

## 4. 1 Deliverance Ministry

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### Requirements

4.1.1 Deliverance Ministry must only be carried out in accordance with the House of Bishops Guidance on Deliverance Ministry.

4.1.2 Diocesan Deliverance Ministry Teams must have access to, and consult and work with, other clergy, medical practitioners, psychologists and psychiatrists who are employed by (and thus accountable to) local health services and will be bound by their own codes of professional conduct.\* Where formal rites of deliverance are being considered, a medical professional must be consulted, and all issues of consent, capability and ongoing safeguarding actions must be discussed with that person.

4.1.3 The Deliverance Ministry Team must meet with the DSA on at least an annual basis, the purpose being encouraging joint working and knowledge sharing.

4.1.4 Formal rites of deliverance, including those involving touch, must not be carried out on any person under 16 years of age without parental consent, which must be confirmed in writing. In the majority of cases involving young people aged 16 and 17, they are able to give consent in their own right, but issues of age and consent should always be dealt with on a case-by-case basis. In other words, it is a judgement call and the medical professional will need to make an individual assessment of the competence and understanding of the young person at the time. In addition, with 16-17 year old children consideration should still be given to whether or not the parents should be informed and the decision documented. In all cases, the rite must have been authorised by the bishop after consultation with the DSA and a medical professional

4.1.5 For the avoidance of any doubt, and in line with the decision of the General Synod of the Church of England in July 2017, it is made clear that nobody, whether a member of a Diocesan Deliverance Ministry Team or otherwise, is permitted to use any form of deliverance ministry in pursuit of changing or influencing somebody's sexual orientation. This applies whether or not the individual concerned wishes to receive such ministry. Individuals asking for such ministry must be treated with compassion and understanding, and should be referred both to pastoral support and to links to appropriate resources

\*There may be circumstances where the mental health professional is not in local health service employment, but is in private practice or academia. In these circumstances, they must be members of the appropriate professional body, e.g. Royal College of Psychiatrists or British Psychological Association.

## Good practice advice for Section 4.1

In its widest meaning, “deliverance” is part of pastoral care: it is the ministry of liberating, freeing, or delivering a person from a burden which they carry. It is used here in the applied sense of delivering a person from the influence of evil or sin, within the context of faith and by means of imperative or invocatory prayer. The field of Deliverance Ministry is very wide, and it is not expected that DSAs/CSAs would need to be involved in every case. However, it is good practice that DSAs/CSAs meet with their Deliverance Team more than annually and attend their training.

Christian exorcism is a specific act in which imperative or invocatory appeal to Christ or to the Godhead, is made in order to rid a person or place of an evil spirit by which they are possessed. It is the ‘binding and releasing’, the ‘casting out’ or ‘expelling’ of an evil or malevolent possessing spirit that is not human. The requirements around formal rites of deliverance do not preclude the saying of prayers, including the Lord’s Prayer, or the giving of Holy Communion, but are intended to put in place additional safeguarding procedures where the laying on of hands or any ‘casting out’ of demons is deemed necessary. For adults, this will require consultation with a medical professional, and for under 18s this requires specific and documented consultation with a medical professional, the diocesan bishop and the DSA. For the avoidance of doubt, this does not apply simply because there are children present in a house, or a school, where deliverance ministry is taking place. It is specifically designed to ensure that any child or young person is given the appropriate support for their needs, be they medical or pastoral, and to ensure that parents cannot put undue pressure on a member of clergy to carry out such a ministry.

The UK is culturally diverse and care must be taken when encountering the use of the word ‘exorcism’ in different cultural contexts. In some settings, ‘exorcism’, ‘casting out demons’ and ‘deliverance’ can refer to in-community codes for settling issues and a way of reconciling particular matters without naming and shaming particular individuals. To this end, exorcism language and rituals in such contexts can mean a variety of different things and no assumptions should be made about their meaning and intention without appropriate dialogue, learning and understanding. Notwithstanding, as some high-profile cases have shown, some forms of ‘exorcism’ result in individuals or groups doing violence to the bodily ‘shell’ of a person in order to drive out evil spirits and recover the souls. Practices may include beating, drowning, repeated intense rituals, restraint and/or starvation or other privation. If any Church Officer knows or suspects that a child or an adult is at immediate risk of being subject to these practices, the police must be contacted straight away and the DSA informed afterwards. If any Church Officer becomes engaged in a conversation about these beliefs but does not know or suspect immediate risk, then advice can and should be sought from the Diocesan Deliverance Ministry Team and the National Officer for Deliverance Ministry.

### Additional Good Practice Advice relating to Requirement 4.1.2

Deliverance Ministry is inappropriate for (and may indeed be harmful to) people suffering from some mental disorders, therefore the aim of

Requirement 4.1.2 is to ensure that when medical advice is taken on a case, that medical advice is given by someone who is appropriately qualified to do so. This would normally be with a mental health professional (usually a psychiatrist), but may sometimes be with the person's GP. Where the person is already receiving care from mental health services, whether NHS or private, consent should be sought to liaise with those providing that care. In rare circumstances, where there is a perceived risk of harm, information might be passed to those providing care without consent. Psychiatrists providing clinical advice to a deliverance team about particular cases (as opposed to general education/training) should be licensed with the GMC, members of the Royal College of Psychiatrists, and have medical indemnity cover which specifically includes this work. Other medical professionals should similarly have appropriate expertise, qualifications and experience. It is always preferable to seek an opinion from someone directly involved in the person's care. Where that is not possible, and a medical professional not directly involved in the case is asked to give an opinion, then care needs to be taken with perceived or actual conflicts of interest. If this professional does not see the person face to face, then the need to refer directly to a GP, or other professional who can see the person, should be considered. Medical professionals who undertake this work are expected to engage with the training programme for Deliverance Ministry at diocesan or national level.

Deliverance Ministry is an area of ministry where particular caution needs to be exercised from a safeguarding perspective. Consideration also needs to be given to data protection and the processing of often very sensitive personal data. The House of Bishops' guidelines on both healing and deliverance ministry is currently being revised and will need to be incorporated into any local practices. The guidelines contain advice in relation to both safeguarding and data protection.

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