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For a ban on conversion practices

Report¹

Committee on Equality and Non-Discrimination

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1. Reference to committee: [Doc. 15883](#), Reference 4786 of 26 January 2024.



A. Draft resolution²

1. Conversion practices, also referred to as conversion therapies or reparative therapies, are all measures or efforts aimed at changing, repressing, or suppressing a person's sexual orientation, gender identity or gender expression, based on the false belief that such core aspects of a person's identity are pathological or undesirable or somehow able to change.
2. These practices, aimed at promoting heterosexual attraction or aligning a person's gender identity with their sex assigned at birth, include psychological or behavioural counselling, spiritual and religious rituals, aversion methods, as well as verbal abuse, coercion, isolation, forced medication, electric shocks, physical and sexual abuse.
3. Conversion practices have no scientific basis and have harmful consequences on the individuals subjected to them, as they induce or strengthen feelings of shame, guilt, self-disgust and worthlessness and lead to increased rates of depression, anxiety, post-traumatic stress disorder, suicidal ideation and suicide attempts. Such harm inflicted on mental health and well-being affects all age groups, but is particularly devastating to children and young people. Leading medical and psychological organisations have condemned these practices as scientifically unfounded, ineffective and dangerous. Moreover, these practices have a negative impact on the public, as they promote the stigmatising misconception that an individual's sexual orientation or gender identity or expression may or should be "cured" or changed.
4. The Parliamentary Assembly reaffirms the crucial importance of personal autonomy, as protected under Article 8 of the European Convention on Human Rights (ETS No. 5), which guarantees the right to respect for private and family life to everyone, including the freedom to make autonomous decisions on their lifestyle, also as regards sexual orientation, gender identity, gender expression and sexual characteristics.
5. The Assembly is deeply concerned that conversion practices persist across Council of Europe member States, often covertly, despite growing recognition of the harm they cause and in spite of being banned by many relevant professional organisations.
6. Action to prevent and counter the harm caused by conversion practices is urgently needed. This is both a public health imperative and a matter of respect for human rights and fundamental freedoms. Protecting individuals from practices that undermine their dignity, autonomy and well-being is an essential component of the democratic order of our societies. Council of Europe member States that have not yet done so should adopt legislation and policies to prohibit these practices and protect those at risk. States that already have such measures in place must ensure their effective enforcement and that victims have access to existing victim support services.
7. The experience of countries that have been pioneers in this area, such as Malta, not only provides valuable insight into the principles that should guide legislative reform, but also into potential shortcomings and loopholes that must be avoided.
8. In the light of these considerations, the Assembly calls on member and observer States of the Council of Europe and States whose parliament enjoys observer or partner for democracy status with the Assembly:
 - 8.1. with regard to legislation and policies, to:
 - 8.1.1. introduce legislation to prohibit conversion practices, providing for criminal sanctions and based on a clear and comprehensive definition of the proscribed practices. Regulations should further clarify the scope of the legal ban, by explicitly covering specific forms of conversion practices across healthcare, education, religious and commercial settings with a view to closing possible legal loopholes;
 - 8.1.2. integrate the prohibition of conversion practices within broader national anti-discrimination and inclusion strategies to protect the rights of LGBTI persons in order to ensure multi-sectoral government commitment;
 - 8.1.3. establish monitoring and reporting mechanisms, including complaint procedures accessible to victims or witnesses of conversion practices in order to aid enforcement and evaluation of legislation and policies;
 - 8.1.4. complement the criminal law framework with civil measures such as conversion therapy protection orders in order to enhance enforceability of legislation and protection of victims;

2. Draft resolution adopted unanimously by the committee on 3 December 2025.

- 8.1.5. ensure that the ban is extended to the advertising of conversion practices, including online;
- 8.1.6. ensure the ban is extended to referrals to other practitioners or operators, including when these are based in other jurisdictions;
- 8.2. with regard to co-operation with civil society, professional organisations and religious institutions, to:
 - 8.2.1. strengthen co-operation with civil society organisations, notably those active in protecting the rights of LGBTI persons, in the area of designing, implementing and assessing legislation and policies in order to ban conversion practices;
 - 8.2.2. formalise or strengthen co-operation with relevant professional organisations in such areas as psychology, psychiatry and social work, including to discuss legislation criminalising conversion practices;
 - 8.2.3. promote the development and adoption by professional organisations of codes of conduct and practical guidance on banning such practices;
 - 8.2.4. engage in dialogue with religious organisations with a view to co-operating in enforcing the prohibition of conversion practices;
- 8.3. with regard to education and awareness raising, to:
 - 8.3.1. introduce training for healthcare professionals, social workers and educators and members of religious institutions, as well as law enforcement officers, the judiciary and prosecutors in order to improve identification of conversion practices and response;
 - 8.3.2. ensure that mandatory comprehensive sexuality education curricula encompass teaching on the diversity of sexual orientation, gender identity and expression and sex characteristics, with a view to preventing and countering social prejudice and misinformation. They should include specific information on conversion practices and the risks and harm associated with them, with a view to helping children and young people to identify and denounce attempts to subject them to such practices;
 - 8.3.3. launch public awareness campaigns targeting myths about sexual orientation and gender identity in order to counter the misinformation that underpins conversion practices, including the false belief that they have disappeared or occur infrequently;
- 8.4. with regard to victim support and protection, to:
 - 8.4.1. establish specialised, confidential support services for victims, including counselling and legal aid, and to ensure adequate funding;
 - 8.4.2. promote and support survivors' networks in order to empower victims and facilitate peer support;
 - 8.4.3. provide training for frontline responders and statutory services in order to identify at-risk individuals at an early stage and provide timely intervention and protection orders;
 - 8.4.4. recognise experiences of conversion practices as grounds for emergency housing priority in social welfare policies;
- 8.5. with regard to Implementation, evaluation and research, to:
 - 8.5.1. report regularly on the implementation of legislation banning conversion practices, its progress, challenges, and outcomes;
 - 8.5.2. encourage research and data collection on the prevalence and impact of conversion practices, and effectiveness of interventions in order to inform evidence-based policy development;
 - 8.5.3. foster international co-operation and exchange of best practices in order to strengthen national efforts and contribute to implementing human rights standards at European and global level.

9. The Assembly highlights that in times of increasing European integration and freedom of movement, it is crucial to ensure that the ban on conversion therapies is adopted by all Council of Europe member States, with a view to preventing cross-border enforcement gaps.

B. Explanatory memorandum by Ms Kate Osborne, rapporteur³

1. Introduction

1. Conversion practices are all actions or efforts aimed at “curing”, changing, repressing, or suppressing a person’s sexual or romantic orientation, gender identity or gender expression. These practices are based on the false belief that such core aspects of a person’s identity are pathological or undesirable or can be changed. They are also referred to as “conversion therapies” or “reparative therapies”. The term “practices” is preferable, as there is nothing therapeutic about these practices, and it reflects the variety of methods used, ranging from pseudo-medical treatments to rituals, acts of purification, psychological pressure or other methods. These practices, which are often fraudulently marketed, have no scientific basis. They can cause physical and psychological harm to individuals subjected to them, with serious and sometimes fatal consequences.

2. LGBTI people are subject to many forms of discrimination and are among the primary targets of hate speech and hate crimes. Conversion practices add to these challenges and constitute an infringement of personal autonomy and self-determination. They often result in psychological or even physical violence, and, in some cases, may constitute a form of torture.

3. Given the danger that these practices represent for LGBTI people and for human rights, the current trend towards prohibition must be encouraged in all Council of Europe member States. The purpose of this report is to present the reasons for the ban, both from a human rights and public health perspective, and to identify appropriate legislation and policies to achieve the eradication of this harmful phenomenon.

2. Conversion practices: nature and prevalence

4. Conversion practices may be used for LGBTI people in various parts of the world,⁴ including the European continent. The extent of these practices is not precisely known as they are often carried out in secret. Estimates of the number of victims therefore vary widely. According to a Dutch Government report⁵ taken up by the European Parliament⁶ and the Council of Europe Commissioner for Human Rights,⁷ 5% of LGBTI people in Europe are offered these “therapies”, and 2% undergo them.⁸ These figures only take into account reported incidents and are likely underestimated. A 2025 study reports that almost one in three LGBTI people in Great Britain have been offered or been subjected to a “conversion therapy”, with transgender people, children and young people particularly at risk.⁹

5. According to a 2024 report by the European Union Agency for Fundamental Rights (FRA),¹⁰ one in four people have experienced some type of “conversion therapy”. Of these practices, 11% are said to have been committed by family members, and 5% by clerics. The incidents reported included physical violence (3% of those interviewed), sexual violence (1%) and verbal violence and humiliation (14%). Half of the women (47%) and transgender men (48%) had been subjected to these “conversion therapies”. Among those consulted by the FRA, three out of four explained that they had not consented to these “therapies”, and 13% said that they had undergone them after being threatened. Despite the discrepancy between the various estimates, these figures show the worrying scale of this phenomenon.

6. In addition to the data presented by FRA, International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) Europe collected information from its member organisations in Croatia, Germany, Hungary, the Netherlands, Spain and Sweden. They reported that the conversion practices were conducted by a variety of actors, including religious institutions and their affiliates such as counsellors, psychologists, psychiatrists, other health professionals, schools, and family. Information from Spain reported that victims were subject to forced chastity, forced heterosexual sexual relations, insults, and threats. The Swedish

3. The explanatory memorandum is drawn up under the responsibility of the rapporteur.

4. [Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity](#), July 2020, para 24.

5. Study by the Ministry of Health, Welfare and Sport (2020).

6. [European Parliament, report on banning “conversion therapies”](#), June 2022.

7. Commissioner for Human Rights, [“Nothing to cure: putting an end to so-called ‘conversion therapies’ for LGBTI people” – Commissioner for Human Rights \(coe.int\)](#), 16 February 2023.

8. European Parliament, [report on banning “conversion therapies”](#), op. cit.

9. New survey findings reveal alarming scale of conversion practices in Great Britain, Stonewall Scotland, 28 March 2025.

10. “LGBTIQ at crossroads: progress and challenges”, [European Union Agency for Fundamental Rights](#), 2024.

organisation MUCF reported that 5% of LGBTQ individuals taking part in a survey mentioned more severe forms of conversion attempts, such as pseudo-medical treatment, threats of being deported from Sweden, of being sent on “discipline trips”, of forced marriage, and other forms of pressure, threats and coercion. The same organisation also received reports of physical violence, limited access to food, sexual violence, psychological violence in the form of strong control, social isolation or exclusion, and verbal abuse.

7. In the Netherlands, a 2020 report commissioned by the government estimated that there were at least 15 individuals and organisations offering conversion practices, ranging from holiday camps, seminars and workshops to pseudo psychotherapy and exorcisms.¹¹

8. Spanish organisation FELGTBI+ reported to ILGA Europe that those conducting conversion practices reach their potential victims by using dating apps, speeches in churches including during service, and public advertisements. The Hungarian organisation Hatter carried out a survey among psychologists and reported that 9% of respondents had participated in a training on “reparative therapies”, while 49% had not but were interested in undergoing a training. In Croatia, some religious leaders and priests offered “conversion practices” and promoted them via social media, including TikTok and Instagram. Performative public events gathering groups of men praying together also had links to such practices and their promotion.

9. Conversion practices cause numerous disorders, and victims are subject to long-lasting suffering such as anxiety and depression. The physical and moral abuse endured can lead to post-traumatic stress, suicidal thoughts and many other types of long-term consequences on physical and mental health.¹²

10. At the hearing held by the Committee on Equality and Non-Discrimination on 5 December 2024, Lenna Cumberbatch, Co-Chair of Galop, National Helpline for LGBT+ Victims and Survivors of Abuse and Violence (United Kingdom), explained that conversion practices were conducted through a variety of methods including shaming, humiliating or making someone feel guilty, pressuring them into seeking or participating in faith-based practices, excluding them from their family or community. Disbelieving, denying or ignoring the victim's gender identity or sexual orientation were also widespread methods, as well as making them feel that being LGBTI was wrong. Victims are threatened with homelessness or actually made homeless, made to travel to another country, pressured into engaging in cisgender, heterosexual activities, or are verbally, emotionally, psychologically or sexually abused (for instance, by being subjected to unsolicited sexual images), and even physically assaulted.

11. Ms Cumberbatch indicated that the impact of conversion practices is severe and encompasses fear and compounded trauma. She recommended that comprehensive bans on conversion “therapies” be adopted by Council of Europe member States without delay.

12. At the same hearing, Cianán B. Russell, Senior Policy Officer at ILGA-Europe, pointed out that conversion practices included various types of interventions, ranging from psychotherapy by psychologists or psychiatrists to verbal abuse or harassment and even physical and sexual violence. Some interventions could potentially be considered as cruel or inhuman treatment or torture, as indicated by the United Nations Special Procedures and by former Council of Europe Commissioner on Human Rights, Dunja Mijatović.

13. Conversion practices are perpetrated by different actors. The latter may be individuals, such as family members and pseudo-doctors, or organisations, particularly religious ones. In addition, the FRA report shows that there is no clear definition of conversion practices, insofar as 75% of people claiming to be victims are not able to choose among the proposed categories of conversion practices.

3. The harmful impact of conversion practices

14. Conversion therapies cause profound harm to individuals subjected to them. Leading medical and psychological organisations, including the American Psychiatric Association and several equivalent organisations in Europe, as well as the World Psychiatric Association, have condemned these practices and highlighted their ineffectiveness and dangers.

15. According to multiple studies, the harmful consequences include increased rates of depression, anxiety, post-traumatic stress disorder and significantly high suicidal ideation and suicide attempts. Such psychological trauma leads to feelings of shame, guilt, self-disgust, and worthlessness that can result in a damaged self-perception and even enduring personality changes.¹³ The impact of abusive methods, including verbal abuse, coercion, forced medication, isolation, and sometimes physical abuse or electric shocks, translates into long-

11. “Dutch government uncovers holiday camps for 'conversion therapy'”, *Reuters*, 11 June 2020.

12. [Ilga World report on “conversion therapies”](#).

lasting emotional and physical scars. It is worth noting that while the harm inflicted to mental health and well-being affects all age groups, it is particularly devastating to children and young people exposed from an early age.

16. Reinforcement of stigma, discrimination, and internalised homophobia/transphobia, worsening minority stress and overall health outcomes: these harms extend beyond individuals to impact families and communities as well, creating deep social and economic costs.

17. The psychological damage caused requires follow-up. Survivors should therefore have access to psychological help so that they can rebuild their lives. A survey by the ILGA World reports that the main priority for policies on conversion practices is to ensure that victims receive the necessary support.¹⁴ The study recommends that the authorities work closely with victims' networks. However, such networks are only beginning to be created. Measures to support and assist victims are an important part of any legal framework aimed at preventing and countering the dangers of conversion practices.

4. Conversion practices as human rights violations

18. Conversion practices have been classified by UN experts as cruel, inhuman, degrading treatment, and, in some cases amounting to torture.¹⁵

19. Conversion practices also violate several fundamental rights protected under the European Convention on Human Rights (ETS No. 5), including Articles 2, 3, 8, 9, 10, and 14, as well as Article 1 of Additional Protocol No. 12 (ETS No. 177).

20. Article 3 prohibits torture and inhuman or degrading treatment. The European Court of Human Rights has established that practices causing severe physical or psychological suffering, such as forced medical interventions, electroshock, or coercive psychological manipulation, can amount to torture or inhuman treatment under this provision. As legal scholar Ilias Trispiotis notes, “all forms of ‘conversion therapy’ amount at a minimum to degrading treatment because they disrespect the equal moral value of LGBTQ+ people” and violate the absolute prohibition of such treatment under international human rights law.

21. Article 8 protects the right to respect for private and family life, which encompasses a person’s physical, moral, and psychological integrity. The European Court of Human Rights has affirmed this right in cases such as *X v. Poland* (2024), where the denial of hormone therapy to a trans woman in prison was found to violate Article 8, as it failed to protect her health and identity. “Conversion practices” interfere directly with this right by denying individuals autonomy over their identity, privacy, and personal development, and by preventing LGBTI people from exercising their right to health and making informed choices about their own bodies.

22. Other core rights are also engaged. Article 2, which protects the right to life, may be violated where conversion practices lead to severe mental distress, depression, or suicidal behaviour as a result of coercion or psychological abuse. Article 9 safeguards freedom of thought, conscience, and religion, and is violated when individuals are subjected to coercive religious or ideological interventions aimed at changing their sexual orientation or gender identity. Similarly, Article 10, which protects freedom of expression, is undermined when LGBTI people are silenced, pressured to conceal their identity, or deprived of the right to express themselves freely. Finally, Article 14 and Article 1 of Protocol No. 12 prohibit discrimination in the enjoyment of Convention rights and, more generally, of any legal rights. Conversion practices are inherently discriminatory, as they are based on the prejudiced view that diverse sexual orientations and gender identities are inferior or pathological, thereby denying equal dignity and protection under the law.

5. How to ban conversion practices

23. Professional organisations across Europe, including national associations of psychologists, psychiatrists, psychotherapists and counsellors, formally prohibit conversion practices. These bans, grounded in international ethical standards and the scientific consensus that such practices are ineffective and harmful, are in place in most member States. Major European and international bodies, such as the European Federation of Psychologists’ Associations, the World Psychiatric Association and the World Medical

13. Krista Conger, “Conversion practices linked to depression, PTSD and suicide thoughts in LGBTQIA+ adults”, Stanford Medicine News Center, 30 September 2024.

14. [Ilga World report on “conversion therapies”](#).

15. “‘Conversion therapy’ can amount to torture and should be banned says UN expert”, Office of the High Commissioner for Human Rights (OHCHR), 13 July 2020.

Association, have all issued strong condemnations. While these professional prohibitions play an important preventive role, they remain ethical guidelines rather than legal safeguards, and enforcement varies. Statutory bans therefore provide a stronger and more consistent form of protection, complementing the ethical standards upheld by mental health professions.

24. Several types of measures may be used to counter conversion practices. Legislative intervention is the most effective. The UN Independent Expert on sexual orientation and gender identity insists that States must not promote these practices, and must, on the contrary, prohibit them, in view of the suffering they cause.¹⁶

25. The Global Equality Caucus, an international network of parliamentarians and elected representatives dedicated to tackling discrimination against LGBTI people, follows closely legislative developments in this area. In May 2025, it published a report aiming to take stock of the situation globally and report on recent legislation banning conversion practices in Europe and beyond.¹⁷ The publication indicated that 15 countries globally had passed legislation to ban conversion practices nationwide, 3 had bans in sub-national jurisdictions, with protection varying significantly across States or provinces, and 14 countries indirectly banned conversion practices through executive circulars and directives, without explicit legislation enforcing criminal penalties.

26. In 2016, Malta became the first Council of Europe member State to adopt a total prohibition, followed by France in 2021, Spain and Belgium in 2023, Norway and Portugal in 2024. Germany (2020) and Greece (2022) ban “conversion therapies” for minors and allow them for adults who may supposedly consent to them. Albania adopted non-legislative medical guidelines in 2020. Denmark, Finland and Ireland are now taking steps towards a ban, either through government or civil society initiatives. In the Netherlands, draft legislation prohibiting conversion practices was voted by the parliament’s lower house in September 2025 and should pass a vote in the Senate. In the United Kingdom, the government has promised to introduce legislation to ban conversion practices and is bringing that legislation forward.

27. Initiatives to prohibit conversion practices are taken by civil society organisations, individual experts and other actors in many countries. In 2018, the European Parliament urged European Union member States “to adopt measures to ban ‘conversion therapies’ throughout the Union”.¹⁸

28. On 11 March 2021, the European Union declared itself an “area of freedom for LGBTIQ people” and encouraged member States “to make the practice of ‘conversion therapy’ a criminal offence”.¹⁹ In February 2023, the Council of Europe Commissioner for Human Rights, Dunja Mijatović, published an article in the *Human Rights Commentary* entitled “Nothing to change: ending conversion ‘therapies’ for LGBTI people”.

29. On 17 May 2024, on the initiative of the French association [ACT \(Against Conversion Therapy\)](#), a European citizens' initiative campaign was launched for “[A ban on conversion practices in the European Union](#)”, calling on the European Commission to propose a legally binding ban on conversion practices. On 18 November 2025, the initiative was submitted to the European Commission. The initiative obtained 1 128 063 validated statements of support from European Union citizens and reached thresholds in 11 member States, making it the 13th valid initiative that will be examined by the Commission. According to the European citizen initiative regulation, when the Commission receives a valid initiative with at least 1 million certified statements of support, it is required to start an examination process and issue a reply within 6 months.

30. The recently adopted European Commission’s LGBTIQ+ Equality Strategy 2026-2030, which builds on the previous 2020-2025 Strategy, reaffirms the European Union’s commitment to equality, protection and inclusion of LGBTIQ people, and prioritises implementation, consolidation and co-operation over new legislative efforts. It aims among other things to support member States in banning conversion practices. Unfortunately, it does not propose adding conversion practices to the list of “EU crimes”, which would have been a useful step.

31. Civil society organisations in Council of Europe member States are actively working to prevent and counter the dangers of conversion practices and advocating for legislation and policies to ban them in countries that have not yet done so. In late 2024, ILGA-Europe hosted a meeting that brought together

16. [Article](#) on the Independent Expert's report, 8 February 2022.

17. Vianey Estrada, “IDAHOBIT 2025: Charting Global Progress on Banning Conversion Practices”, Global equality network, 16 May 2025.

18. [European Parliament, “Situation of fundamental rights in the EU in 2016 - European Parliament resolution of 1 March 2018 on the situation of fundamental rights in the EU in 2016 \(2017/2125\(INI\)\)”, para. 65.](#)

19. P9_TA(2021)0089, Declaration of the EU as an LGBTIQ Freedom Zone, European Parliament resolution of 11 March 2021 on the declaration of the EU as an LGBTIQ Freedom Zone (2021/2557(RSP)).

activists from across Europe to discuss strategies for ending conversion practices. Participants emphasised the necessity of addressing the underlying mentality that permits these practices – namely, the harmful belief that LGBTI+ people need to be “cured”. Participant organisations highlighted the covert nature of these practices, which are often conducted behind closed doors, making detection and intervention challenging. The importance of educating and training professionals to recognise the subtleties of conversion practices to better prevent them was also underscored. The meeting highlighted the need for a multifaceted approach, combining legal bans, public awareness, victim support, and shifts in societal attitudes to effectively combat this deeply harmful phenomenon.

32. Generalising a ban throughout Council of Europe member States is necessary for the system to be effective. Indeed, countries in which “conversion therapy” is still legal are reporting an increase in the number of groups perpetrating it. This is the case in Switzerland, which has seen organisations offering “conversion therapy” being set up on its territory after Germany and France banned these practices.²⁰ This cross-border issue confirms the urgent need for a Europe-wide ban.

33. The protection of children's rights²¹ is another aspect that must be taken into account. Children are particularly likely to undergo “conversion therapies” and to be severely affected by them. Studies carried out by the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment highlight the role of parents in the administration of “conversion therapies”.²² The parents' right to control and take charge of their child is limited by their own interests. The United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity is “convinced that the decision to inflict conversion therapies on a child can never be truly consistent with the principle of the best interests of the child”.²³ However, children are not the only persons at risk of being subjected to these practices. Laws and policies aimed at prohibiting them should therefore not be limited to children.

6. The ban on conversion practices in Malta: a success story

34. Thanks to the States that have begun to regulate these practices, it is possible to identify the most effective measures.²⁴

35. On 15 and 16 September 2025 I carried out a visit to Malta. I would like to thank the Maltese delegation to the Assembly, represented by its Head, Naomi Cachia, for its support and hospitality, and all my interlocutors for their valuable input. These included members of parliament from both the government and the opposition, and representatives of current and former governments, in particular Rebecca Buttigieg, Parliamentary Secretary for Reforms and Equality, and Helena Dalli, former Minister for Social Dialogue, Consumer Affairs and Civil Liberties, former Minister for Equality, and former European Commissioner for Equality. I held discussions with legal experts, civil society organisations such as the Malta LGBTIQ Rights Movement (MGRM), represented by Colette Farrugia Bennett and Ryan Portelli, and the Christian LGBTI group Drachma, represented by Christopher Vella. I also met with social justice advocate Ruth Baldacchino, journalists from leading newspapers, and Joseph Vella, an official of the European Commission and former close collaborator of Helena Dalli.

36. Malta has undergone profound legislative and policy reforms in the field of the rights of LGBTI people over the past decade. Since 2014, a series of measures were adopted in rapid succession, including the introduction of civil unions, then of same-sex marriage, the Gender Identity, Gender Expression and Sex Characteristics Act, and, eventually, the prohibition of conversion practices. These reforms took place in a society traditionally shaped by strong Catholic influence and were largely driven by an active civil society and a political leadership committed to advancing equality. Helena Dalli had a prominent role in this process.

37. Prior to the adoption of the ban, conversion practices were mainly carried out by certain religious groups encouraging believers to “pray the gay away”, such as the Evangelical movement “River of Love”, and, in at least one known case, by a psychologist affiliated with this movement. Although a fringe group, River of Love is well funded – including by foreign organisations – and vocally opposed to LGBTI equality initiatives.

20. “‘Heilung’ von LGBTIQ-Menschen soll in der Schweiz verboten werden”, *20 Minuten*, 4 October 2021.

21. *Convention on the Rights of the Child*, UNICEF (1990).

22. Report of the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment: “Relevance of the prohibition of torture and other cruel, inhuman or degrading treatment or punishment to the context of domestic violence”, *A/74/148*, para. 48, 12 July 2019.

23. Practices of so-called “conversion therapy”, Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, 9 July 2020.

24. *Article by the Commissioner for Human Rights*, para. 3, 16 February 2023.

38. The law banning conversion practices was prepared in close collaboration with well-informed experts and representatives of LGBTIQ organisations. Its drafting is clear, concise and effective. It provides a simple but comprehensive definition of conversion practices and distinguishes between vulnerable persons – notably children under 16 and persons with disabilities – for whom such practices are prohibited outright, and adults, for whom certain forms of intervention may be permitted only where there is genuine and informed consent.

39. During the drafting process, professional bodies such as associations of psychiatrists and psychologists expressed concerns that the ban might interfere with legitimate therapeutic practice, particularly discussions relating to sexual orientation or gender identity. Several interlocutors noted that these concerns could have been better addressed through earlier consultation. Nonetheless, it is broadly recognised that the final legislative text is protective while still allowing professionals to provide appropriate psychological support.

40. The question of consent is central to the Maltese legislation and to the debates in other countries on banning conversion practices. While consent is ordinarily required for medical or therapeutic interventions, several interlocutors underlined that consent in the context of conversion practices cannot be given.

41. As one expert put it, “consent does not come in a vacuum”. It must be free of pressure from family, peers or religious authorities. Moreover, an individual may initially agree to discuss aspects of their sexual orientation or gender identity, but this cannot be interpreted as consent to any set of practices, which may escalate or become harmful. Adults must retain the right to stop at any time.

42. As for the impact of the reform, most interlocutors agreed that the ban is having a demonstrably positive effect. Several indicated that prohibiting conversion practices has “saved lives” by preventing vulnerable individuals from being exposed to coercive or abusive interventions. The law has also contributed to raising awareness and reducing the social legitimacy of such practices.

43. At the same time, many stressed that progress is fragile. A significant part of the population remains unaware that conversion practices still occur, underestimates their prevalence, or assumes they belong to the past. Continuous public education, awareness raising and visibility of support services were identified as essential to prevent backsliding. Underreporting is still an issue, and a more accessible reporting mechanism is being explored.

44. A notable feature of the Maltese experience is the absence of active opposition from the Catholic Church to the reforms. Several factors contributed to this. The unsuccessful and polarising campaign against divorce served as a cautionary precedent, motivating Church leaders to avoid similar confrontations. Helena Dalli engaged both archbishops (of Malta and of Gozo) in open and constructive dialogue while the legislation was being prepared. Although the Church could not endorse the reforms, it did not contest them. This stance was interpreted by the public as tacit acceptance that the measures were compatible with Catholic values. The LGBTI Christian group Drachma also played a bridging role between civil society and Church leadership. Some of my interlocutors found that statements by Pope Francis created an atmosphere that made such reforms acceptable by Catholics.

45. Importantly, the Maltese legislation includes a ban on referring people for conversion practices. This has prevented potential victims from being sent abroad to circumvent the general ban.

46. According to some of the experts and the officials I met in Valletta, despite the overall success of the legislative framework, several challenges still persist. Professional training, they found, remains insufficient: police officers, members of the judiciary, teachers and healthcare staff require updated training to identify conversion practices and respond appropriately. Cross-border loopholes need to be addressed: individuals may be directed to practitioners abroad, potentially undermining the effectiveness of the ban. Public communication on the nature and harms of conversion practices must be strengthened to ensure sustained societal awareness.

47. A step forward was taken in 2023 when the law was amended to prohibit the advertising of conversion practices, following documented examples of promoters using podcasts and online platforms to reach potential victims.

48. The Maltese experience highlights several good practices that could inspire other member States: a clear, concise legislation developed in co-operation with experts and civil society, an effective approach to consent, providing enhanced protection for vulnerable groups, the open dialogue with religious institutions, which can reduce opposition and foster social acceptance, and continuous awareness raising, ensuring that legal progress translates into real protection.

7. Conclusions

49. There is a clear need to step up action to prevent and address the harm caused by conversion practices. Member States that have not yet taken measures in this field should adopt legislation and policies to prohibit these practices and support those who may be affected. Where such measures already exist, it is important that they are implemented effectively.

50. Responding to this issue is not only a public health concern. It also relates directly to the protection of human rights and fundamental freedoms. Ensuring that people are safeguarded from practices that can undermine their dignity and well-being is part of strengthening the democratic fabric of our societies.

51. To introduce and support effective bans, better knowledge of conversion practices is essential. Research and systematic data collection should be promoted to clarify their prevalence, where they occur, the forms they take, who provides them, and who is affected. They should also conduct campaigns to raise awareness of the prevalence of conversion practices and the harm they cause.

52. The belief that conversion practices no longer exist or occur infrequently is still prevalent and this calls for more awareness-raising activities.

53. The experience of countries that have taken early steps in this area, such as Malta, offers valuable lessons. It highlights both the core principles that can guide reforms and the potential gaps or unintended consequences that legislators should seek to avoid. The draft resolution provides concrete suggestions for policy makers and legislators to better protect individuals – especially children and young people – from the risks and harm associated with conversion practices.