desirable to act. The Commission will take into account all of the relevant facts and surrounding circumstances. Before using this power the Commission will have regard to equalities and human rights considerations and the principles of best regulatory practice.
- 82. The effect of being disqualified is that the person is prevented from being or acting as a charity trustee: generally, or for a specific charity/charities. While the person is disqualified they will also be disqualified from holding positions with senior management functions within the charity or charities concerned, unless the Commission includes an exception in the disqualification order that this is not the case. The period of disqualification depends on the seriousness of the case but can be for a maximum of 15 years.
- 83. Under the existing regulatory framework, it is possible, though not guaranteed, that someone conducting conversion therapy will meet the legal test for discretionary disqualification, depending on the particular circumstances of the case. There have been no disqualification orders made in relation to conversion therapy to date.
- 84. The ability to remove a charity from the register of charities is set out in section 34 of the Charities Act 2011. It states that the Charity Commission must remove an organisation it no longer considers to be a charity (as well as charities that cease to exist/do not operate). Therefore, the basis for removing a charity from the register relies on their ceasing to meet the legal definition of a charity by not having exclusively 'charitable purposes', for public benefit.
- 85. Investigations are considered on a case by case basis by the Charity Commission. If a charity carried out an illegal practice, then the advancement of a purpose that causes that practice cannot be for public benefit and it is possible that the organisation could be removed from the register. Such cases are likely to be rare. The Charity Commission looks at the individual circumstances of the case to include

⁴ https://www.legislation.gov.uk/ukpga/2011/25/contents

the purposes of the charity, the extent of any illegal activity and whether the purposes are furthered in other ways which are lawful and charitable.

- 86. The Government is keen to strengthen the likelihood that individuals and charities carrying out conversion therapy are either disqualified from being a trustee or senior leader in a charity where appropriate, or a charity is required to cease illegal practices and, when found to have no charitable purpose for public benefit, removed from the register.
- 87. Our proposal will mean that a person found guilty of either the new talking conversion therapy offence or an existing offence that was subjected to a conversion therapy aggravating factor will be more likely to be disqualified from working as a senior leader in a charity, and where no charitable purpose for public benefit is found, the status removed from the organisation. A criminal conviction will strengthen the Charity Commission's case that it is in the public interest to disqualify the individual concerned. Each case would be considered on its particular facts, and all parts of the test in section 181A of the Charities Act 2011 would need to be met.

Consultation question on the proposals to ensure charities do not support conversion therapy

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?

Ensuring nobody can profit from conversion therapy

- 88. Payment may be involved when conversion therapy is offered or takes place. Our proposal will impact the ability to profit from conversion therapy.
- 89. We consider payment to be a factor that should increase the seriousness of an offence of conversion therapy and subsequent sentencing. As set out in the earlier sections, longer sentences for those who have profited from a physical conversion therapy offence will interrupt and deter this, as will the new offence of talking conversion therapy.
- 90. By restricting the promotion of conversion therapy, as set out at above, we hope to reduce its spread and the ability for practitioners to profit.
- 91. We will ensure that prosecutors and victims are aware that compensation may be awarded as part of the standard sentencing procedure. The victim does not have to experience financial loss for compensation to be awarded.

92. To strengthen this further, those found guilty of the new conversion therapy offence may be deprived of any benefit they obtained from those crimes, pursuant to the Proceeds of Crime Act 2002.

Ensuring statutory services recognise the problem and act

- 93. As existing offences may be committed in the course of conversion therapy, the Government is also keen to ensure that the police, prosecutors and statutory services recognise and act on the problem. We have heard from stakeholders with direct experience of protecting LGBT people from conversion therapy that the practice is not recognised sufficiently. We are aware of incidents of people who have been impacted by conversion therapy being turned away from statutory services due to this lack of recognition.
- 94. By introducing a ban, statutory services will also be expected to develop policy frameworks that recognise conversion therapy as a problem, with the challenges faced by victims coming forward, and to provide training for how to protect people from being harmd. The Government will work with the relevant public authorities in order to develop this guidance and to ensure that our legislative interventions operate as intended. This will allow us to protect the vital freedoms that underpin our democratic society, such as freedom of speech, freedom of belief and privacy.

Consultation questions on recognition by authorities of conversion therapy as a problem

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?

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?

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?

Supporting victims of the practice

- 95. Alongside strengthening existing law and introducing a new criminal offence, we are also putting in place a new package of support for victims of conversion therapy.
- 96. The objective of this support is to create an accessible resource for people who have been through, are going through, or are at risk of going through conversion

therapy. We envisage that this will comprise two main forms of support in practice: a helpline and/or instant messaging service with suitably trained call handlers, and an online education resource that details the law on conversion therapy, and forms of support available to victims.

- 97. The helpline will enable people at risk of, or going through conversion therapy, to not only report their situation, but access support such as guidance on relevant services such as emergency housing or consular assistance if abroad. Additionally, it will provide a route for people who are currently undergoing, or have previously been through, conversion therapy to access counselling support.
- 98. The resources online will focus on providing victims with a thorough understanding of their rights and how to access support, but also professionals in safeguarding roles, such as teachers, on the law, how to identify what constitutes conversion therapy, and how to report it.
- 99. This will enable victims and safeguarding professionals to access a service that not only explains the law and how to report criminal activity, but that can provide pastoral care and access to services supporting individuals to remove themselves from the risks of conversion therapy.
- 100. We will be launching a competitive tendering process in November for a new Government-funded support service for victims and those at risk of conversion therapy.

Taking international leadership

- 101. The UK continues to be recognised as one of the top ten most progressive countries for LGBT rights by ILGA-Europe. We have one of the world's strongest legislative frameworks to prevent and tackle discrimination and we are keen to build upon this by introducing robust legislation to protect people from conversion therapy.
- 102. This Government is committed to ensuring that LGBT people can be safe and free to live their lives as they wish, here at home and around the world. We are proud to be hosting 'Safe To Be Me: A Global Equality Conference', which will take place in June 2022, coinciding with the 50th anniversary of the first official London Pride marches.
- 103. The global event will be the first of its kind in the UK, bringing together governments, policy experts and international organisations who advocate for human rights in every corner of the globe, as well as representatives from business who are leading the way in their respective sectors.

- 104. Protecting people from conversion therapy is key to the Government's commitment to protect LGBT people from violence and discrimination. As such, whilst the agenda is yet to be finalised, it is likely that the international conference will include discussing how best to end conversion therapy.
- 105. The Conference will focus on several crucial areas: reforming legislation that criminalises or fails to protect LGBT people, tackling violence and discrimination, strengthening business advocacy on global LGBT rights, and improving access to public services. Our conversion therapy proposals plays a key part in demonstrating our commitment to these areas.

Next steps

106. This consultation will close on Friday 4 February 2022.

We will analyse the results and publish these alongside the Government's response to the findings in the new year. We intend to legislate when parliamentary time allows and will prepare a draft Bill for Spring 2022. There will be further refinement of our policy proposals and we will liaise closely with all key stakeholders as we progress an effective conversion therapy ban.

Annex A - Consultation Questions -Banning conversion therapy

Questions about the respondent

A. Are you providing an individual or personal response or a response on behalf of an organisation?

Asked to organisations only

- B. What is the name of your organisation?
- C. What type of organisation is it?
- D. Does your organisation work on behalf of any of the following people?
- E. Which country does your organisation work in?
- F. Approximately how many people work in your organisation?

Asked to individuals only

- G. The consultation is open to everyone. We are particularly interested in hearing from people with relevant experiences. Can you tell us if you (are any of the following):
- H. Where do you live?
- I. How old are you?
- *J.* What is your sex? (A question on gender will be asked later)
- K. What is your ethnic group?
- L. What is your religion?
- *M.* What was the occupation of your main household earner when you were about aged 14? (This question provides an indication of socio-economic background)
- N. Is the gender you identify with the same as your sex registered at birth?
- O. Which of the following best describes your sexual orientation?
- P. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? (If Yes. Do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?)

Questions about respondents' experiences of conversion therapy

The following sections are on respondents' experiences of conversion therapy. They will be used to identify those responses from people with specific experience of conversion therapy, and whether that informs their responses. These questions will be asked to individuals only.

- I. A wide range of acts can be committed in the name of conversion therapy. This includes anything from acts of physical violence e.g. assault and rape, to talking interventions and therapies. Have you ever been offered conversion therapy?
- II. Have you ever had conversion therapy?
If you have had more than one experience of conversion therapy please focus on your most recent

- III. Who carried out this conversion therapy?
- *IV.* Can you tell us roughly how old you were when this conversion therapy was carried out?
- V. Where was this conversion therapy carried out?
- VI. Was this conversion therapy aimed at changing your sexual orientation or whether you were transgender or not, or both?
- VII. What form did this conversion therapy take?

Views on banning conversion therapy

• Do you agree or disagree that the Government should intervene to end conversion therapy in principle?

Consultation questions

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?

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?

Q3. How far do you agree or disagree 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?

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?

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?

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?

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?

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?

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

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?

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?

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?

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?

Economic appraisal

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?

Equalities impacts appraisal

Q16. 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?

Questions related to privacy

Q17. Would you like your response to be treated as confidential?

Q18. What is your email address? If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

Annex B – Privacy Notice for Cabinet Office consultations

This notice sets out how we will use your personal data, and your rights. It is made under Articles 13 and/or 14 of the General Data Protection Regulation (UK GDPR).

YOUR DATA

Purpose

The purpose for which we are processing your personal data is to obtain the opinions of members of the public, parliamentarians and representatives of organisations and companies about departmental policies, proposals, or generally to obtain public opinion data on an issue of public interest.

The data

We will process the following personal data: name, address, email address, job title (where given), and employer (where given), as well as opinions.

We will also process additional biographical information about respondents or third parties where it is volunteered.

Legal basis of processing

The legal basis for processing your personal data is that it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the data controller. In this case that is consulting on departmental policies or proposals, or obtaining opinion data, in order to develop good effective policies.

Sensitive personal data is personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.

The legal basis for processing your sensitive personal data, or data about criminal convictions (where you volunteer it), is that it is necessary for reasons of substantial public interest for the exercise of a function of the Crown, a Minister of the Crown, or a government department. The function is consulting on departmental policies or proposals, or obtaining opinion data, in order to develop good effective policies.

Recipients

Where individuals submit responses, we may publish their responses, but we will not publicly identify them. We will endeavour to remove any information that may lead to individuals being identified.

Responses submitted by organisations or representatives of organisations may be published in full.

Where information about responses is not published, it may be shared with officials within other public bodies in order to help develop policy.

As your personal data will be stored on our IT infrastructure it will also be shared with our data processors who provide email, and document management and storage services.

We may share your personal data where required to be law, for example in relation to a request made under the Freedom of Information Act 2000.

Retention

Published information will generally be retained indefinitely on the basis that the information is of historic value. This would include, for example, personal data about representatives of organisations.

Responses from individuals will be retained in identifiable form for three calendar years after the consultation has concluded.

Where personal data have not been obtained from you

Your personal data were obtained by us from a respondent to a consultation.

YOUR RIGHTS

You have the right to request information about how your personal data are processed, and to request a copy of that personal data.

You have the right to request that any inaccuracies in your personal data are rectified without delay.

You have the right to request that any incomplete personal data are completed, including by means of a supplementary statement.

You have the right to request that your personal data are erased if there is no longer a justification for them to be processed.

You have the right in certain circumstances (for example, where accuracy is contested) to request that the processing of your personal data is restricted.

You have the right to object to the processing of your personal data where it is processed for direct marketing purposes.

You have the right to object to the processing of your personal data.

INTERNATIONAL TRANSFERS

As your personal data is stored on our IT infrastructure, and shared with our data processors, it may be transferred and stored securely outside the European Union. Where that is the case it will be subject to equivalent legal protection through the use of Model Contract Clauses.

CONTACT DETAILS

The data controller for your personal data is the Cabinet Office. The contact details for the data controller are: Cabinet Office, 70 Whitehall, London, SW1A 2AS, or 0207 276 1234, or publiccorrespondence@cabinetoffice.gov.uk.

The contact details for the data controller's Data Protection Officer are: Data Protection Officer, Cabinet Office, 70 Whitehall, London, SW1A 2AS, or dpo@cabinetoffice.gov.uk.

The Data Protection Officer provides independent advice and monitoring of Cabinet Office's use of personal information.

COMPLAINTS

If you consider that your personal data has been misused or mishandled, you may make a complaint to the Information Commissioner, who is an independent regulator. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or 0303 123 1113, or casework@ico.org.uk. Any complaint to the Information Commissioner is without prejudice to your right to seek redress through the courts.

REFERENCES

Blosnich J R, Henderson E R, Coulter R W, Goldbach J T, and Meyer I H (2020) Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempts among Sexual Minority Adults, United States, 2016–2018. American journal of public health, (0), e1-e7.

Government Equalities Office (2018) National LGBT Survey: Research report. Government Equalities Office.

Government Equalities Office (2021a) The prevalence of conversion therapy in the UK. Weighting data from the National LGBT Survey 2017. Government Equalities Office.

Government Equalities Office (2021b) An assessment of the evidence on conversion therapy for sexual orientation and gender identity. Government Equalities Office.

Jowett, A, Brady G, Goodman S, Pillinger C and Bradley L (2021) Conversion Therapy: An evidence assessment and qualitative study. Government Equalities Office.

Meanley S, Haberlen S A, Okafor C N, Brown A, Brennan-Ing, M, Ware D, and Plankey M (2020) Lifetime Exposure to Conversion Therapy and Psychosocial Health among Midlife and Older Adult Men Who Have Sex with Men. The Gerontologist.

Salway T, Ferlatte O, Gesink D, and Lachowsky N J (2020) Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. The Canadian Journal of Psychiatry, 0706743720902629.

Suen Y T and Chan R C H (2020) A nationwide cross-sectional study of 15,611 lesbian, gay and bisexual people in China: disclosure of sexual orientation and experiences of negative treatment in health care. International Journal for Equity in Health, 19, 1-12.

Turban J L, King D, Reisner S L and Keuroghlian A S (2019) Psychological attempts to change a person's gender identity from transgender to cisgender: estimated prevalence across US States, 2015. American journal of public health, 109(10), 1452-1454.

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