

A DECEPTIVE LABEL: BRIEFING ON THE DANGERS AND DISTORTIONS OF CONVERSION THERAPY BANS ON GENDER IDENTITY/EXPRESSION

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This briefing seeks to clarify common misconceptions about bans on so-called “conversion practices” (including therapy) in Europe, examining what such bans claim to address, what they contain, and who is harmed in the process. Two annexes provide country-specific examples from Spain and Malta, illustrating the ideological nature of these bans.

Executive summary and key concerns

While these laws and resolutions are often presented as necessary protections against abusive practices, they go far beyond that scope. By expanding the definition of “conversion” to include any non-affirming response to a child’s self-declared gender identity or expression, these proposals introduce sweeping legal, professional and ideological overreach.

Rather than safeguarding vulnerable individuals, such bans risk criminalising therapists, educators, parents and social workers who provide cautious, holistic and evidence-based care – particularly for children and adolescents in distress. They suppress open debate, enshrine a contested belief system in law and undermine child safeguarding, clinical freedom, parental rights and pluralism across public institutions.

→ Bans on “conversion practices” are a deceptive label. They deliberately evoke the abusive practices once inflicted on lesbians and gay men, acts that are already punishable as serious criminal offences, including: deprivation of liberty, coercion, assault and abuse.

→ Proposed bans now apply this historic imagery to something fundamentally different: the distress of pubescent children and vulnerable young people struggling with their sexed bodies, and the demand that families, teachers, therapists and social workers unconditionally affirm this distress as an innate and immutable transgender identity. The same approach is applied to “gender expression,” a category commonly used by transactivists to refer to a “non-binary” identity and often accompanied by demands for linguistic affirmation through compelled pronoun use, separate legal sex categories, as well as hormonal and surgical interventions.

→ At the same time, the scope of what is deemed “conversion” has been intentionally obfuscated and expanded. It now encompasses verbal dissent, exploratory and talking therapy, non-affirmation by state and societal actors, such as schools or welfare services, as well as questioning and legitimate objections by parents and family members, particularly in the case of minors.

1/10

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This expansion rests on the presumption that “trans identity” constitutes an established and mandatory belief system, rather than a contested concept that cannot legitimately be imposed on others.

→ Many of these young people would grow up to be lesbian or gay. Instead, they are told that gender non-conforming behaviour is evidence of “being in the wrong body,” and are shamed, pressured and ideologically steered away from homosexuality. Conversion therapy bans mandate comprehensive trans affirmation and place these young people on a pathway toward social, legal and medical transition.

→ Individuals struggling with their sex require open, exploratory and therapeutic support; their families deserve evidence-based care; and society needs honesty and clarity. Extending conversion therapy bans to gender identity and gender expression is doing lasting harm under the guise of human rights protection.

TERMINOLOGY AND CONCEPTUAL CONFUSION

The term conversion therapy calls to mind the brutal procedures – electric shocks, chemical castration, even lobotomies – inflicted upon same-sex attracted people by medical professionals and religious authorities in the time when homosexuality was classified as a disorder in much of the West. Most people are unaware that the term has taken on a new meaning. It is now widely applied to any therapeutic, parental or educational approach that does not affirm a child’s self-declared gender identity or gender expression.

Today, conversion therapy (practices) bans are not about sexual orientation. They use the transactivist concepts of gender identity (trans) and gender expression (non-binary), introduce them into a therapeutic setting (often required for legal or medical sex change procedures) and seek to criminalise clinicians, parents and educators who refuse to affirm the self-diagnosis of children, adolescents and vulnerable adults who experience distress about their sex or sexual orientation.

GENDER IDENTITY ≠ SEXUAL ORIENTATION

Sexual orientation and gender identity are completely different, and arguably incompatible, concepts. Gender identity resists clear definition, but can be described as an inner, psychological sense of female or male identity that may be at odds with one’s physical body. In the late 2000s, transactivist organisations began using the Council of Europe as an entry point to embed gender identity into international soft law and policy.

The effect of bundling gender identity and gender expression into conversion therapy bans has not been to prevent coercive treatment, but to require professionals to affirm a person's declared gender identity – especially in the case of children and adolescents. In many jurisdictions, bans focus primarily on minors.

This places clinicians in a bind: under systemic pressure to affirm, they are stripped of the ability to exercise clinical judgment. The therapeutic process collapses into affirmation, with serious consequences for young people navigating complex emotional and developmental landscapes.

A growing body of [evidence](#) suggests that many trans-identified adolescents are gender-nonconforming youth – often same-sex attracted – who, in earlier decades, would likely have grown up to be lesbian or gay adults. What once amounted to attempts to “cure the gay” has, in some cases, become “transing the gay away.”

SYSTEMIC SAFEGUARDING FAILURE

[Several studies](#) show that adolescents with gender dysphoria frequently experience psychiatric and neurodevelopmental comorbidities – such as ADHD, autism spectrum disorder, depression, anxiety and eating disorders.

Despite this complexity, European resolutions refer to conversion practices based not only on sexual orientation, but deliberately also on gender identity, gender expression and sex characteristics. This shift has profound implications.

These bans:

- Pressure all mental-health professionals into affirmation-only care.
- Eliminate cautious, exploratory approaches like “watchful waiting,” in favour of automatic affirmation.
- Obscure the need to assess and treat comorbidities or pursue clinical diagnoses independent of what the patient self-reports.
- Narrow the training and guidance offered to professionals – including therapists, educators, and social workers – by embedding affirmation-only models into professional standards and certification.
- Specifically affect lesbian and gay adolescents, who may struggle with internalised homophobia or hostile family and peer environments, leaving their needs unexamined and misdirecting them toward transition.
- Expose parents, teachers and clinicians to potential criminal or administrative sanctions if they question immediate affirmation or seek a more comprehensive approach.

3/10

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- Prohibit any direct or indirect public funding for services or organisations perceived to contradict affirmation-based models, even when these offer neutral, exploratory or therapeutic support.

The impact of overbroad conversion therapy bans extends far beyond their stated aims. The table below outlines how a range of groups is affected by this policy shift and the systemic safeguarding failures it reflects.

Overview of affected groups and safeguarding impacts

GROUP AFFECTED	HOW THEY ARE HARMED
<p>CHILDREN AND ADOLESCENTS</p>	<ul style="list-style-type: none"> → Co-occurring conditions such as autism, depression, anxiety or ADHD go undiagnosed and untreated, as distress is interpreted solely through the lens of gender identity. → Past experiences of sexual abuse or trauma are overlooked when affirmation replaces comprehensive, exploratory care. → Young people are put on a pathway to social, legal and medical transition that carry risks of irreversible harm, despite a lack of long-term evidence supporting their safety or effectiveness. → Mental health outcomes may worsen, with rising rates of depression, anxiety and suicidality linked to identity-affirming approaches that fail to address underlying issues.

LESBIAN AND GAY YOUTH

- Are misdiagnosed or misunderstood in contexts where same-sex attraction is stigmatised by family, peers or cultural background.
- Are denied supportive conversations about their sexuality, as therapists fear accusations of “conversion therapy”.
- Are left with unaddressed internalised homophobia, leading some to misinterpret same-sex attraction or gender nonconformity as being “trans”.
- Are set on a path of actual conversion from lesbian or gay youth into “straight” trans-identified individuals.

PARENTS

- Risk criminal investigation, fines or intervention by child welfare services or other authorities for expressing concern or caution, including in separation or custody disputes where affirmation is increasingly treated as a marker of “good parenting”.
- Seek professional help for a struggling child and instead find themselves accused of hate, bigotry or abuse for attempting to safeguard their child’s wellbeing.
- Are deterred from accessing trusted therapists or clinicians, as exploratory support is reframed as prohibited “conversion practices”.
- Experience erosion of parental authority and responsibility, replaced by state-mandated ideological compliance.

THERAPISTS AND CLINICIANS

- Risk criminal liability, loss of licence or professional sanctions for exercising clinical judgment and providing exploratory, evidence-based care instead of automatic affirmation.
- Training and professional development of the entire sector is restricted to affirmation-only approaches, limiting clinical scope and objectivity.
- The profession is captured by a chilling effect, discouraging research, teaching, and practice of exploratory or comprehensive therapeutic approaches, and narrowing standards of care to affirmation-only models.
- Professionals withdraw from working with distressed children and adolescents altogether, reducing access to care for those most in need.

EDUCATORS

- Risk professional sanction or dismissal for expressing concerns, applying common sense or seeking balanced information.
- Required to undergo mandatory training that promotes one-sided, ideologically driven views of gender identity and expression.
- Undermined in their duty of care and safeguarding, particularly when girls express discomfort related to their sex or social pressures.
- Prevented from offering meaningful support to students navigating confusion, peer pressure or internalised homophobia.

SOCIAL WORKERS

- Expected to interpret non-affirmation by parents as harmful or abusive, potentially triggering intervention by child protection services.
- Caught between state directives and the best interests of the child (including where comorbidities, trauma or abuse are present).
- Subject to compulsory ideological training that undermines their ability to assess complex family or psychosocial dynamics.
- Risk being seen as non-compliant or discriminatory if they advocate for exploratory approaches over medicalised pathways.

JUDICIARY AND LAW ENFORCEMENT

- Expected to enforce belief-based laws and policies related to gender identity, despite lack of legal clarity or an evidence-based foundation.
- Required to undergo training based on contested ideological assumptions, with implications for neutrality and due process.
- Risk undermining public trust in the impartiality and fairness of justice institutions.
- Face pressure to treat dissent or safeguarding concerns as discrimination or hate, regardless of intent or context.

GENERAL PUBLIC

- Exposed to state-enforced belief systems through public awareness campaigns, institutional messaging and compelled ideological speech.
- Discouraged from expressing dissenting views, with a fear of social or professional consequences for questioning the ideology.
- Subject to misinformation about gender identity and transition, especially when debate is equated with harm or hate.
- Grassroots organising or advocacy may be stigmatised or excluded from public discourse and funding if it challenges dominant narratives.

This expanded framing has been driven by activist lobbying and has rarely been subjected to open, critical debate.

RECOMMENDATIONS

Considering the growing push for deceptive “conversion therapy” bans across Europe – driven by well-funded transactivist NGOs, lacking in transparency, and promoted through misleading narratives – we urge policymakers, professionals and the media to take a stand.

We call on decision makers at all levels to engage critically with this agenda, ensure proper scrutiny and listen to the voices of women’s rights advocates, lesbians and gays, parents, clinicians and detransitioners.

To that end, we recommend the following steps:

- Remove gender identity and gender expression from the scope of conversion practices/therapy legislation
- Reaffirm commitment to evidence-based, exploratory care
- Protect professional and parental autonomy
- Reject ideological training mandates in education, healthcare and law enforcement

ANNEX 1: LEGISLATIVE EXAMPLE MALTA

Malta's [Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act](#) came into force in December 2016. It has been [cited as a model](#) for comprehensive national bans because of its broad definitions and inclusion of gender identity and gender expression. Malta's statute defines "conversion practices" as: *"any treatment, practice or sustained effort that aims to change, repress and/or eliminate a person's sexual orientation, gender identity and/or gender expression."*

This broad formulation is intentionally conduct-based, focusing on the intention and effect of the act rather than limiting specified techniques. The legislation and later amendments cover a wide range of actors including parents and family members as well as professionals. As the name suggests, the statute effectively enshrines affirmation as the only legitimate response to a child's self-declaration of a gender identity or expression.

Malta's conversion therapy ban imposes criminal sanctions, rather than merely civil or administrative ones, but despite being in force for nearly a decade, very few prosecutions have been reported. Rather than prosecuting harmful practices, the law appears to have been largely symbolic, creating a chilling effect which prioritises ideological conformity over clinical judgment, parental discretion and the careful consideration of the long-term well-being of vulnerable young people.

The Maltese law also addresses advertising and promotion of conversion practices. The most high-profile and possibly first criminal case under Malta's conversion therapy ban involves Matthew Grech, a Maltese Christian, in relation to an April 2022 interview in which he discussed his personal journey away from homosexuality. Prosecutors alleged that the broadcast amounted to advertising or promoting conversion practices. If convicted, Grech faces penalties that could include fines and up to five months' imprisonment.

ANNEX 2: LEGISLATIVE EXAMPLE SPAIN

In February 2023, Spain enacted [Law 4/2023](#) for the real and effective equality of trans people and to guarantee the rights of LGBTI persons (Ley Trans). Article 17 of this law prohibits conversion practices – “methods, programmes or therapies of aversion, conversion or counter-conditioning” intended to change sexual orientation, gender identity or gender expression, even with consent. Violations are categorised as a “very serious administrative offence” carrying a fine of up to €150,000 (!).

Since the 2023 law entered into force, enforcement has been limited. Reports from specialised legal advocates state that seldom or no significant sanctions have been imposed under the administrative regime. It is possible that the existence of the law has a chilling effect on professionals, enforcing an affirmation only approach – as intended by transactivists. Nevertheless, in June 2025, the Spanish Congress of Deputies took the first procedural step to consider a proposal under organic law to amend the Penal Code, adding a [new article](#) that would make conversion practices a criminal offence punishable by prison (six months to two years).

While enforcement has so far been limited, the legal overreach of such legislation is deeply concerning. Crucially, these laws codify the belief that there is such a thing as a ‘trans child’ – that a child’s declaration of a trans identity must be accepted as fact.

This view is treated not as a clinical or developmental question, but as an unquestionable truth that professionals, parents and institutions are legally and morally obliged to affirm. Simultaneously, it prohibits alternative, exploratory responses – including reassuring a child that they are not “born in the wrong body” and that they can grow up as a boy or a girl in many ways.

In doing so, the law prioritises ideological conformity over clinical judgment, parental discretion and the careful consideration of the long-term well-being of vulnerable young people. The consequences reach far beyond the therapy room: they shape how professionals are trained, how parents can act, how institutions respond, and how society speaks – or doesn’t – about gender, childhood and vulnerability.

ABOUT ATHENA FORUM

Athena Forum is a European initiative for sex-based rights, democratic values and political courage. We work to safeguard women’s rights, children’s rights and the rights of lesbians and gay men, and to ensure democracy and pluralism remain central to policy and legal frameworks.

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