Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2643 (2026)[1]

For a ban on conversion practices

Parliamentary Assembly

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.

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1. *Assembly debate* on 29 January 2026 (8th sitting) (see Doc. 16315, report of the Committee on Equality and Non-Discrimination, rapporteur: Ms Kate Osborne). *Text adopted by the Assembly* on 29 January 2026 (8th sitting).
Provisional version subject to editorial review.

8. The Assembly affirms that a conversion practices ban should not limit supportive interventions by parents, organised religious institutions or qualified clinicians providing healthcare services to adults, young people and/or children, nor limit their independence, so long as the interventions do not attempt to change, repress, or suppress.

9. 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:

9.1. with regard to legislation and policies, to:

9.1.1. 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;

9.1.2. 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;

9.1.3. 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;

9.1.4. 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;

9.1.5. ensure that the ban is extended to the advertising of conversion practices, including online;

9.1.6. ensure the ban is extended to referrals to other practitioners or operators, including when these are based in other jurisdictions;

9.2. with regard to co-operation with civil society, professional organisations and religious institutions, to:

9.2.1. 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;

9.2.2. 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;

9.2.3. promote the development and adoption by professional organisations of codes of conduct and practical guidance on banning such practices;

9.2.4. engage in dialogue with religious organisations with a view to co-operating in enforcing the prohibition of conversion practices;

9.3. with regard to education and awareness raising, to:

9.3.1. 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;

9.3.2. 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;

9.3.3. 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;

9.4. with regard to victim support and protection, to:

9.4.1. establish specialised, confidential support services for victims, including counselling and legal aid, and to ensure adequate funding;

9.4.2. promote and support survivors' networks in order to empower victims and facilitate peer support;

9.4.3. 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;

9.4.4. recognise experiences of conversion practices as grounds for emergency housing priority in social welfare policies;

9.5. with regard to Implementation, evaluation and research, to:

9.5.1. report regularly on the implementation of legislation banning conversion practices, its progress, challenges, and outcomes;

9.5.2. 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;

9.5.3. 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.

10. 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.