

# “Still not illegal”

Evidence of modern-day  
conversion practices from  
Galop's frontline services

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Galop 2026

the LGBT+ anti-abuse charity



## About Galop

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Galop is the UK's LGBT+ anti-abuse charity. We work directly with thousands of LGBT+ people who have experienced abuse and violence every year.

We specialise in supporting LGBT+ victims and survivors of domestic abuse, sexual violence, hate crime, 'honour'-based abuse, forced marriage, and conversion practices. We are a service run by LGBT+ people, for LGBT+ people, and the needs of our community are at the centre of what we do.

We use what we learn through working on the frontline with clients to work on national and local policy change, to improve outcomes for LGBT+ victims and survivors of abuse and violence. We build evidence through key pieces of research around LGBT+ people's experiences of abuse and violence. We push for legislative change, improved statutory guidance for victims and survivors, and a better understanding of the needs of LGBT+ people around the UK.

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## Credits

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# 1 Forewords



This report reveals the stark reality of the covert and insidious forms of abuse and violence LGBT+ people experience when someone is seeking to change, 'cure', or suppress their sexual orientation and/or gender identity.

<sup>1</sup> Dromer et al. 2022;  
Goodyear et al. 2022;  
Goodyear et al. 2023;  
Jones et al. 2021;  
Turban et al. 2020

As the UK's LGBT+ anti-abuse charity, we witness the devastating impacts of conversion practices. We see how modern-day conversion practices often intersect or 'hide behind' other forms of abuse and violence, especially domestic abuse. And we know too well how gaps in legislation and understanding within mainstream services mean these experiences are missed and LGBT+ people are left in high-risk, abusive situations.<sup>1</sup>

Analysing case note data from almost 200 recent Galop clients, this groundbreaking research provides an evidence-based insight into the patterns of conversion practices, where and how they can occur, and the implications for the UK government, victims' services and professionals.

The clients whose stories are shared in this report could have been protected. For eight years, consecutive governments have promised, and failed, to deliver a ban on conversion practices. With each delay to this vital legislation, more and more victims and survivors have been failed and left at risk.

LGBT+ people cannot face more delays. The UK government must urgently introduce a comprehensive ban on conversion practices. Victims and survivors of conversion practices must have access to support from people who understand their experiences, whether through specialist LGBT+ services such as Galop, or upskilled statutory services with training on how to identify and address their needs. With a system-wide approach, we can eradicate these abhorrent practices and show there is no excuse for abuse.

**Ben Kernighan & Jasmine O'Connor OBE, Co-CEOs, Galop**

Building on Galop’s vital frontline work, this report offers an essential and timely account of conversion practices as they are experienced in the UK today. Its strength lies in revealing the lived realities of victims and survivors and patterns of harm that remain insufficiently recognised within existing legal and institutional frameworks. It exposes not only the persistence of conversion practices, but also a systemic failure to address them as a distinct form of harm.

A central implication is the inadequacy of current UK law to protect LGBT+ people from conversion practices. Legal research in this area has long demonstrated what this report compellingly confirms: existing criminal offences capture only the most extreme cases of conversion practices, overlooking the cumulative, coercive and controlling dynamics through which they typically operate and the harms they inflict.

Civil remedies are similarly limited. Tort-based claims, whether framed in negligence and harassment, place unrealistic burdens on victims to initiate costly proceedings within limitation periods ill-suited to the delayed recognition and disclosure characteristic of these harms. They are also poorly equipped to address pseudo-scientific practices, where harm may not arise through a clearly identifiable breach of a duty of care.

The UK would not be acting in isolation by introducing a comprehensive ban on conversion practices. A growing number of countries, including France, Canada, New Zealand and Norway, have already legislated to prohibit all such practices. In January 2026, Resolution 2643 of the Council of Europe called on Member States to introduce comprehensive, standalone bans, as did the United Nations’ expert on sexual orientation and gender identity (SOGI) in 2020. The task for the UK is simply to act consistently with established legal standards on discriminatory abuse and with emerging good practice across different jurisdictions and internationally.

The evidence presented in this report makes the case for reform compelling and unavoidable. It points to the need for a comprehensive legal framework that defines and addresses conversion practices while ensuring that victims and survivors receive the support and protection they need.

**Professor Ilias Trispiotis, Chair in Human Rights Law, University of Leeds, School of Law**

## 2 Acknowledgements



# First and foremost, we thank the victims and survivors who trusted Galop with their experiences.

We are grateful for the expertise provided by our Advocacy & Support and Helpline teams, and to everyone at Galop, whose commitment continues to improve the lives of LGBT+ people facing violence and abuse.

Thanks also to Dr. Erin Carlisle (University of Wollongong), Prof. Ilias Trispiotis (University of Leeds), Kai O'Doherty and Anu Samaraweera for delivering this vital work. We are also grateful to the Policy and Research team at Stonewall for their support on this project.

Finally, we benefitted greatly from the input of the project's independent Advisory Board – Lui Asquith (Russell Cooke), Prof. Helen Hall (Nottingham Trent University), Prof. Jonathan Herring (University of Oxford) and Dr. Sam Lewis (University of Leeds). We are grateful for their thoughtful feedback across the project.

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## Content warning

Please note, this report contains detailed descriptions of violence and abuse relating to conversion practices, including but not limited to: coercion and control, physical violence and abuse, psycho-medical abuse, religion-based abuse, deprivation of autonomy and basic necessities, and sexual violence.

# 3 Need for action



## Need for action

**2** These actions can also be referred to as “conversion therapy” or “conversion abuse”. See SOGICE Survivors 2020; UN Human Rights Council 2020

Conversion practices refer to a broad range of actions that seek to change, ‘cure’, or suppress the sexual orientation and/or gender identity of a person through medical, psychiatric, psychological, religious, cultural or any other intervention.<sup>2</sup>

**3** British Association for Counselling and Psychotherapy (BACP) et al. 2024; Kinitz et al. 2022; SOGICE Survivors 2020; Trispiotis & Goosey 2026

Rooted in discriminatory beliefs that LGBT+ identities are inferior and in need of correction,<sup>3</sup> these widely discredited practices cause profound and lasting harm.<sup>4</sup> Trans and non-binary people, younger LGBT+ people, those from minoritised ethnic groups, and those from religious communities face disproportionate risk.<sup>5</sup>

**4** Ashe & Mackle 2023; Dromer et al. 2022; Gender Identity Research and Education Society (GIRES) et al. 2021; Goodyear et al. 2022; ILGA-Europe 2026; Jones et al. 2021; Outright International 2022a; Turban et al. 2020

Conversion practices are prevalent, both in the UK and internationally.<sup>6</sup> Representative data from Galop and YouGov found that nearly one in five (18%) LGBT+ people in the UK have been subjected to conversion practices – far higher than the 2017 National LGBT Survey’s estimates of 2.4% having undergone or 5% having been offered so-called ‘conversion therapy’.<sup>7</sup> Conversion practices are **widespread** and – based on the present analysis – represent a **current risk** to LGBT+ people in the UK.

**5** Asquith 2023; Carlisle & Withers Green 2022; Cooper et al. 2025; GIRES et al. 2021; Government Equalities Office 2018; ILGA-Europe 2026; Salway et al. 2023; Tran et al. 2024

A substantial evidence base supports a ban on conversion practices, and the evidence presented here, based on the lived experiences of victims and survivors, further strengthens the need for a ban.<sup>8</sup>

**6** Carlisle & Withers Green 2022; ILGA-Europe 2026; Salway et al. 2023

**7** Carlisle & Withers Green 2022; c.f. Government Equalities Office 2021

**8** Sullivan & Schiavo 2023

## 4 The study



# The study

<sup>9</sup> Salway et al. 2023; 2025;  
Srivastava et al. 2022

**This is a world-first study of conversion practices using data from a frontline violence and abuse service.<sup>9</sup>**

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By utilising case note data from Galop’s specialist support services, this research offers valuable insights into contemporary conversion practices in the UK, direct from the lived experiences of LGBT+ victims and survivors themselves – including those for whom the abuse was still ongoing. This study, therefore, contributes important evidence about victim and survivors’ experiences that may not be fully captured within broader or retrospective surveys.

This study is based on qualitative content analysis of anonymised case notes, and began with a dataset of all cases supported through Galop’s Advocacy & Support services in England and Wales between November 2022 and November 2025 (over 13,500 clients and 14,800 cases). An initial sample of 371 cases involving conversion practices was identified through a combination of flagged abuse types, abuse sub-type variables and keyword searches of the case notes.

## 4 The study



The final sample of 195 cases (and 191 unique clients) was selected for the depth and detail of their case notes, excluding others from the initial sample which had limited detail about the clients' experiences of conversion practices. Case notes included meeting notes, correspondence, risk assessments, and other information. Qualitative analysis was conducted in NVivo. Demographic statistics were produced from intake data using RStudio. Findings were subject to practitioner validation with members of Galop's Advocacy & Support and Helpline teams, drawing on their frontline expertise to sense-check the analysis.

In this report, all direct quotes refer to an alias – an anonymised, random two-digit code assigned to each client – to protect their identities.

## Key findings

- **Conversion practices can take many forms, often initially presenting as other types of abuse.**
  - The conversion practices evidenced in the case notes included: coercive and controlling behaviour; physical violence; sexual violence; forced marriage efforts; religion-based practices; psycho-medical practices; being forcibly taken abroad; false imprisonment, and other forms of abuse.
  - 81% of cases (n=158) involved coercive and controlling conversion practices, such as emotional and psychological abuse, threats, forced marriage efforts, or restriction and surveillance.
  - 27% of cases (n=52) involved religion-based conversion practices, ranging from forced or coerced prayer and religious 'aversion therapy' to exorcisms.
  - 24% of cases (n=47) involved conversion attempts using physical violence.
  - 13% of cases (n=25) involved psycho-medical conversion practices, such as counselling or psychology-based practices, or medical treatments.
- **Conversion practices tend to form a pattern of abusive behaviour.**
  - Only 19% of cases (n=37) involved a single incident of conversion practices – meaning the vast majority of clients were subjected to multiple conversion practice attempts over time.
  - Clients often experienced multiple conversion practice behaviours; one form of conversion practice was almost always accompanied by one or more other forms.

# 5 Key findings



- **Conversion practice victims and survivors may seek help through general support services.**
  - 85% of cases (n=165) were referred into Galop's services through external third parties, such as local authorities, police, social workers or other support services.
  - 50% of cases (n=97) initially presented with a request for support with domestic abuse.
  - 26% of cases (n=51) initially presented to Galop for support about conversion practices, but did not always specifically identify or describe their experiences as such.
- **Conversion practices remain a modern-day risk for LGBT+ people in the UK.**
  - In most cases (n=132; 68%), the conversion practices were current, recent, or ongoing.
  - In the vast majority of cases, the conversion practices were perpetrated or initiated by family (n=149; 76%) – especially by a parent/s (n=123; 63%)
  - In 23 cases (11%), the conversion practices occurred abroad – indicating that while most cases took place in the UK, a significant number involve individuals being taken overseas to undergo these practices.



## Recommendations

1. Urgently introduce comprehensive UK-wide legislation banning conversion practices wherever they occur, whoever is targeted.

This must:

- Protect all LGBT+ people, including trans+ victims and survivors.
- Cover practices conducted within the UK, and when someone is taken overseas.
- Prevent 'consent' loopholes. Free and informed consent to abuse and coercive control is not possible.
- Include religious practices and psycho-medical services that fall within the scope of the definition.

2. Establish guidance for statutory services to identify and support victims and survivors of conversion practices and those at risk.

3. Provide statutory funding for specialist LGBT+ support services across the UK, including helplines, and advocacy and therapeutic services.

4. In domestic abuse, sexual violence and victims' services screening processes, risk assessments should incorporate screening for conversion practices.

# 6 Recommendations



5. Establish protective measures to enable LGBT+ people who are, or at risk of, being subjected to conversion practices to live in safety. This means putting in place new Protection Orders and for local authorities to include conversion practices as a reason for priority need of emergency housing.
6. Train professionals interacting with victims and survivors, including charities, police, Crown Prosecution Service (CPS) and social workers, to identify conversion practices.
7. Educate young people and schools about the risks of conversion practices through updating the Relationships, Sex and Health Education (RSHE) curriculum and Keeping Children Safe in Education safeguarding guidance.
8. Ensure conversion practices are a focus within the Government's Forced Marriage Unit and other statutory services to identify and address forced marriage relating to conversion practices.
9. Ensure that work to challenge 'honour'-based abuse, from the statutory definition to commissioned support services, accounts for the specific needs of LGBT+ victims and survivors of conversion practices.

## Seeking help from Galop

### Who sought help, how, and why?

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This section draws on client intake data and case notes to provide a demographic picture of the LGBT+ victims and survivors in this study. The study sample includes 191 unique clients, and 195 cases of conversion practices, who were supported through Galop's Advocacy & Support services between November 2022 and November 2025.

This sample is not statistically representative of the broader LGBT+ population, and these findings should not be considered to be prevalence data.<sup>10</sup>

<sup>10</sup> For representative prevalence data about LGBT+ experiences of conversion practices in the UK, see Carlisle & Withers Green 2022.

### Who are the clients in this study?

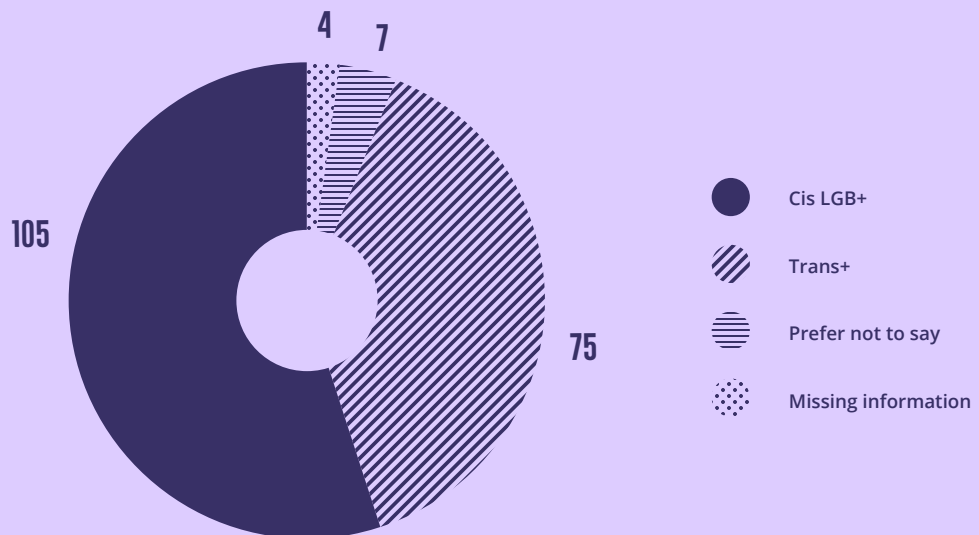
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Broadly speaking, clients were mostly younger and mostly British citizens (see Table 1), with a mix of cisgender ('cis LGB+') and trans, non-binary or gender diverse ('trans+') gender identities (see Figure 1). Additionally, 79 (40%) clients were disabled or living with a long-term condition (including mental health conditions, mobility conditions, visual impairments, or other disabilities). 29 clients (15%) were 'non-native' English speakers, for whom English was their second language.

# 7 Seeking help from Galop

Information about clients' sexuality, ethnicity and faith was inconsistently recorded within the case management system across the three-year period, resulting in gaps in the data for these demographic items. As such, this demographic profile does not include information on clients' sexual orientation, ethnicity or religion. Galop now collects this demographic data clearly through other intake processes.

Figure 1: Client gender identities at time of intake into Galop's services (number of clients)



Note: n=191 unique clients. Drawn from Galop's intake data, which captures whether the clients' gender identity differs from their gender assigned at birth.

# 7 Seeking help from Galop

Table 1: Client citizenship or migrant status at time of intake into Galop's services

	Number	Percentage
British citizen	98	52%
Asylum Seeker/ Refugee	22	12%
Leave to Remain	8	4%
Family, student or work visa	5	3%
Other	4	2%
EU Settled Status	2	1%
No Recourse to Public Funds	1	1%
Missing information	51	27%

Note: n=191 unique clients. Drawn from Galop's intake data. Percentages are rounded to the nearest whole number.

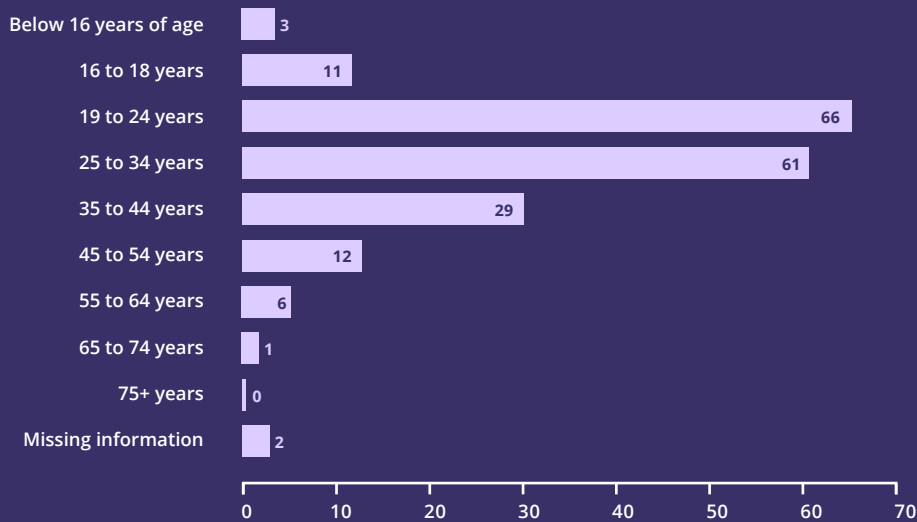
<sup>11</sup> Carlisle & Withers Green 2022; Government Equalities Office 2018; ILGA-Europe 2026; Salway et al. 2023

<sup>12</sup> Galop's data system automatically calculates the client's age in years based on client date of birth (collected during intake processes) and the current date.

Existing evidence indicates younger LGBT+ people are more likely to be subjected to attempts to change or suppress their LGBT+ identity.<sup>11</sup> The study dataset contained client ages in years, reflecting their current age as of the data extraction date in November 2025.<sup>12</sup> As seen in Figure 2, the clients in this study tended to be younger in age. On the date of data extraction (November 2025), 80 clients (42%) were aged 24 years or younger.

# 7 Seeking help from Galop

Figure 2: Client age as of November 2025 (number of clients)



Note: n=191 unique clients. Drawn from Galop's intake data. Does not indicate the age the client was subjected to conversion practices.

Clients' present ages were available via the intake data. In contrast, the age at which clients experienced abuse is not routinely recorded (especially if they are adults, over age 18). Where this could be established from the case notes, at least 29 cases (15%) involved a client who was subjected to conversion practices before the age of 18. One client "came out as trans aged [8-12 years] and was beaten badly by her mother", adding that "she had experienced conversion therapy as a child" (Client A5, current age: 35-44 years). Another client "disclosed a history of conversion therapy from his family when he was a teenager" (Client W3, current age: 65+ years).

<sup>13</sup> Dromer et al. 2022; Jones et al. 2021

As shown in survivor-focused studies, it may take years to recognise the link between such practices and their harmful effects, and even further time to disclose and seek help – especially if conversion practices were framed as a form of care or support.<sup>13</sup>

### What were clients initially seeking help for, and how did they reach Galop?

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Clients self-referred for support through Galop's National LGBT+ Abuse and Violence Helpline or via Galop's website in 29 cases (15%). Most cases (n=165; 85%) entered Galop's services through official referral channels via external third parties, such as local authorities, police, social workers, the Community Alliance To Combat Hate (CATCH) partnership, and other external support organisations.

Not all clients were seeking help for conversion practices specifically. From the case notes, many clients initially requested support for a range of issues which sometimes overlapped, such as domestic abuse (n=97; 50%), 'honour'-based abuse and/or forced marriage (n=28; 14%), sexual violence (n=18; 9%), housing (n=14; 7%) or asylum support (n=14; 7%), hate crime (n=9; 5%), or mental health support (n=9; 5%).

When analysing the case notes, 51 cases (26%) initially presented to Galop for support with or about conversion practices specifically. Many of these case referrals explicitly referred to conversion practices or so-called 'conversion therapy'. For example, "I have experienced conversion practices which mean now I am really struggling to find my identity again" (Client Q0). Some case referrals used different or more indirect language, yet were in fact seeking help for conversion practices. For example, "I was raped by someone at school who wanted to 'turn me straight'" (Client Z6).



# Conversion practices seen by Galop's services

The findings presented below reflect the experiences of the LGBT+ victims and survivors whose 195 cases formed the basis of this study.



These findings provide a particular – and important – snapshot of conversion practice experiences in the UK. They shed light on the forms these practices can take, how they tend to form a pattern of abuse, and who carries them out.

The percentages outlined in the following were produced using qualitative content analysis. They describe the frequency of themes within the analysed cases only.

They are not intended to be representative of conversion practices or LGBT+ people more broadly.



## What was the context of the conversion practices?

This section outlines the context and characteristics of the conversion practices detailed in the 195 cases in this study, from clients supported by Galop's Advocacy & Support services between 2022 and 2025.

**14** In 14 cases, the specific LGBT+ identity target could not be established from the data available.

Analysis of the case notes – rather than demographic data alone – reveals which aspect(s) of the clients' LGBT+ identities were targeted. Conversion practices targeted the clients' sexual orientation in 125 cases (64%) overall, and targeted gender identity or expression in 63 cases (32%).<sup>14</sup> In seven cases, the conversion practices targeted both their sexual orientation and gender identity.

The case notes also offer insight into when the conversion practices happened. In 132 cases (68%), the conversion practices were currently happening, recent, or ongoing – including clients who were experiencing abuse, at risk, or actively fleeing it. In contrast, 74 cases (38%) involved historic conversion practices, where the abuse had occurred five or more years prior, including during childhood. A small minority of clients presented with both historic and current conversion practice experiences.

In 23 cases (11%), it was clear from the case notes that the conversion practices happened outside the UK. For example, one client was "forced into a marriage in Nigeria to 'cure' their sexuality" (Client C3), while another "was taken from the UK against her will by her parents [...] she was then subject to conversion practices due to her gender identity" (Client U7).

# 8 Conversion practices in the UK

**15** ILGA-World & Mendos 2022; Outright International 2022b; see also UN Human Rights Council 2020

Additionally, the notes of 47 cases (24%) cited cultural and/or religious factors – such as expectations, pressures and customs – as informing the conversion practices in question. In one case, a client was “Kicked out because of sexuality (lesbian) after years of emotional and verbal abuse from mother (African descent and mother does not accept sexuality)” (Client I4). Although cultural or religious views about sexuality, gender identity or gender expression do not in and of themselves amount to conversion practices, existing evidence indicates the risk of conversion practices is heightened in contexts characterised by cultural pressure and stigma.<sup>15</sup>

**16** ‘Family’ includes here includes: parent/s, child, sibling, other relatives (aunt/uncle, grandparent/s etc.), or “family” general. Excludes intimate partners.

Additionally, the case notes contained information about those perpetrating the conversion practices. The vast majority of cases involved conversion practices performed or initiated by family (n=149; 76%)<sup>16</sup> – especially at the hands of a parent/s (n=123; 63%)

By and large, clients did not ‘choose’ to undergo conversion practices. In the small minority of cases (n=6) where the clients appeared to consent, all were facing pressure, shame or abuse related to their identity. One client had been subjected to “ongoing” abuse since childhood, which “escalated when she came out as gay”. This client was “too fearful not to send money or participate in conversion practices as she is afraid of further abuse” (Client X4).

**17** Herring 2023

**18** See Trispiotis & Goosey 2026

Another client who was subjected to significant emotional abuse, including towards their LGBT+ identity, shared that “conversion therapy often feels like my last possible hope to make my parents love me again” (Client E9). A person’s apparent ‘choice’ to undergo conversion practices often occurs within a context of coercion, social exclusion, loss of community, or spiritual condemnation – thus undermining genuine autonomy and choice.<sup>17</sup> Several jurisdictions, including Canada, France and New Zealand, have recognised this by allowing no space for individual consent in their legal bans of conversion practices.<sup>18</sup>

# What did the conversion practices look like?

Case notes revealed a range of conversion practice behaviours (see Table 2), which are discussed further in the following sections.

Table 2: Forms of conversion practice behaviours evidenced in the case notes

	All (n=195)		Trans+ (n=74)		Cis LGB+ (n=111)	
Coercive and controlling methods	158	81%	60	81%	90	81%
Religion-based practices	52	27%	30	30%	22	27%
Physical violence and abuse	47	24%	30	22%	16	27%
Psycho-medical practices	25	13%	12	16%	11	10%
Deprivation of autonomy & basic necessities	23	12%	13	18%	9	8%
Sexual violence	18	9%	7	9%	11	10%

Note: Total n=195 cases, including n=10 clients who selected 'prefer not to say'. Cases could be coded in multiple categories. Categories were developed through qualitative analysis of case notes.

## 8 Conversion practices in the UK

<sup>19</sup> As also seen in Carlisle & Withers Green 2022

Before describing the specific forms of conversion practices in detail, the case notes analysis reveals that conversion practices tended to form a pattern of abusive behaviour or a process, rather than a singular event or isolated act.<sup>19</sup> In only 36 cases (19%) did clients experience a single incident of conversion practices, meaning the vast majority of cases involved multiple acts over time.

Additionally, clients often experienced multiple conversion practice behaviours. These practices rarely occurred in isolation. In most cases, one form of conversion practice was accompanied by one or more other forms. The following example demonstrates how conversion practices can involve multiple, repeated abusive tactics used in tandem over time, as a pattern of conduct aimed at changing or suppressing a person's LGBT+ identity.



Client is frequently told by his parents to cut his hair, that his sexuality is just a phase, and [is] pressured to marry a woman or have children. Client disclosed that this abuse is continuous. Client's family have passed around his phone number trying to match-make him, they pray for him and try to emotionally blackmail and manipulate him. At a family event, Client's mother and uncle/family friends were trying to set him up with a woman and encouraging him to marry a woman. [...] In [date], Client's mum made him attend a church gathering in a [location] where there was group prayer; Client says this is part of her mission to change his sexuality. (Client G7)

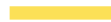


<sup>20</sup> Goodyear et al. 2022; Jowett et al. 2021a; see also Trispiotis & Goosey 2026

Conversion practices can inflict serious and long-term harm, regardless of whether they were isolated acts or formed a sustained pattern.<sup>20</sup>



## Coercive and controlling conversion practices



21 Herring 2023

The vast majority of cases (n=158; 81%) involved efforts to change or suppress the client's LGBT+ identity through coercive and controlling methods – actions (or a pattern of actions) designed to control the person's sexuality and gender identity through pressure, manipulation, intimidation, isolation, punishment and fear, and by depriving them of their independence or access to support.<sup>21</sup> Table 3 outlines the specific forms of coercive and controlling actions evidenced in the case notes, which are discussed in the following subsections.

Most cases with coercive and controlling behaviour involved multiple coercive methods, and often also other forms of abuse. The analysis thus highlights how conversion practices can form a pattern of behaviour, commonly involving coercion and control.

### Among these 158 cases:

- 91 cases involved coercive and controlling methods and one or more other forms of conversion practices – especially religion-based practices (n=42), physical violence (n=40), and to a lesser extent deprivations of autonomy and basic necessities (n=20) and psycho-medical practices (n=13).
- Clients mostly faced **two or more** coercive and controlling methods (n=98).
- The conversion practices were mostly **currently happening** or happened recently (n=117), before contacting Galop.
- Parents were the main perpetrators of these coercive and controlling conversion practices, along with siblings and other immediate relatives.

# 8 Conversion practices in the UK

Table 3: Coercive and controlling methods in clients' experiences of conversion practices, including subcategories

	All (n=195)		Trans+ (n=74)		Cis LGB+ (n=111)	
<b>Coercive &amp; controlling conversion practices</b>	<b>158</b>	<b>81%</b>	<b>60</b>	<b>81%</b>	<b>90</b>	<b>81%</b>
<b>Emotional and psychological abuse</b>	<b>119</b>	<b>61%</b>	<b>51</b>	<b>69%</b>	<b>62</b>	<b>56%</b>
Anti-LGBT+ emotional abuse	98	50%	44	59%	49	44%
Psychological control emotional manipulation	64	33%	27	36%	35	32%
<b>Threats</b>	<b>76</b>	<b>39%</b>	<b>30</b>	<b>41%</b>	<b>43</b>	<b>39%</b>
Psychological threats	55	28%	22	30%	31	28%
Threats of physical violence or harm	33	17%	10	14%	21	19%
<b>Forced marriage efforts</b>	<b>60</b>	<b>31%</b>	<b>12</b>	<b>16%</b>	<b>44</b>	<b>40%</b>
Coercion, threats, pressure to get married	41	21%	9	12%	30	27%
Planned, attempted or achieved forced marriage	20	10%	4	5%	14	13%
<b>Restriction and surveillance</b>	<b>46</b>	<b>24%</b>	<b>19</b>	<b>26%</b>	<b>26</b>	<b>23%</b>
<b>Economic abuse</b>	<b>16</b>	<b>8%</b>	<b>8</b>	<b>11%</b>	<b>8</b>	<b>7%</b>

Note: Total n=195 cases, including n=10 clients who selected 'prefer not to say'. Cases could be coded in multiple categories. Categories were developed through qualitative analysis of case notes.



## Emotional and psychological abuse

Coercive and controlling conversion practices involved emotional and psychological abuse in 119 cases (61%) (see Table 3). Anti-LGBT+ emotional abuse as well as psychological control and emotional manipulation were prominent forms of emotionally abusive conversion practices.

In 98 cases (50%), the conversion practices consisted of anti-LGBT+ emotional abuse – using anti-LGBT+ prejudice (including homo-, bi- and transphobia) to coerce, control, cause a sense of fear, and undermine the client’s sense of their LGBT+ identity. Trans+ clients were more frequently subjected to this kind of emotional and psychological conversion practice (59% compared with 44% of cis LGB+ clients; see Table 3).

These cases involved frequent derogatory verbal and emotional abuse, in which clients were directly told, or were made to feel or believe, their LGBT+ identity was ‘wrong’, ‘abnormal’ or ‘disgusting’. For example, after being outed to her family, one client’s father “went into client’s room whilst on the phone with [grandparent] and told client to tell Nan that client is not actually a lesbian”. This same client was also subjected to ongoing derogatory verbal and emotional abuse:



Client stated that every time she is alone with her dad he begins questioning her about her sexuality which leads to arguments. [Father] will ask why client doesn’t have a boyfriend and accuses her of being a lesbian and says that being a lesbian is disgusting. [In a later incident] Dad was shouting in client’s face and client was crying [...] ‘if you are like that that’s disgusting’; ‘you’re not a lesbian, I’ll straighten you out’. (Client O4)



## 8 Conversion practices in the UK



Some of these cases involved intentional refusal to use a chosen name or pronouns (repeatedly, or in a derogatory or controlling way) – including by forcing others to use the client’s deadname.



Dad makes frequent comments that ‘[Client] is not trans’ and that he is a woman. [...] [Client] disclosed his parents want to take him to counselling to ‘convince him he is a female’. [...] [Client’s] friend came to his house and called him by his chosen name and pronouns. Mum heard them. [Mum] is forcing [Client] to cut off all relationship with friends who call him by his chosen name and pronouns. [Mum] is also telling the child to bring friends over to confirm they are using the dead name. (Client L6)



Additionally, 76 cases (33%) involved coercive conversion practices through psychological control and emotional manipulation – such as shame or humiliation, ‘mind games’ (gaslighting, silent treatment), and isolation or exclusion.

Some clients were subjected to coercive bargaining or ‘emotional blackmail’, often in the form of ultimatums, but also through guilt and blame. One client’s “Sister said door is always open [to return back to the family], only if Client is straight. Client was accused again of not loving family ‘enough’ to change for them” (Client L2).

Emotionally manipulative conversion practices also involved identity-based rejection and deliberate isolation or exclusion. These clients were ‘disowned’, ‘cut off’ or ‘banished’ from their family, community and/or cultural networks as a result of being LGBT+, or threatened with such exclusion. One client’s “father has stated he is banished and stated that Client was ungrateful for their efforts to help him” (Client G7), while another client was told by his family that “if he chooses to be gay then he will be doing it alone” (Client E6).



## Threats

Seventy-six (39%) cases involved coercive conversion efforts through threats or intimidation (see Table 3). These psychological threats and threats of physical harm sought to pressure the client into compliance or into undergoing other conversion practices. Threats were frequently used in tandem with emotional and psychological abuse.

Threats of homelessness or being 'kicked out' was the most common form of psychological threat in the analysed cases. Others included threats of being sent abroad (for conversion practices), threats of being 'outed' to others, threats to cut off access to their children, threats to 'institutionalise' them, and threats to their visa or immigration status. Some clients faced threats of suicide or self-harm: "[Mother] threatened to kill herself if Client went ahead with HRT [hormone replacement therapy]" (Client A0). Psychological threats often took the form of an 'ultimatum'.



Parents found out about trans identity about a year and a half ago. They were pushing for conversion practice since. [Client] was not given a choice. His parents made comments, 'You are going to go there'. [Client] was threatened with being kicked out of his parents' home if he would not engage with conversion practices (Client J8).



## 8 Conversion practices in the UK



In terms of threats of physical harm, some cases involved threats of murder, violent beatings or physical assault. 'Honour'-based abuse was part of the underlying context for many of these cases. Other physical threats included abduction or imprisonment, threats of poisoning, threats of sexual assault, or threats of harm to pets or other loved ones. Some of these cases involved direct verbal threats, while other threats were indirect.



Throughout secondary,  
my mum told me if I ever consider  
becoming gay, that my brothers will rape  
and murder me. [...] Would remind me, if  
I ever am gay, God will also send people  
to rape me to death. [...] I tried coming  
out to my brother who was meant to be  
safe, and he told me if I am being serious  
he will murder me right there and then.

(Client I3)





## Forced marriage efforts

Forced marriage efforts were a form of coercive conversion practices in 60 cases (31%) (see Table 3), often in tandem with emotional and psychological abuse and threats. Cis LGB+ clients were substantially more likely to be subjected to forced marriage efforts (40% compared with 16% of trans+ clients; see Table 3). Cultural or religious expectations, pressure from extended family overseas as well as ‘honour’-based abuse formed part of the underlying context in many (but not all) of these cases.

Within the cases, forced marriage efforts ranged from pressure, coercion and threats, to actual plans and attempts to force a client into marriage, in order to change or suppress their LGB+ identity. In some cases, forced marriage was achieved. For example: “Parents found out I’m trans. They tricked/forced/blackmailed [sic] me to marry my cousin to try and ‘fix’ me. They want us to share a bed. Blame her for me not changing” (Client M2).

<sup>22</sup> C.f. Salway et al. 2025

<sup>23</sup> Anitha & Gupte 2025: 10

Existing studies rarely discuss forced marriage as a kind of conversion practice,<sup>22</sup> yet the findings here indicate it may be a common tactic aimed at ‘fixing a problem’.<sup>23</sup>



Discussion of plans to marry Client to cure bisexuality. [...] Mum knows [Client is] LGB+ although believes it is a phase and can be corrected. [...] Mum looking for a wife for Client as solution (believes boyfriend was a phase). (Client O1)



### Restriction and surveillance

In 46 cases (24%), conversion practices involved control through restriction and surveillance tactics (see Table 3). These methods were often used in tandem with emotional and psychological abuse and threats.

Some clients were blocked from seeing or interacting with friends, forced to end relationships, or barred from participating in activities outside the home. Others were subjected to surveillance of their movements and communication: "policing what the client wears, how she does her hair, where she goes, who she sees and monitoring devices" (Client V3).

Some clients were restricted to the home, only allowed out for employment or education, while others were blocked from education or employment entirely. One client shared that since learning about her sexuality, her parents had been isolating and monitoring her, as well as enforcing stricter religious observance:

““ Family have found out I'm gay and aren't supportive and have prohibited me from school and working so far. [...] I was about to do my Master's degree prior to this but was told I'm no longer allowed so I had to drop out. [...] I'm unable to leave the house by myself to see friends or do anything else. (Client S0) ””

## 8 Conversion practices in the UK

In some cases, access to support services (including GPs and therapists) was restricted as an explicit attempt to control or suppress the client's LGBT+ identity. One client's parents "stopped the client from attending therapy because they thought this was influencing client" in terms of their sexuality (Client T7). Two trans+ clients – both legally adults at the time – faced efforts by their parents to block access to gender identity care. These efforts involved following the client, harassing them, engaging in religion-based practices, emotional manipulation, physically intimidating the client and 'grabbing' them, as well as threats which were directed towards the client and towards the clinic. The following client's experience shows this, presented in part to protect their identity:

“

[Mother] followed client all the way to GP whilst on the phone with relatives trying to convince client not to go ahead with gender transition support. [...] GP called client into a private room and mum grabbed client and would not let go and was trying to drag her out. GP threatened to call police if mum did not leave. Mum threatened to kick client out and harm herself. (Client Z2)

”

## Economic abuse

Conversion practices involved forms of economic abuse in 16 cases (12%) (see Table 3). In order to enforce compliance and coerce them into suppressing or changing their LGBT+ identity, clients had money taken away, were blocked from financial support, had their transactions monitored, or had their money actively controlled. For example, after a client on a student visa was outed, his family used financial control in an attempt to force him back to their native country and into forced marriage: "Dad threatened to stop financial support, stating that 'this will make you come back to [location]'" (Client E5). In some cases, the financial abuse was a form of punishment for the client's LGBT+ identity, alongside other conversion practices.



Clients' family members tell her she must send money to the Mosque and Somali organisations otherwise she will go to hell for being gay. Client stated they check her bank statements to ensure money is sent and have previously stolen cash from her home. She is subsequently in rent arrears and facing financial hardship. [...] Client is too fearful not to send money or participate in conversion practices as she is afraid of further abuse. (Client X4)





## Religion-based conversion practices

From the analysis, 52 cases (27%) consisted of religion-based conversion practices (see Table 4). This category included all formal and informal actions, practices or behaviours broadly associated with religious doctrines, institutions or faith-based communities. Within the case notes, religion-based conversion practices included forced individual or group prayer, forced engagement with religious practices, religious 'aversion therapy' and exorcisms. Additionally, a small number of clients were sent to, or threatened with being sent to, religious 'camps', programmes or 'care homes'.

**24** Ashe & Mackle 2023; Jones et al. 2018; Yeung et al. 2024

**25** Salway et al. 2025

**26** Ashe & Mackle 2023; Carlisle & Withers Green 2022; GIRES et al. 2021; Government Equalities Office 2018; Ozanne Foundation 2018

**27** Goodyear et al. 2022; Jones et al. 2021; 2022; Outright International 2022a

Religion-based practices – in formal and informal settings<sup>24</sup> – have been well-documented as common techniques of conversion practices,<sup>25</sup> including in UK-based research.<sup>26</sup> Despite a wealth of evidence about their harms,<sup>27</sup> the findings presented here demonstrate that these practices remain a significant risk for LGBT+ people.

### Among these 52 cases:

- 45 cases involved religion-based practices and one or more other forms of conversion practices – including coercive and controlling methods (n=42; especially emotional and psychological abuse, forced marriage efforts and threats), and to a lesser extent physical violence (n=15).
- The conversion practices were mostly **currently happening** or had happened recently (n=33), before contacting Galop.
- Religion-based conversion practices were mostly enforced or facilitated by parents, along with religious leaders or faith-based community members, and other immediate family members.
- Religion-based practices took place within the home (n=23) or in a religious/faith-based setting (n=16), while some instances occurred abroad (n=5).

Table 4: Religion-based practices in clients' experiences of conversion practices

	All (n=195)		Trans+ (n=74)		Cis LGB+ (n=111)	
<b>Religion-based practices</b>	<b>52</b>	<b>27%</b>	<b>22</b>	<b>30%</b>	<b>30</b>	<b>27%</b>
Forced or coerced prayer or religious practice	31	16%	14	19%	17	15%
Exorcism or 'cleansing'	14	7%	5	7%	9	8%

Note: Total n=195 cases, including n=10 clients who selected 'prefer not to say'. Cases could be coded in multiple categories. Categories were developed through qualitative analysis of case notes.

## Forced or coerced prayer or religious practice

In 31 cases (16%), clients were forced, pressured or coerced into prayer or religious practice in order to 'change' or suppress their LGBT+ identity.

For many of these clients, this involved being coerced or forced into individual prayer or religious practice. One client's parents repeatedly pressured them to "study Quran and to get married, look into Islam more, that will fix feelings (of homosexuality)" (Client O1), while another client's parents "told him that they knew he was gay and that he would need to pray and change himself" (Client E6).

Some clients were forced or coerced into group prayer. One client described a history of his parents "praying over him and encouraging him to attend church to 'cure' his sexuality" and described an incident where "Mum made him attend a church gathering in a [large public venue] where there was group prayer" (Client G7).

## 8 Conversion practices in the UK



Additionally, some clients were 'prayed over' by others. A trans+ client disclosed that her mother would "message her biblical quotations and say things such as 'you can only come home if you come home as a boy'", and on a recent visit home at her mother's request, "her mum quoted biblical verses at her with the aim of changing her gender identity" (Client U7). Another client described how:



Mum used to force [Client] to watch religious sermons about queer people who had found God and became heterosexual. [...] Family members have paced around bedroom praying that [Client] is not condemned to hell. (Client L1)



Other clients were forced into attending religious services as part of the conversion efforts. One client shared that along with threats of homelessness, her parent had "used religion and various pastors and priests to try to cleanse me" and "threatened to call the police on me if I didn't come with her to church" (Client Z2).

## 8 Conversion practices in the UK



As the quotes in this section suggest, prayer-based religious conversion practices were mostly enacted by parents. Religious leaders or faith-based community members perpetrated these prayer-based conversion practices in some cases. One client was "questioning his sexuality and gender identity" and after speaking to his Pastor, "he received conversion practices (praying)" (Client J1). Sometimes these practices took the form of prayer-based 'aversion therapy':



The lead Pastor stood up and said something and Client messaged the youth leader, who advised Client to speak with the Pastor, and Client met up with the Pastor's wife who said that 'it's a sin but we can help you to fix this'. Client reported that the church made them learn Bible verses and if Client had a thought about someone of the same sex, Client had to replace this with a Bible verse. (Client X3)



These practices did not always take place in a formal religious setting. Most often they occurred in the home, and in some cases, in the home of a religious leader. For example, "Family sent [Client] to conversion therapy via the church. Client had to go to minister's house and was forced to 'pray the gay away' for long periods of time" (Client R1).

## 8 Conversion practices in the UK

### Exorcism or 'cleansing'

In 14 cases (7%), clients were subjected to spiritual intervention, exorcism or 'cleansing' – sometimes on more than one occasion. In almost all of these cases, the conversion practices were currently happening or had happened recently before contacting Galop.

From the analysis, different actors appeared to collaborate, organise and carry out these conversion practices; namely, family members, religious leaders, and faith community members.



[Parent] has had members of the church perform exorcisms on client.  
[...] Two incidents of forced exorcism. The most recent incident of forced exorcism took place in [date] and involved multiple alleged perpetrators from the wider faith community. Client was pinned down while scripture was read to her during this incident.  
[...] Client stated that she was physically restrained during this incident, while scripture was read over her. (Client B6)



**28** Spiritual 'deliverance' is a form of conversion therapy that claims to 'heal' the LGBT+ person's sins (i.e. being LGBT+) and rescue them from the negative effects of evil spiritual forces (i.e. expressing their LGBT+ sexual orientation and/or gender identity). By contrast, exorcism in this context attempts to cast out the demon or evil spirit that has 'possessed' the LGBT+ person. See e.g. Jones et al. 2018; Jowett et al. 2021b; Romero 2019

There was also evidence to suggest some of these 'spiritual cleanses' and attempts to exorcise or 'deliver' the client took place within the home.<sup>28</sup> That is, these practices may be performed outside of a formal religious institutional setting. The home could be the client's or the family's home, or that of a religious leader or faith community member.

In some cases, exorcisms or 'spiritual cleanses' were being planned or proposed.

## 8 Conversion practices in the UK



Client reports repeated events where an Imam came to the house, put his hand on client's head and read aloud from the Quran. Client was also taken to the Imam's house for the same. [...] Once - to 'help get the devil out' - client was made to lay down while needles were put into her back and a woman sucked blood out of client. (Client C8)



Client states she was taken to Church and kept there for 2 days and had to fast, read the bible and hold candles as a form of conversion practices. Client has also been hit with a bible by a pastor in her home to 'beat the demon out'. (Client U4)



When client came out around age [teen], their Dad said they need to fix and change them and said he would take client to Mosque readers (Imam) or make them drink a potion to fix them. (Client T7)



[Client] stated that her dad regularly tells her that being LGBT+ is demonic and that [Client] is possessed and needs to go to his church's pastor with him. [Client's] dad has advised [Client] that he has already spoken to the church's pastor and they agreed that [Client] 'needs to be delivered'. (Client S9)



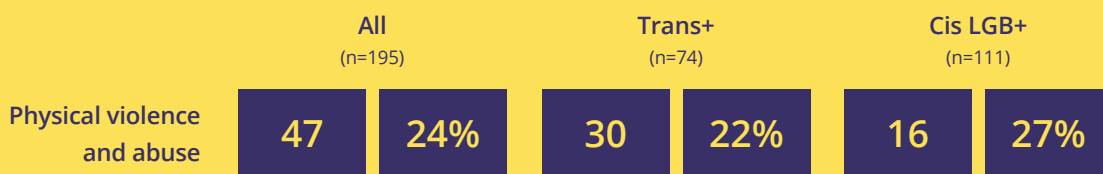
# Conversion practices using physical violence and abuse

Conversion practice attempts involved physical violence in 47 cases overall (24%; see Table 5). ‘Honour’-based abuse was sometimes, but not always, part of the underlying context.

**Among these:**

- All cases (n=47) involved physical violence and one or more other forms of conversion practices – especially coercive and controlling methods (n=40), and to a lesser extent religion-based practices (n=15), sexual violence, (n=10) or deprivations of autonomy and basic necessities (n=8).
- The conversion practices were mostly **currently happening** or happened recently (n=32), before contacting Galop.
- Parents mostly perpetrated the physical violence and abuse, along with siblings and other immediate relatives.

**Table 5: Physical violence in clients’ experiences of conversion practices**



Note: Total n=195 cases, including n=10 clients who selected ‘prefer not to say’.

## 8 Conversion practices in the UK



As part of these conversion practices, clients were 'physically attacked', 'beat up', 'throttled', 'pushed', 'punched', 'hit' and 'slapped', sometimes with objects (e.g. belts, sticks) or weapons. One client was "punched in her vulva multiple times when [mother] found out the client was having sexual relations with her female partner" (Client F2). There were also several instances of non-fatal strangulation for example, along with forced marriage efforts and being prayed over, one client described an instance where "family returned home from church and strangled her with a belt" (Client C5). In a few instances, physical abuse resulted in serious bodily harm. One client was beaten "regularly for being gay" and lost a finger due to an infection following the physical abuse (Client T5), while another "ended up in hospital" after being beaten following the discovery of his sexuality (Client H3).

**29** Carlisle & Withers Green 2022; Outright International 2022a

Although physical violence may appear to aim at punishment, these acts fall squarely within the scope of conversion practices. In these cases, violence was motivated by – and also reinforced – underlying discriminatory assumptions that being LGBT+ is 'wrong' and requires correction. In these cases, physical violence served to intimidate the person into suppressing or 'changing' their LGBT+ identity, or into undergoing other conversion practices, through fear or under threat of further violence. Additionally, physical violence always coincided with one or more other forms of conversion practices, as previously mentioned. These findings, along with other existing evidence,<sup>29</sup> suggest that existing physical violence offences may insufficiently capture the totality of harms of conversion practices.



## Psycho-medical conversion practices

Of the analysed cases, 25 (8%) consisted of conversion efforts using psycho-medical practices (see Table 6). This category included psychology-based practices (n=21; 11% overall) relating broadly to the fields and institutions of psychiatry, psychology or counselling.

Also within this overarching category, five cases (3% overall) involved medical or physiological ‘treatments’, including ‘forced medicine’ (Client U2) or medical procedures.<sup>30</sup> For example, “Client’s mum knows about client’s sexuality and is not at all happy about it [...] Client’s mum has said she can ‘fix’ client’s sexuality by reducing her testosterone levels medically” (Client Q5).

### Among the 25 cases involving psycho-medical practices:

- 15 cases involved psycho-medical practices and one or more other forms of conversion practices – especially coercive and controlling methods (n=13) such as emotional and psychological abuse.
- In nine cases, the psycho-medical conversion efforts were **currently happening** or had happened recently, before contacting Galop.
- Therapists, counsellors or psychiatrists were the main perpetrators of psychology-based practices. Parents and family members also organised or facilitated the client’s engagement with these practices.

<sup>30</sup> Medicine-based practices are not discussed in depth here due to the small number of cases.

# 8 Conversion practices in the UK

Table 6: Psycho-medical practices in clients' experiences of conversion practices

	All (n=195)		Trans+ (n=74)		Cis LGB+ (n=111)	
<b>Psycho-medical practices</b>	<b>25</b>	<b>13%</b>	<b>12</b>	<b>16%</b>	<b>11</b>	<b>10%</b>
Psychology-based practices	21	11%	10	14%	11	10%
Medicine-based practices	5	3%	3	4%	0	0%

Note: Total n=195 cases, including n=10 clients who selected 'prefer not to say'. Cases could be coded in multiple categories. Categories were developed through qualitative analysis of case notes.

Psychology-based conversion practices in the case notes mostly related to behavioural or so-called 'talk therapies'. One client, for example, was recommended a particular therapist by some former friends:

“

Client said this individual was not explicitly a 'conversion therapist' but he engaged him in conversion practices throughout the time that he was seeing him (twice a week for [time]). Client said that this 'destroyed his life' and that as a result, he had issues trusting people [...] Client stated that his mum intervened when she realised that this therapy was essentially conversion therapy and stopped him from seeing them. (Client Z3)

”

## 8 Conversion practices in the UK



These practices were frequently offered, organised or forced upon clients by others – often parents or family members. One trans+ client “disclosed parents want to take him to counselling ‘to convince him he is a female’” (Client L6), while another client described how:



One of my aunts put me in psychological therapy because I was depressed, I thought it was for that reason, but the real reason was that that psychologist was trying to do a conversion from being gay. When I realised her intentions I refused it and my aunt told me that I’m [an] abomination and many other insults.

(Client K1)



In some cases, psychology-based conversion practices were insinuated or suggested to clients by these practitioners. When discussing an ex-therapist, one client said they “felt the conversation was going into conversion therapy. ‘I could help you to learn to love men’, he said” (Client J0). Another trans+ client stated that a therapist “insinuated conversion therapy” when they “suggested that healing trauma could lead to [Client] no longer being transgender” (Client D6).

These cases are striking given that the Memorandum of Understanding on Conversion Therapy, signed by over 25 major health, counselling and psychotherapy organisations in the UK, has effectively rendered ‘therapeutic’ conversion practices clinically unacceptable.<sup>31</sup> Despite this, others have noted a recent growth in ‘interventions’ that “actively steer clients away from being trans”.<sup>32</sup> The pervasiveness of psychology-based practices underlines the case for a comprehensive legislative ban.

<sup>31</sup> BACP et al. 2024

<sup>32</sup> Davison et al. 2025: 43; see also Ashley 2023



# Conversion practices by depriving autonomy and basic necessities

In 23 cases (12%; see Table 7), conversion practices involved actions which deprived the client of autonomy and basic necessities, including being forcibly confined, transported against their will (including abduction), being subjected to unsanitary conditions, or inhumane treatment. 'Honour'-based abuse was often, but not always, part of the underlying context.

### In these 23 cases:

- Conduct depriving autonomy and basic necessities always coincided with one or more other forms of conversion practices (n=23) – especially coercive and controlling methods (n=20), and to a lesser extent physical violence (n=8) and religion-based practices (n=4).
- The conversion practices were mostly **currently happening** or had happened recently (n=16), before contacting Galop.

# 8 Conversion practices in the UK

Table 7: Acts depriving autonomy and basic necessities in clients' experiences of conversion practices

	All (n=195)		Trans+ (n=74)		Cis LGB+ (n=111)	
<b>Deprivation of autonomy and basic necessities</b>	<b>23</b>	<b>12%</b>	<b>13</b>	<b>18%</b>	<b>9</b>	<b>8%</b>
Transportation against will (by force, coercion)	16	8%	10	14%	5	5%

Note: Total n=195 cases, including n=10 clients who selected 'prefer not to say'. Cases could be coded in multiple categories. Categories were developed through qualitative analysis of case notes.

In many of these cases, the clients – most of whom are British citizens – were forcibly taken or sent abroad by their parents or family, in order to be 'fixed' or to 'change'. For example, soon after coming out, one client "was taken from the UK against her will by her parents and her passport was confiscated, she was then subject to conversion practices due to her gender identity, before escaping and returning to the UK" (Client U7).

Additionally, some clients were falsely imprisoned or detained against their will (including in unsanitary conditions), or had basic necessities withheld or restricted. One client "was beaten, locked in rooms and made to stay in his own filth as a way to change his sexuality" (Client L4), while another described historic conversion practices in which he was "sent to a Christian 'care home' in [location] where he was held against his will" (Client W2).

From the information available, there is evidence to suggest parents or other family members directly engaged in or facilitated some of these conversion practices. For example, one client was "subjected to a home-conversion practice" by their parents after coming out when they were a teenager. Along with threats of homelessness, this "Client was refused food unless they would deny they were from the LGBT+ community" (Client Q0).

# Conversion practices through sexual violence

Of the analysed cases, 18 (9%) consisted of sexual violence conversion practices – most commonly, so-called ‘corrective’ rape or forms of sexual assault (see Table 8).

### Among these 18 cases:

- 15 cases involved sexual violence and one or more other forms of conversion practices – especially coercive and controlling methods (n=10) and physical violence (n=10).
- The conversion practices were mostly **currently happening** or had happened recently (n=11), before contacting Galop.
- ‘Corrective’ sexual violence took place within the home, in an overseas location, or within an education-based setting.

Table 8: Sexual violence in clients’ experiences of conversion practices

	All (n=195)		Trans+ (n=74)		Cis LGB+ (n=111)	
Sexual violence	18	9%	7	9%	11	10%

Note: Total n=195 cases, including n=10 clients who selected ‘prefer not to say’.

## 8 Conversion practices in the UK



In these cases, 'corrective' sexual violence was perpetrated by someone known to the client. Namely current or former intimate partners, a peer or another known associate, and in one case, a neighbour. In a small number of cases, clients were subjected to 'corrective' sexual abuse within their family, including as a child. Additionally, two clients each disclosed another student raped or sexually assaulted them while at school or university.



I was raped by someone at school who wanted to 'turn me straight' [...] it happened when they were in their [subject] classroom at lunch doing a practice paper before the lesson. (Client Z6)



A male uni [sic] friend kissed her forcibly and put his hand up her shorts. His motive was to 'prove that she's straight'. (Client J0)



## 8 Conversion practices in the UK



From the information available, clients were subjected to singular incidents of 'corrective' sexual violence in at least six cases. In one case, a trans+ client was coerced into sexual intercourse following a date: "when they were having sex, [alleged perpetrator] became transphobic and said he was going to 'fix' client's gender and referred to him as a girl. Client said [alleged perpetrator] also removed the condom" (Client N4).

The analysis also indicates that for some clients, sexual violence was part of a wider pattern of conversion practices. Two cases, for example, involved repeated or 'ongoing' 'corrective' rapes by the same perpetrator – an intimate partner (Client V6), and a neighbour (Client B7). Additionally, as previously noted, many of these cases involved sexual violence and one or more other forms of conversion practices.

One client, for example, was forced to disengage from paid employment, subjected to threats to their immigration status, non-fatally strangled and sexually assaulted by her estranged husband, who told her: "since you don't enjoy having sex with men I will show you, and you will get used to this" (Client Z8). In another case, one trans+ client was physically abused and threatened, in addition to being sexually abused by their father when they were a teenager "to make [Client] a girl" as he "didn't want Client to be a man" (Client M4).

Rape and sexual assault are already criminal offences. However, these findings, alongside existing research from Galop and others,<sup>33</sup> suggest existing protections are not sufficient for capturing the complexity of conversion practices or the totality of harms caused.

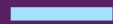
**33** Ashe & Mackle 2023; Carlisle & Withers Green 2022; Galop 2022; ILGA-Europe 2026; Tillewein & Kruse-Diehr 2023



## Conclusion: Further evidence for change

This study echoes and adds to the substantial evidence base about the forms and harms of conversion practices.

Developed from Galop's frontline service data, these findings offer an important snapshot into conversion practices directly from LGBT+ victims and survivors themselves, as they lived them.



<sup>34</sup> Sullivan & Schiavo 2023

<sup>35</sup> Domestic Abuse Commissioner 2022

The analysis reveals that victims and survivors may not always have the specific language to identify what they experienced as conversion practices,<sup>34</sup> and may seek help through general support services. As noted by the Domestic Abuse Commissioner, statutory and general support services may also fail to recognise conversion practices as a form of abuse.<sup>35</sup> Victim support institutions and frontline professionals would benefit from training to identify this abuse, and risk assessments should incorporate screening for conversion practices.

# 9 Conclusion

36 Herring 2023

The cases analysed here indicate that conversion practices can take multiple forms and often occur alongside other forms of abuse. They can involve a range of formal and informal actions which, as this study shows, rarely consist of a single incident or a single kind of practice.<sup>36</sup> Some of the conversion practice behaviours evidenced in the analysed cases align with existing offences, including actual bodily harm, rape and sexual assault, forced marriage, and coercive control, among others.

37 Kinitz et al. 2022: 450

While existing laws cover these forms of abuse, they fail to capture conversion practices in their entirety – especially those that do not involve physical or sexual violence and therefore do not address the full scope of their distinct harms. Current UK law does not adequately recognise the nuanced (and often “covert and insidious”)<sup>37</sup> nature of conversion practices, thereby “leaving a significant gap in protection for LGBT+ individuals”.<sup>38</sup>

38 Trispiotis & Goosey 2026: 14

As one client said, “I am a survivor of historic conversion practices. This happened [many years ago] when I was a child... **This is still not illegal**” (Client UM).

The evidence is clear: conversion practices do occur in the UK, and their persistence underscores an urgent need for targeted legislation to ensure meaningful protection for all LGBT+ people.

# 10 References

- 1. Anitha S, Gupte M.**  
*Conceptualising Coercion in Child/Forced Marriage Through an Intersectional Lens: Narratives of Survivors and Practitioners in the US.* *Social & Legal Studies*, 35(1),121-142; 2025. [Link to Anitha and Gupte 2025 study](#)
- 2. Ashe F, Mackle D.**  
*A Study of Conversion Practices in Northern Ireland.* The Rainbow Project; 2023.  
[Link to Ashe and Mackle 2023 study](#)
- 3. Ashley F.**  
*Interrogating Gender-Exploratory Therapy.* *Perspectives on Psychological Science*, 18(2), 472–481; 2023.  
[Link to Ashley 2023 study](#)
- 4. Asquith L.**  
*"Ensuring Trans Protection within a Ban on Conversion Practices"*, in I. Trispiotis & C. Purshouse (Eds), *Banning 'Conversion Therapy': Legal and Policy Perspectives* (pp. 198–214), Bloomsbury; 2023.
- 5. British Association for Counselling and Psychotherapy (BACP), NHS England, and others.**  
*UK Memorandum of Understanding on Conversion Therapy (Version 2).* British Association for Counselling and Psychotherapy; 2024.  
[Link to BACP et al 2024 Memorandum](#)
- 6. Carlisle E, Withers Green L.**  
*"There was Nothing to Fix": LGBT+ Survivors' Experiences of Conversion Practices.* Galop; 2022.  
[Link to Carlisle and Withers Green 2022 report](#)
- 7. Cooper S, Kinitz D.J, Salway T, Rhanim A, Fournier L, Ferlatte O.**  
*Experiences With and Prevalence of Conversion Therapy Practices and Sexual Orientation and Gender Identity or Expression Change Efforts Among 2S/LGBTQIA+ Youth in Canada.* *The Canadian Journal of Human Sexuality*, 34(1), 1–16; 2025. [Link to Cooper et al. 2025 study](#)
- 8. Davison K, Hubbard K, Marks S, Spandler H, Wynter R.**  
*An Inclusive History of LGBTQ+ Aversion Therapy: Past Harms and Future Address in a UK Context.* *Review of General Psychology*, 29(1), 33–48; 2025.  
[Link to Davison et al. 2025](#)
- 9. Domestic Abuse Commissioner.**  
*Government Conversion Therapy Consultation: Written Submission from the Domestic Abuse Commissioner for England and Wales.* Domestic Abuse Commissioner; 2022.  
[Link to Domestic Abuse Commissioner 2022 submission](#)
- 10. Dromer E, Ferlatte O, Goodyear T, Kinitz D. J, Salway T.**  
*Overcoming Conversion Therapy: A Qualitative Investigation of Experiences of Survivors.* *SSM - Qualitative Research in Health*, 2, 100194; 2022. [Link to Dromer et al. 2022 study](#)
- 11. Galop**  
*The Use of Sexual Violence as an Attempt to Convert or Punish LGBT+ People in the UK.* Galop 2022.  
[Link to Galop 2022 report](#)

# 10 References

12. Gender Identity Research and Education Society (GIRES), LGBT Foundation, Mermaids, Ozanne Foundation, & Stonewall UK. *2020 "Conversion Therapy" and Gender Identity Survey*. Stonewall UK; 2021. [Link to GIRES et al. 2021 report](#)
13. Goodyear T, Kinitz D.J, Dromer E, Gesink D, Ferlatte O, Knight R, Salway T. *"They Want You to Kill Your Inner Queer but Somehow Leave the Human Alive": Delineating the Impacts of Sexual Orientation and Gender Identity and Expression Change Efforts*. *The Journal of Sex Research*, 59(5), 599–609; 2022. [Link to Goodyear et al. 2022 study](#)
14. Goodyear T, Delgado-Ron J.A, Ashley F, Knight R, Salway T. *Sexual Orientation and Gender Identity and Expression Change Efforts and Suicidality: Evidence, Challenges, and Future Research Directions*. *LGBT Health*, 10(5), 339–343; 2023. [Link to Goodyear et al. 2023 study](#)
15. Government Equalities Office. *National LGBT Survey: Research Report*. Government Equalities Office; 2018. [Link to Government Equalities Office 2018 report](#)
16. Government Equalities Office. *The Prevalence of Conversion Therapy in the UK*. Government Equalities Office; 2021. [Link to Government Equalities Office 2021 report](#)
17. Herring, J. *"Conversion Practices and Coercive Control"* in I. Trispiotis & C. Purshouse (Eds), *Banning 'Conversion Therapy': Legal and Policy Perspectives*. (pp. 39–58). Bloomsbury; 2023.
18. ILGA-World, Mendos L.R. *Curbing Deception - A World Survey of Legal Restrictions of So-Called 'Conversion Therapies'*. ILGA-World 2022. [Link to ILGA-World 2022 report](#)
19. ILGA-Europe. *Intersections 2.0: A Deep Dive into the FRA LGBTIQ III Survey Results on Conversion Practices*. ILGA-Europe; 2026. [Link to ILGA-Europe 2026 report](#)
20. Jones T.W, Brown A, Carnie L, Fletcher G, Leonard W. *Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia*. GLHV@ARCSHS, La Trobe University; Human Rights Law Centre; 2018.
21. Jones T.W, Jones T.M, Power J, Despott N, Pallotta-Chiarolli M. *Healing Spiritual Harms: Supporting Recovery from LGBTQA+ Change and Suppression Practices*. (The Australian Research Centre in Sex, Health and Society). La Trobe University; 2021. [Link to Jones et al. 2021 report](#)
22. Jones T.W, Power J, Jones T.M. *Religious trauma and moral injury from LGBTQA+ conversion practices*. *Social Science & Medicine*, 305, 115040; 2022. [Link to Jones et al. 2022 study](#)

# 10 References

23. Jowett A, Brady G, Goodman S, Pillinger C, Bradley L.  
*An assessment of the evidence on conversion therapy for sexual orientation and gender identity.* Government Equalities Office; 2021a. [Link to Jowett et al. 2021 report](#)
24. Jowett A, Brady G, Goodman S, Pillinger C, Bradley L.  
*Conversion Therapy: An Evidence Assessment and Qualitative Study.* Government Equalities Office; 2021b.  
[Link to Jowett et al. 2021 report](#)
25. Kinitz D.J, Goodyear T, Dromer E, Gesink D, Ferlatte O, Knight R, Salway T.  
*“Conversion Therapy” Experiences in Their Social Contexts: A Qualitative Study of Sexual Orientation and Gender Identity and Expression Change Efforts in Canada.* The Canadian Journal of Psychiatry, 67(6), 441–451; 2022.  
[Link to Kinitz et al. 2022 study](#)
26. Outright International  
*Converting Mindsets, Not Our Identities: Summary of the Research Findings on the Nature, Extent, and Impact of Conversion Practices In Kenya, Nigeria, and South Africa.* Outright International; 2022a.  
[Link to Outright International 2022 report](#)
27. Outright International  
*Pathways for Eliminating Conversion Practices.* Outright International; 2022b.  
[Link to Outright International 2022 report](#)
28. Ozanne Foundation  
*2018 National Faith & Sexuality Survey.* Ozanne Foundation; 2018.  
[Link to Ozanne Foundation 2018 report](#)
29. Romero C.  
*Praying for Torture: Why the United Kingdom Should Ban Conversion Therapy.* George Washington International Law Review, 51(1), 201–230; 2019.
30. Salway T, Kinitz D.J, Kia H, Ashley F, Giustini D, Tiwana A, Archibald R, Mallakzadeh A, Dromer E, Ferlatte O, Goodyear T, Abramovich A.  
*A Systematic Review of the Prevalence of Lifetime Experience with ‘Conversion’ Practices Among Sexual and Gender Minority Populations.* PLOS ONE, 18(10), e0291768; 2023.  
[Link to Salway et al. 2023 study](#)
31. Salway T, Watt S, Delgado-Ron J.A, Black S, Archibald R, Giustini D, Ashley F, Dromer E, Goodyear T, Ferlatte O, Kia H, Kinitz D.J, Tiwana A, Mallakzadeh A, Abramovich A.  
*A Systematic Review of the Nature of Contemporary Sexual Orientation and Gender Identity or Expression Change Efforts, 2000–2024.* Current Sexual Health Reports, 17(1), 1–32; 2025. [Link to Salway et al. 2025 study](#)
32. SOGICE Survivors.  
*SOGICE Survivor Statement.* SOGICE Survivors; 2020.  
[Link to SOGICE 2020 statement](#)

# 10 References

33. Srivastava A, Winn J, Senese J, Goldbach J.T.  
*Sexual Orientation Change among Adolescents and Young Adults: A Systematic Review*. Archives of Sexual Behavior, 51(7), 3361–3376; 2022.  
[Link to Srivastava et al. 2022 study](#)
34. Sullivan J, Schiavo N.  
*“Nothing About Us Without Us: Listening to and Engaging with Survivors of Conversion Practices”*, In I. Trispiotis & C. Purshouse (Eds), Banning ‘Conversion Therapy’: Legal and Policy Perspectives (pp. 270–286). Bloomsbury; 2023.
35. Tillewein H, Kruse-Diehr A.J.  
*The Impact of Sexual Orientation Conversion Therapies on Transgender Individuals*. Psychology & Sexuality, 14(4), 676–688; 2023.  
[Link to Tillewein and Kruse-Diehr 2023 study](#)
36. Tran N.K, Lett E, Flentje A, Ingram S, Lubensky M.E, Dastur Z, Obedin-Maliver J, Lunn M.R.  
*Inequities in Conversion Practice Exposure at the Intersection of Ethnoracial and Gender Identities*. American Journal of Public Health, 114(4), 424–434; 2024.  
[Link to Tran et al. 2024 study](#)
37. Trispiotis I, Goosey S.  
*Criminalising ‘Conversion Therapy*. The Modern Law Review, 89(1), 28–62; 2026.  
[Link to Trispiotis and Goosey 2026 article](#)
38. Turban J.L, Beckwith N, Reisner S.L, Keuroghlian A.S.  
*Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults*. JAMA Psychiatry, 77(1), 68–76; 2020. [Link to Turban et al. 2020 study](#)
39. UN Human Rights Council.  
*A/HRC/44/53: Practices of So-Called “Conversion Therapy” - Report of the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity*. United Nations; 2020.  
[Link to UN Human Rights Council 2020 report](#)
40. Yeung J. C-Y, Chan R.C.H, Wong D.C.K, Yiu J.H.C.  
*The Pathways to Join, Engage in, and Quit Sexual Orientation Change Efforts (SOCE): A Qualitative Study of Sexual Minority Individuals who Self-Initiated SOCE in Hong Kong*. Journal of Homosexuality, 71(13), 3098–3125; 2024.  
[Link to Yeung et al. 2024 study](#)

## Get help

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If you are LGBT+ and experiencing violence or abuse, such as conversion practices, hate crime, domestic abuse or sexual violence, you can contact Galop directly.

[galop.org.uk](https://galop.org.uk)

**National Conversion Therapy Helpline**

0800 130 3335  
[help@galop.org.uk](mailto:help@galop.org.uk)

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**National Helpline for LGBT+ Victims  
and Survivors of Abuse and Violence**

0800 999 5428  
[help@galop.org.uk](mailto:help@galop.org.uk)

### Galop

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