# Government Equalities Office: Consultation response Proposed legislation to ban (LGBTQ+) conversion therapy

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Submitted

3rd February 2022





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# Introduction

As a charity committed to equality and diversity with a long history of serving LGBTQ+ communities, METRO fully supports the UK Government's move to an outright ban on conversion therapy. We endorse the need for legislation to criminalise both physical and psychological conversion therapy acts relating to a person's sexual orientation and gender identity, particularly based on our perspective as providers of counselling services specifically tailored for LGBTQ+ young people and adults.

# Responses

# Introductory question

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

METRO agrees the UK Government should intervene to end conversion therapy in principle.

We agree with this principle philosophically because of our charity's central value, mission, and vision. Pragmatically, we support legislation to ban conversion therapy to defend the rights of LGBTQ+ young people and adults who seek our tailored counselling services and our LGBTQ+ hate crime services and to prevent discrimination against them in the first place.

The fact that conversion therapy pre-dates the decriminalisation of homosexuality and proliferates in the twenty-first century in the UK without criminal consequences is clearly unacceptable in the context of UK human rights law and the Equality Act 2010. As a provider of mental health & wellbeing services, hate crime victim support, and sexual health services specifically to LGBTQ+ people, we support many people with intersectional protected characteristics that encompass those who may fall prey to conversion therapists. METRO is therefore wholly committed to protecting victims of physical and talking conversion therapy and preventing others from becoming victims of these inhumane practices.

METRO actively challenges homo/bi/transphobia through its sexual orientation and gender identity (SOGI) training within all sectors. Our training programme includes LGBTQ+ hate crime and this legislation would provide our trainers an influencing tool to inform people about conversion therapy's status as a criminal offence and assurance of victim protection with appropriate infrastructure in place from statutory agencies and funding for voluntary and community sector-based associated support, such as METRO's LGBTQ+ counselling services.

Our position on banning conversion therapy is particularly shaped by our insights from serving LGBTQ+ young people and adults through counselling. METRO's counselling service provides free counselling to LGBTQ+ young people who live in any London borough and an affordable service to adults.



For young people, our counsellors deal first-hand on a daily basis with the mental health challenges that clients can generally face about their sexuality and gender identity in terms of 'minority stress' and feeling marginalised in the cisgender, heterosexual mainstream.

This service has also supported several clients who have experienced conversion therapy historically. They have reported the feelings of shame and stigma that victims experience, for some the loss of their sense of community through having to break ties with religious institutions to be themselves and safety safeguarding issues we have encountered historically such as threats of physical violence.

Parents have also sought for our counsellors to 'cure' their children with LGBTQ+ identities. METRO's counsellors work with clients to affirm their identity and for conversion therapy victims to find ways to redress the long-term impact of these damaging experiences and rebuilding their sense of self. However, our affordable counselling service (from £5 per hour for adults/free for young people in London) provides a maximum of twelve sessions and we have found that conversion therapy victims require much longer-term support to psychologically and emotionally rehabilitate, given the consequences of dismantling their sense of sexuality and/or gender identity, both as external and internal process. We have had to refer these clients on to other safe and affordable services that offer longer-term therapy. This illustrates just some of the mental health, societal, and economic cost of conversion therapy if it continues to proliferate in the UK and internationally without a ban.

In providing counselling to LGBTQ+ adults, we have recently had a significant case of conversion therapy. This individual presented with long-term negative emotional and psychological trauma, including self-harm, deeply dysfunctional psycho-sexual issues, suicidal ideation and attempted suicide. The following quotation from the anonymised case study by our counsellor who worked with this client further illustrates the harm that conversion therapy causes to victims' mental health and wellbeing:

My experience of [counselling] John was of someone who still doubted himself and his sexuality. The latter was still understood to be 'wrong'. Paradoxically, conversion therapy created a big mistrust in the very people who were supposed to help him, and that sense of mistrust was present throughout our counselling sessions. This became very real when he questioned me about my credentials and if I belonged to any religious congregation.

The emotional scars which the conversion therapy left him with were also embodied in his inability to sleep and episodes of PTSD. However, the most tragic element that I witnessed during my support of John was his helplessness to see himself as a sexual being. As a result of the conversion therapy, he never had sexual contact with anyone and the renunciation of any sexual activity with a same-sex partner was one of the dogmas that he was left with. The portrait of gay relationships as immoral and therefore not part of a normal human experience prevented him from forming close relationships with other gay people. This made him very isolated, which impacted on his mental health and prevented him from enjoying life to the full.



Clearly in terms of safeguarding young people and vulnerable adults, the legitimacy of conversion therapy as a criminal offence will provide a more robust framework for addressing safeguarding concerns about our clients to be appropriately managed and risks of harm to individuals will be better mitigated.

METRO's LGBTQ+ counselling specialists, who are accredited by the British Association for Counselling and Psychotherapy, are also concerned about the misuse of their profession by conversion therapists and we endorse that any misuse of talking therapy with this intention should be criminalised. We hope that legitimate therapeutic services such as ours can contribute towards rehabilitation for conversion therapy victims through identity-affirming support and providing safe spaces.

Finally, METRO also supports Galop's statement as a leading LGBT sector expert in this area:

We see the abuse victims of these so-called 'conversion therapies' go through and the lifelong repercussions it can have on its victims. It is imperative that we ban these practices and make sure that the victims are protected and supported to recover.<sup>1</sup>

# Question 1

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?

METRO strongly supports this proposal.

On the basis of defending basic human rights and dignity as well as the protected characteristics enshrined in the Equality Act 2010 of sexual orientation and gender reassignment, our charity endorses the criminalisation of physical acts of conversion therapy and associated with existing criminal laws for assault and sexual offences.

The proposed legislation to include physical acts of conversion therapy as aggravating factors tied to existing criminal legislation for sexual assault and hate crime could also lead to more successful convictions for conversion therapy and act as a deterrent for religious institutions, other organised groups, and individuals, who may be involved in conducting physical conversion therapy.

Encouraging victims to report physical acts of conversion therapy may be problematic if they are fearful of not being protected from perpetrators and we note the importance of the awareness required within statutory services and training to recognise conversion therapy cases and to offer appropriate victim support (consultation paper p. 12, clauses 32-33).

#### Question 2

The Government considers that delivering talking 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

<sup>&</sup>lt;sup>1</sup> Galop, 2021 'Statement on the conversion therapy ban consultation'; <u>Statement on the conversion therapy ban consultation - Galop</u>, accessed 3/12/2021



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?

Somewhat agree

# Question 3

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

Strongly agree

# Question 4

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

We are concerned that the planned approach leaves a loophole, a loophole that would permit conversion therapy to continue where an adult consents. We know from our experience in working with people who have undertaken conversion therapy that they consented, but did not have access to full and unbiased information about the 'treatment'. Conversion therapy causes serious psychological harm, and often in a situation of duress with distinct power imbalances that from our experience make consent meaningless.

It should not be possible for anyone to consent to conversion therapy.

We suggest providing clarity to ensure that the full spectrum of LGBTQIA+ people are protected by the ban.

We suggest that the definition of conversion therapy includes attempts to suppress sexual orientation or gender identity as well as attempting to change it.

Legislation should make it clear that gender transition services, gender transition healthcare and legitimate and explorative gender identity therapy, including our own affirming counselling services, are not forms of conversion therapy.

# Question 5

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?

Prefer not to say

# Question 6

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?

Prefer not to say



# Question 7

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?

Prefer not to say

# **Question 8**

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?

Prefer not to say

# Question 9

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?

Strongly agree

# Question 10

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

We think the proposal to create a specific protection order for conversion therapy is required in addition to other forms of protection orders such as FGM, as the proposed legislation outlines.

Additionally, in terms of the transnationalism of conversion therapy's impact on UK residents and/or citizens, we see a further issue in terms of potential prosecutions for historical conversion therapy that has ongoing impact on victims, for example for members of the LGBTQ+ Polish population and other migrant communities from countries where religious institutions are particularly associated with promoting and conducting conversion therapy. METRO serves these communities, for example in HIV prevention and peer support, and LGBTQ+ counselling for adults and young people.

Virtually, we suggest that there is also potential for talking conversion therapy to be conducted online transnationally given the move of therapeutic services to an online offer during and post the COVID-19 pandemic.

In terms of protection in England and Wales, METRO echoes the statement published by Galop:

A ban must also ensure that victims fleeing their homes to escape abuse are given appropriate, safe, emergency housing. We must be careful to create legislation that protects all LGBT+ victims – including those who have been taught to believe that suppressing who they are is their only option. Those victims, and all LGBT+ people, deserve and need affirming support to help them move forward and live openly as who they are. (Galop's statement on the Conversion Therapy Ban consultation;



https://galop.org.uk/statement-on-the-conversion-therapy-ban-consultation/accessed 8/12/12021)

# Question 11

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 is?

Strongly agree

As a UK registered charity, METRO advocates that the public must have trust that charities cannot be a harbour for those who have been convicted of conducting physical or talking conversion therapies. Given that trustees are voluntary roles, we would urge that the Charity Commission in association with this legislation being enacted has in place stringent guidance for vetting trustee applications to charities in England and Wales.

# Question 12

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 is?

Prefer not to say

METRO is not working with these agencies in relation to conversion therapy issues so we cannot offer a fully-informed response to this question.

# Question 13

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?

Prefer not to say

METRO is not working with these agencies in relation to conversion therapy issues so we cannot offer a fully-informed response to this question.

# **Question 14**

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?

Once legislation to ban conversion therapy has been implemented, the police and other statutory services such as local authorities working with victims could signpost people to appropriate agencies for emotional and therapeutic support such as METRO's counselling service. We also recommend that there should be a system nationally for assuring safe spaces for LGBTQ+



conversion therapy ban victims to be supported short-term and long-term in their rehabilitation. This might include support with safe accommodation as well as counselling.

Local authorities could hold a conversion therapy victim support fund for the voluntary and community sector to apply for to provide services for both short-term and long-term rehabilitation for individuals.

Comprehensive training on awareness of the risks of LGBTQ+ conversion therapy practices for public service providers such as officers working in safeguarding for children and vulnerable adults alongside their statutory duties of the Equality Act (2010), would further strengthen prevention of this practice and hopefully early intervention. Multi-agency Safeguarding Hubs (MASHs) could be skilled and informed through this training and their partnership working between the statutory and voluntary sectors would further strengthen the prevention and support needed for prosecution of those practising conversion therapy and a pathway to the eradication of the practice in England and Wales in the longer term.