

# It's Still Happening

## A Report on Practitioners of So-Called Conversion "Therapy" in the U.S.

The Trevor Project is the leading suicide prevention and crisis intervention organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people. We work to save young lives by providing support through 24/7 free and confidential suicide prevention and crisis intervention services via phone lifeline, chat, and text. Trevor also runs TrevorSpace, the largest safe space social networking site for LGBTQ young people, and operates innovative education, research, and advocacy programs.

### **Content Warning:**

The content in this report may be triggering or uncomfortable to some. This report includes discussions on practitioners of conversion therapy and their public representations, as well as discussions on the many harms associated with sexual orientation and gender identity change efforts.

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# Executive Summary

So-called “conversion therapy” – a term used to encompass a wide range of efforts to change a person’s sexual orientation or gender identity – has been condemned by every major medical and mental health organization as unscientific, ineffective, and dangerous. Additionally, a 2022 study by The Trevor Project and multinational research organization Cytel found that the practice of conversion therapy on LGBTQ young people and its associated harms – which include substance abuse, depression, anxiety, and suicide attempts – costs the U.S. economy over \$9 billion annually.<sup>1</sup> In recent years, significant progress has been made in efforts to reduce the incidence of this fraudulent and unethical practice. Since 2012, 22 states plus the District of Columbia have enacted laws banning licensed professionals from subjecting minors to conversion therapy, and five more states – plus Puerto Rico – have implemented partial bans on the practice.<sup>2</sup> At the same time, acceptance of LGBTQ people has continued to increase, as evidenced by growing representation in media, entertainment, and even government.<sup>3</sup> Perhaps due in part to these signals of progress, there is a widespread and expanding belief in some regions of the country that conversion therapy is no longer being practiced. This report dispels that misconception and confirms that it’s still happening.

This report documents new and troubling research revealing the ongoing prevalence of conversion therapy practitioners across the United States. While accounts from survivors and existing studies shed light on the number of LGBTQ people who continue to be subjected to conversion therapy, this report demonstrates just how widespread the supply of conversion therapy still is today.

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<sup>1</sup> Forsythe A, Pick C, Tremblay G, Malaviya S, Green A, Sandman K. *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States*. *JAMA Pediatr*. 2022;176(5):493–501.

doi:10.1001/jamapediatrics.2022.0042

<sup>2</sup> Movement Advancement Project. (2023). *Conversion “therapy” laws*. Movement Advancement Project.

[https://www.lgbtmap.org/equality-maps/conversion\\_therapy](https://www.lgbtmap.org/equality-maps/conversion_therapy)

<sup>3</sup> Oliver, D. (2022, February 17). Broadcast TV has never been more queer, GLAAD study says. *USA Today*.

<https://www.usatoday.com/story/entertainment/tv/2022/02/17/lgbtq-representation-all-time-high-broadcast-tv-glaad-study/6788651001/>; Migdon, B. (2023, June 8)

*LGBTQ representation in government hits fresh high*. *The Hill*.

<https://thehill.com/homenews/lgbtq/4040067-lgbtq-representation-in-government-hits-fresh-high/>

This research was conducted using publicly accessible online sources by researchers knowledgeable in the many forms of sexual orientation and gender identity change efforts practiced today. Researchers performed systematic online searches of terms designed to surface individuals who advocate for and/or directly engage in conversion therapy (like “reparative therapy,” “ex-gay,” and “unwanted same-sex attraction”). Researchers then searched and reviewed all available evidence for identified leads. Individuals offering services were only classified as conversion therapy practitioners if this thorough review uncovered explicit representations of the ability or need to alter one’s sexual orientation or gender identity, other clear indications of support for conversion therapy, and/or deep integration within conversion therapy referral networks.

The Trevor Project identified **more than 1,320 conversion therapy practitioners across 48 states and the District of Columbia, including more than 600 practitioners who hold active professional licenses and over 700 practitioners who operate in a ministerial (official religious) capacity.**

Other key findings include:

- Pennsylvania, Texas, Minnesota, Missouri, and Ohio represent the five states with the largest number of identified licensed and unlicensed practitioners, in descending order.
- The South and Midwest Census regions are home to most identified conversion therapy practitioner locations.
- Hawaii and Vermont are the only states with no identified practitioners.
- More than 70 identified practitioners are in training for full licensure, illuminating an up-and-coming generation of conversion therapy practitioners.
- Licensed professional counselors, marriage and family therapists, social workers, and psychologists comprise the top four categories of fully licensed conversion therapy practitioners, in descending order.

As conversion therapy is increasingly underground and conducted in secret, with many practitioners not publicly advertising their services in a way that can be documented, this data likely underrepresents the prevalence and reach of conversion therapy practitioners across the country today.

Perhaps most importantly, this research underscores the need to take action today to end this insidious and exploitative industry. Policymakers at all levels of government, state licensing boards, professional associations, accreditation agencies, the healthcare industry and related businesses, and faith communities must act with urgency to bring us closer to a future that is free from sexual orientation and gender identity change efforts.

# Introduction

## What is “Conversion Therapy”?

Though efforts to change a person’s sexual orientation or gender identity are commonly referred to today as “conversion therapy,” these practices are not in any way therapeutic. Unlike actual therapy, sexual orientation and gender identity change efforts are not based in science, medicine, or fact. They emanate from false and outdated notions that lesbian, gay, bisexual, transgender, or queer (LGBTQ) people are unnatural and suffer from mental illnesses that need to be “cured.”

The truth of the matter is that LGBTQ people are and have always been part of the natural spectrum of human diversity – something that major medical and mental health organizations in the U.S. have recognized for decades. Unfortunately, many people continue to pathologize these differences instead of recognizing the inherent value and validity of LGBTQ identities. Some, including a significant number of licensed mental health providers, are still actively trying to change LGBTQ people into what they consider “normal”: cisgender heterosexuals. This report refers to those who engage in these change efforts as conversion therapy practitioners or providers.

## KEY TERMS

- **Conversion therapy** or **gender identity/sexual orientation change efforts** include any practices intended to attempt to change a person's sexual orientation or gender identity. It does **not** include counseling that helps a person to cope, find social support, or explore their identity, or interventions to prevent or address unlawful conduct or unsafe sexual practices (as long as the counseling is sexual orientation- and gender identity-neutral).
- **Gender identity** is a person's experience of their own gender, or their innermost concept of self as masculine, feminine, a blend of both, another gender(s), or none. This is not always congruent with biological sex or gender assigned at birth.
- **Sexual orientation** refers to an individual's enduring physical, romantic, emotional, and/or spiritual attraction to members of the same and/or different sex and/or gender.
- **Gender expression** refers to elements of a person's behavior, mannerisms, interests, and appearance, in relation to ideas of gender. Gender can be expressed via clothing, hairstyle, vocal expressions, gestures/mannerisms, pronouns, and a wide range of other modes.
- **Cisgender ("cis")** is a term for people whose gender identity matches the sex or gender they were assigned at birth.
- **Transgender** refers to people whose gender identity differs from the gender they were assigned at birth. Transgender can be both a standalone identity or an umbrella term that encompasses many different gender identities, including nonbinary and gender-expansive identities. "Trans" is often used as shorthand for transgender.

## Inefficacy and Dangers

With countless tragic testimonies from survivors, public statements from national and international medical authorities, and a growing body of unanimous published research dating back half a century, one thing is eminently clear: conversion therapy does not work. These practices wreak havoc on the lives of LGBTQ people and their families, leaving behind devastating social, emotional, and economic consequences that can last a lifetime.

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, has recognized conversion therapy as ineffective and associated with an extensive list of long-lasting social and emotional consequences. These include depression, anxiety, suicidality, substance abuse, a range of post-traumatic responses, loss of connection to community, damaged familial relationships, self-blame, guilt, and shame.<sup>4</sup>

Compounding these harms is the fact that conversion therapy can lead to deep-rooted distrust of mental health professionals, preventing LGBTQ people from seeking the legitimate, evidence-based mental health care they need. Data from The Trevor Project's 2023 U.S. National Survey on the Mental Health of LGBTQ Young People reveals that 15% of LGBTQ young people cited the fear of being subjected to conversion therapy as the reason they did not seek out desired mental health care.<sup>5</sup> This fear is grounded in personal experience: LGBTQ young people who reported the prospect of conversion therapy as a barrier to mental health care reported significantly higher rates of having experienced or been threatened with conversion therapy in the past compared to their peers who did not report conversion therapy-related fears as a barrier to seeking mental health care.<sup>6</sup> Moreover, LGBTQ young people who reported that the fear of conversion therapy is a factor preventing them from obtaining mental health care are experiencing an elevated need for such care. This group of respondents reported significantly poorer mental health than their peers

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<sup>4</sup> American Psychological Association. (2021, February). *Resolution on Sexual Orientation Change Efforts*. <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>; *Resolution on Gender Identity Change Efforts*. <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>

<sup>5</sup> The Trevor Project. (2023). *2023 National Survey on the Mental Health of LGBTQ Young People* [Data set].

<sup>6</sup> The Trevor Project. (2023). *2023 National Survey on the Mental Health of LGBTQ Young People* [Data set].

who did not indicate the fear of conversion therapy as an obstacle to seeking mental health care.<sup>7</sup>

The economic consequences of conversion therapy are also striking. The APA noted research linking conversion therapy to lower levels of educational attainment and socioeconomic status, as well as feelings of anger and grief caused by the significant time and money lost to this fraudulent practice.<sup>8</sup> Additionally, recent research from The Trevor Project and multinational research organization Cytel found that the practice of conversion therapy on LGBTQ youth and its associated harms cost the United States an estimated \$9.23 billion annually.<sup>9</sup>

Major medical and mental health organizations agree on the inefficacy and dangers of conversion therapy. This includes the American Psychiatric Association,<sup>10</sup> American Psychoanalytic Association,<sup>11</sup> American Counseling Association,<sup>12</sup> American Medical Association,<sup>13</sup> American Academy of Child and

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<sup>7</sup> LGBTQ young people who reported that fear of conversion therapy was a barrier to mental health care reported significantly higher rates of recent anxiety (83%), recent depression (73%), seriously considering suicide in the past year (60%), and attempting suicide in the past year (22%), compared to their peers who did not report fear of conversion therapy as a barrier to mental health care (recent anxiety 71%, recent depression 59%, seriously considering suicide 42%, attempting suicide 12%). The Trevor Project. (2023). *2023 National Survey on the Mental Health of LGBTQ Young People* [Data set].

<sup>8</sup> American Psychological Association. (2021, February). Resolution on Sexual Orientation Change Efforts. <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>

<sup>9</sup> Forsythe A, Pick C, Tremblay G, Malaviya S, Green A, Sandman K. *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States*. *JAMA Pediatr*. 2022;176(5):493–501. doi:10.1001/jamapediatrics.2022.0042

<sup>10</sup> American Psychiatric Association. (2018, December). *Position Statement on Conversion Therapy*. American Psychiatric Association. <https://www.psychiatry.org/getattachment/3d23f2f4-1497-4537-b4de-fe32fe8761bf/Position-Conversion-Therapy.pdf>

<sup>11</sup> American Psychoanalytic Association. (2012, June). *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression*. American Psychoanalytic Association. <https://apsa.org/wp-content/uploads/2022/02/2012-Position-Statement-on-Attempts-to-Change-Sexual-Orientation-Gender-Identity-or-Gender-Expression.pdf>

<sup>12</sup> American Counseling Association. (2017, December). *Resolution on Reparative Therapy/Conversion Therapy/Sexual Orientation Change Efforts (SOCE) as a Significant and Serious Violation of the ACA Code of Ethics*. American Counseling Association. [https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter-final.pdf?sfvrsn=d7ad512c\\_4](https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter-final.pdf?sfvrsn=d7ad512c_4)

<sup>13</sup> American Medical Association. (2022). *Issue Brief: Sexual orientation and gender identity change efforts (so-called “conversion therapy”)*. American Medical Association. <https://www.ama-assn.org/system/files/conversion-therapy-issue-brief.pdf>

Adolescent Psychiatry,<sup>14</sup> American Academy of Pediatrics,<sup>15</sup> American College of Physicians,<sup>16</sup> American Academy of Nursing,<sup>17</sup> American Association for Marriage and Family Therapy,<sup>18</sup> American School Counselor Association,<sup>19</sup> and the National Association of Social Workers.<sup>20</sup>

Even the federal government has emphasized the dangers of conversion therapy and called for it to end. In a 2023 report entitled *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration stressed that "[sexual orientation and gender identity] change efforts are harmful practices that are never appropriate with LGBTQI+ youth, and efforts are needed to end these practices."<sup>21</sup>

## Why This Report?

As suicide prevention experts continue efforts to educate communities on the dangers of conversion therapy, there is a growing misconception in many parts of the country that these change efforts are no longer happening.

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<sup>14</sup>American Academy of Child and Adolescent Psychiatry. (2018, February). *Conversion Therapy*. American Academy of Child and Adolescent Psychiatry.

[https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx)

<sup>15</sup> American Academy of Pediatrics. (1993). *Homosexuality and adolescence*. *Pediatrics*, 92(4), 631-634.

<https://publications.aap.org/pediatrics/article-abstract/92/4/631/58797/Homosexuality-and-Adolescence?redirectedFrom=PDF>; (2018). *Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents*. *Pediatrics*, 142(4), e20182162.

<https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>

<sup>16</sup> American College of Physicians. (2015). *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*. American College of Physicians.

<https://www.acpjournals.org/doi/10.7326/M14-2482>

<sup>17</sup> The American Academy of Nursing. (2015.) *American Academy of Nursing position statement on reparative therapy*. [https://www.nursingoutlook.org/article/S0029-6554\(15\)00125-6.pdf](https://www.nursingoutlook.org/article/S0029-6554(15)00125-6.pdf)

<sup>18</sup> American Association for Marriage and Family Therapy. (2009). *AAMFT Position on Couples and Families*.

[https://www.aamft.org/About\\_AAMFT/Pos\\_on\\_couples.aspx](https://www.aamft.org/About_AAMFT/Pos_on_couples.aspx)

<sup>19</sup> American School Counselor Association. (2016). *The Professional School Counselor and LGBTQ Youth*.

<https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-LGBTQ-Youth>

<sup>20</sup> National Association of Social Workers. (2015). *Sexual Orientation Change Efforts (SOCE) and Conversion Therapy with Lesbians, Gay Men, Bisexuals, and Transgender Persons*.

<https://www.socialworkers.org/LinkClick.aspx?fileticket=yH3UsGQQmYl%3d&portalid=0>.

<sup>21</sup> Substance Abuse and Mental Health Services Administration (SAMHSA): *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*. SAMHSA Publication No. PEP22 03-12-001. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2023. (pp. 52)

This presumption is pervasive even among many state mental health professional associations and licensing boards. “Are people really still doing that?” is a common response from policymakers when urged to take legislative action. This may be due in part to a mistaken belief that some aspects of LGBTQ progress – such as growing representation in media, entertainment, and government – necessarily signify a decline in anti-LGBTQ practices like conversion therapy. This perception may also be fueled by an assumption that the growing number of conversion therapy bans<sup>22</sup> across the nation must have brought these practices to an end.

This report shatters these misperceptions through new and alarming data on the prevalence of conversion therapy practitioners in the United States. While firsthand survivor stories and existing research illuminate the unacceptably large number of LGBTQ people who continue to be subjected to conversion therapy, this report details just how far and wide the supply-side of this fraudulent industry still reaches today.

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<sup>22</sup> To date, 22 states and the District of Columbia have laws banning conversion therapy by licensed providers working with minors, while 5 states and Puerto Rico have partial bans. Over 115 local anti-conversion therapy ordinances have been enacted. Movement Advancement Project. (2023). *Conversion “therapy” laws*. Movement Advancement Project. [https://www.lgbtmap.org/equality-maps/conversion\\_therapy](https://www.lgbtmap.org/equality-maps/conversion_therapy); See also, Born Perfect (2022). *Conversion Therapy Bans by U.S. State*. <https://bornperfect.org/facts/conversion-therapy-bans-by-state/>

# Methodology

The Trevor Project's research was conducted through publicly accessible online sources. Researchers experienced with conversion therapy and the evolving ways practitioners market themselves performed systematic online searches of key terms designed to lead to individuals who advocate for and/or directly engage in sexual orientation and gender identity change efforts. Data was collected and documented beginning in 2018, and all data collected before 2023 was verified for currentness before inclusion in this report's dataset. The final data presented in this report (including licensure data) was accessed, reviewed, and verified between January and September of 2023.

Researchers performed extensive searches through search engines, social media platforms, and directories maintained by pro-conversion therapy organizations and associations. Terms commonly utilized within the conversion therapy industry – including phrases like “reparative therapy,” “ex-gay,” “unwanted same-sex attraction,” “sexuality issues,” “gender identity issues,” “gender confusion,” and “sexual brokenness” – were queried to identify leads for further research and review.



## Licensed Mental Health Counselor

*[Faded text: Counseling Center, 555-555-5555, 1234567890]*

Provide *[Faded text]* counseling for individuals struggling with various issues, including depression, anxiety, the effects of trauma and abuse, gender identity confusion and unwanted same-sex attraction.

## We help with...

- ✓ Unwanted Same-Sex Attraction
- ✓ Transgender / Gender Dysphoria
- ✓ Identity / Gender Confusion

Before classifying an individual as a conversion therapy practitioner, all relevant publicly accessible information and context were carefully considered. This includes past documented statements, research and publications, certifications from associations that endorse conversion therapy, referrals by other known conversion therapists, and any mitigating information suggesting LGBTQ-affirmative approaches. An individual was not classified as a conversion therapy practitioner unless this thorough review revealed explicit discussion of the ability or need to change one's sexual orientation or gender identity, other clear indications of support for conversion therapy, and/or deep integration within conversion therapy referral networks. Merely being a faith-based, politically or theologically conservative therapist was not sufficient for categorization as a conversion therapy practitioner.

The nature of this research carries some inherent limitations. Since this data was obtained through publicly accessible online sources, it does not include information shared in closed online forums like private social media groups or message boards that may point to additional practitioners. Second, these findings can only capture practitioners who maintain a public online presence and choose to make public representations indicative of their support for or practice of conversion therapy. Many conversion therapy survivors report having been connected to their licensed practitioners via word-of-mouth referrals, and many conversion therapy ministries maintain relationships with licensed professionals that cannot be publicly documented. Furthermore, as conversion therapy bans gain hold in states and public disapproval of this practice grows, practitioners may choose to refrain from making public representations indicative of change efforts. These practitioners cannot be captured in this dataset. Finally, location data collected for identified practitioners represent their ascertainable physical practice location(s) and does not account for those who offer remote services across multiple states or nationally. Considered together, these limitations indicate that these findings likely underrepresent the prevalence and reach of conversion therapy practitioners across the country.

# Findings

More than a decade after the first laws banning conversion therapy took effect in California and New Jersey, and despite growing awareness of the devastation conversion therapy brings, the findings of this research reveal a disturbing reality: conversion therapy practitioners remain in abundant supply across the nation. Vocal opposition from major medical and mental health associations notwithstanding, hundreds of providers entrusted with the mental wellbeing of LGBTQ people under state licensure indicate support or outright solicit clients for conversion therapy “services.” Hundreds more practice conversion therapy in a ministerial or otherwise unlicensed capacity. Even more troubling, as noted in the methodology section, these findings are almost certainly an underrepresentation of the number of individuals and state-licensed providers who subject already vulnerable clients to discredited, unscientific, and unethical change efforts.

It should come as no surprise that a fringe of licensed mental health providers persist in subjecting clients to conversion therapy given recent unabashed and very public admissions by some of these individuals. Legal challenges to hard-won laws designed to protect LGBTQ young people from these change efforts have spotlighted licensed providers who are eager to take on public fights to preserve their ability to engage in conversion therapy. One prominent example is the legal challenge against Washington’s conversion therapy ban that has culminated in a request to be heard before the United States Supreme Court.<sup>23</sup> The plaintiff in this lawsuit is a state-licensed marriage and family therapist who admits time and time again in court filings and proceedings that he in fact conducts therapy on minors that would fall within the bounds of Washington’s ban. Additionally, state-licensed professionals sometimes openly identify themselves as such in testimony against legislation to ban conversion therapy in city councils and statehouses across the country. These highly visible examples fail to reveal, however, the true extent of conversion therapy practitioners nationwide. The vast majority of conversion therapy practitioners are not plaintiffs in widely followed litigation or subjects of media coverage. They advertise and identify themselves in subtle ways, often within sprawling conversion therapy referral networks or religious-based ministries and counseling practices.

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<sup>23</sup> *Tingley v. Ferguson*. (2023). Petition for a Writ of Certiorari. [https://www.supremecourt.gov/DocketPDF/22/22-942/259917/20230327112233200\\_2023.03.27%20USSC%20Petition%20for%20Writ%20of%20Certiorari.pdf](https://www.supremecourt.gov/DocketPDF/22/22-942/259917/20230327112233200_2023.03.27%20USSC%20Petition%20for%20Writ%20of%20Certiorari.pdf)

**“ I am a licensed psychotherapist in two states. I have two therapy practices, both of which are composed almost entirely of adolescents and men who are undergoing authentic Reparative Therapy for unwanted homosexual feelings.”**

– Written Legislative Testimony of a Licensed Therapist

## National Overview

As the leading suicide prevention and crisis intervention organization for LGBTQ young people, The Trevor Project has unique insight into the ongoing threat of conversion therapy to LGBTQ people across the country. In its daily crisis intervention work, The Trevor Project has communicated with many individuals specifically about their experiences undergoing conversion therapy or their credible fear that they will be subjected to it. In the last year alone, young people from 49 states or territories and more than 500 different cities and towns raised the issue of conversion therapy in over 1,200 conversations with The Trevor Project. Additionally, The Trevor Project’s 2023 National Survey found that 15% of LGBTQ young people reported being threatened with or subjected to conversion therapy, including nearly 1 in 5 transgender and nonbinary young people and nearly 1 in 10 cisgender young people.<sup>24</sup> LGBTQ young people across races and ethnicities reported being subjected to conversion therapy, including 4% of Black, 5% of Latinx, 9% of Middle Eastern or Northern African, 9% of Indigenous, and 5% of white LGBTQ young people.<sup>25</sup>

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<sup>24</sup> The Trevor Project. (2023). *2023 U.S. national survey on the mental health of LGBTQ young people*. <https://www.thetrevorproject.org/survey-2023/>

<sup>25</sup> The Trevor Project. (2023). *2023 U.S. national survey on the mental health of LGBTQ young people*. <https://www.thetrevorproject.org/survey-2023/>

This data tracks what The Trevor Project has observed through its crisis services and annual national survey – conversion therapy practitioners are operating from coast to coast, in virtually every state in the country.

**Nationally, The Trevor Project identified more than 1,320 conversion therapy practitioners<sup>26</sup> across 48 states and the District of Columbia.**

These practitioners include individuals operating in a ministerial or religious capacity as well as those who possess an active license, are in training for licensure, or operate without an active license or apparent official religious affiliation. Hawaii and Vermont are the only states where licensed or unlicensed practitioners could not be identified at the time of publication through publicly available online resources.

Of these more than 1,320 practitioners, **605 (or 46%) possess active unrestricted state licenses** (which refers to full licensure, distinct from provisional licenses for training purposes) and practice in every state except Alaska, Hawaii, Maine, Massachusetts, Rhode Island, and Vermont as well as the District of Columbia. The licenses of 27 identified practitioners were inactive, expired, or revoked at the time of access through state license verification databases.

More than 50 licensed practitioners have multiple active unrestricted licenses, sometimes from a different (often neighboring) state. Most commonly, practitioners with dual active licenses issued by the same state maintain credentials as both a licensed professional counselor (LPC) and a marriage and family therapist (LMFT). The types of licensures these conversion therapy practitioners maintain run the gamut from licensed social worker (LSW) and addiction counselor to nurse practitioner and medical doctor. In descending order, LPCs, LMFTs, LSWs, and psychologists comprise the top four categories of fully licensed conversion therapy practitioners.

States and state licensing boards have varying rules governing what licensee complaint information can be made public, during what stage of the complaint process, and for what duration after a decision on a complaint is made. The Trevor Project found disciplinary histories for 16 identified practitioners with currently valid unrestricted licenses. None of these disciplinary actions are

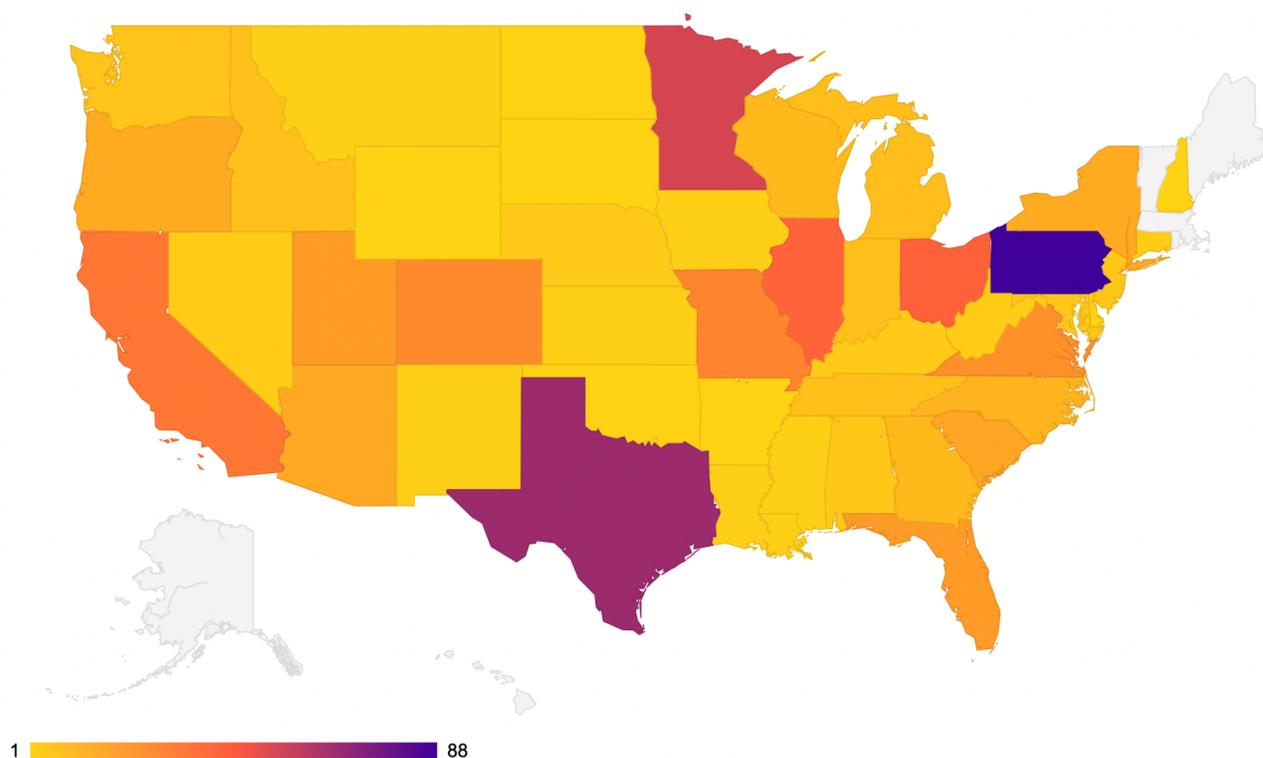
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<sup>26</sup> To avoid providing identified conversion therapy practitioners with an additional platform, potentially boosting their reach and ability to harm LGBTQ people, this report does not include any personally identifiable information of identified practitioners.

discernibly related to the practice of conversion therapy and include findings of malpractice, improper relationships with clients and supervisees, misrepresentation of credentials, and improper use of client information.

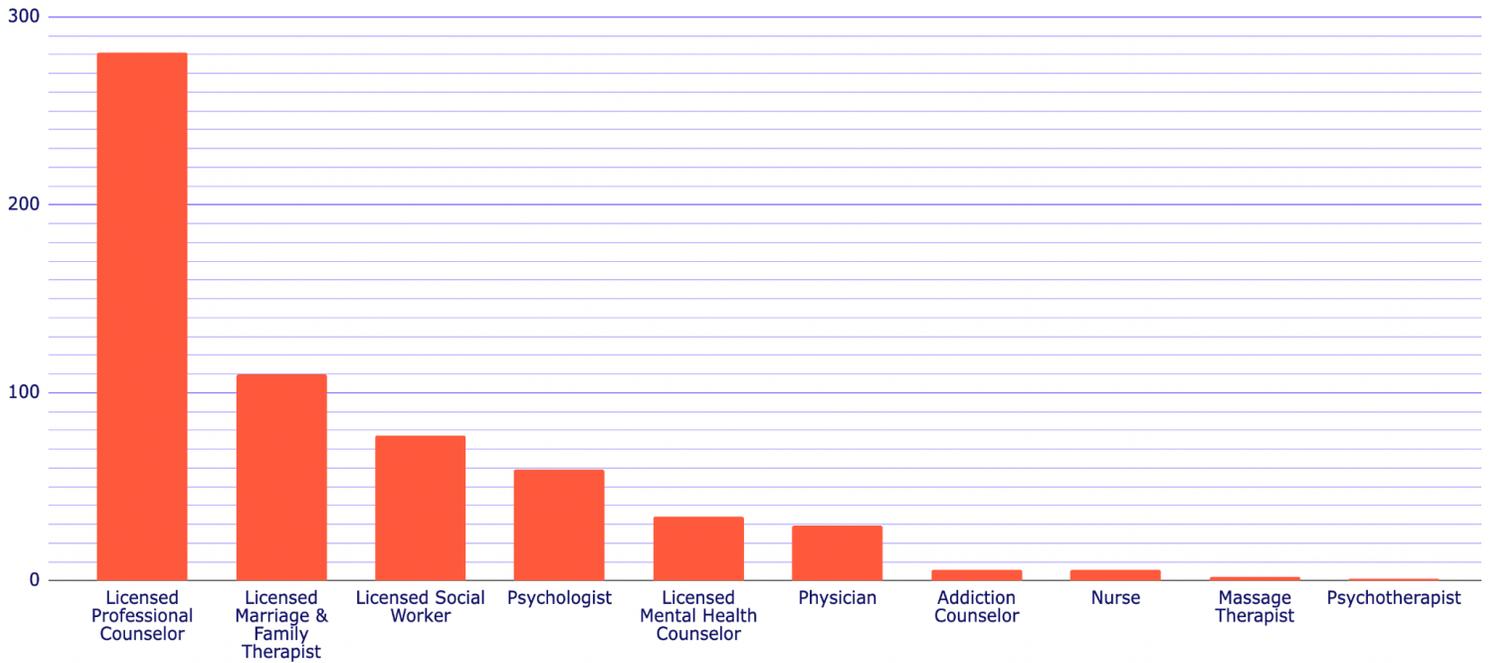
This research also highlights the enduring nature of the challenge to end conversion therapy by state-licensed practitioners. **More than 70 identified practitioners are interns or are in training for full licensure.** 20 of these individuals are operating under provisional licensure, which is required in some states while accruing supervised experience for full licensure. This demonstrates the existence of a fresh crop and new generation of soon-to-be independent mental health providers who are poised to perpetuate this debunked practice far into the future. Every effort must be made to block the pipelines that exist in this fraudulent and harmful industry.

### Practitioners with Active Unrestricted Licenses<sup>27</sup>



<sup>27</sup> This chart reflects practitioners that operate in multiple states. Active unrestricted licenses refer to individuals who are fully licensed by a state as opposed to those who are provisionally licensed while under supervision in pursuit of full licensure (or otherwise in training for licensure).

## Primary Licensures

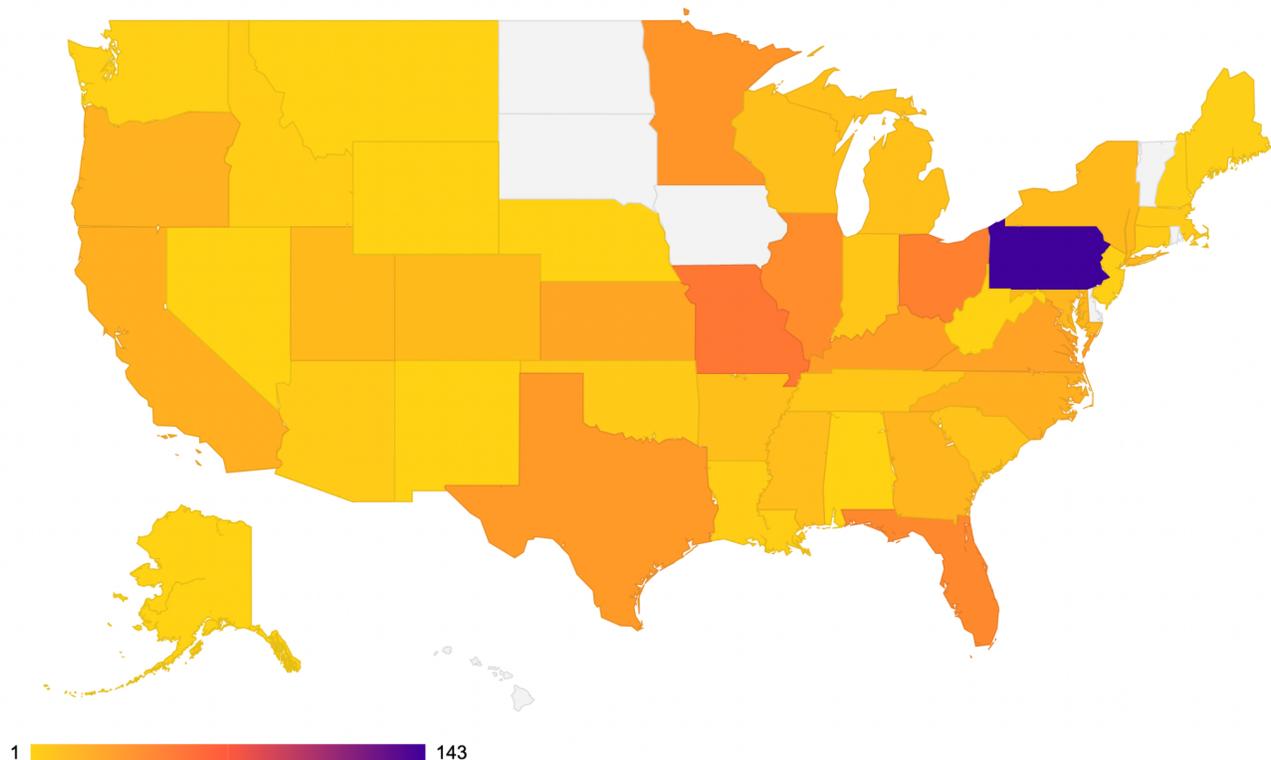


## Practitioners with Disciplinary Records

State	Number of Disciplined Practitioners
Arizona	3
Pennsylvania	2
Illinois	2
California	2
North Carolina	1
New Jersey	1
Minnesota	1
Kentucky	1
Georgia	1
Florida	1
Colorado	1

**Overall, 716 practitioners across 43 states<sup>28</sup> practice in a ministerial capacity**, offering or promoting conversion therapy as pastoral or religious leaders and counselors. Ministerial practitioners work in a variety of ways, including within religious organizations solely devoted to conversion therapy and “ex-gay” theology, within broader ministries dealing with sexual issues and addiction that treat being LGBTQ as mental or spiritual ailments, and within church counseling offices that can include pastors and priests. Of these 716 ministerial practitioners, 117 (16%) also possess an active unrestricted state license to practice in the medical or mental health fields. Ministerial practitioners who also hold state licenses and advertise their licensure are still bound by their state boards’ professional and ethical rules, which bar the unscientific and unethical practice of conversion therapy.

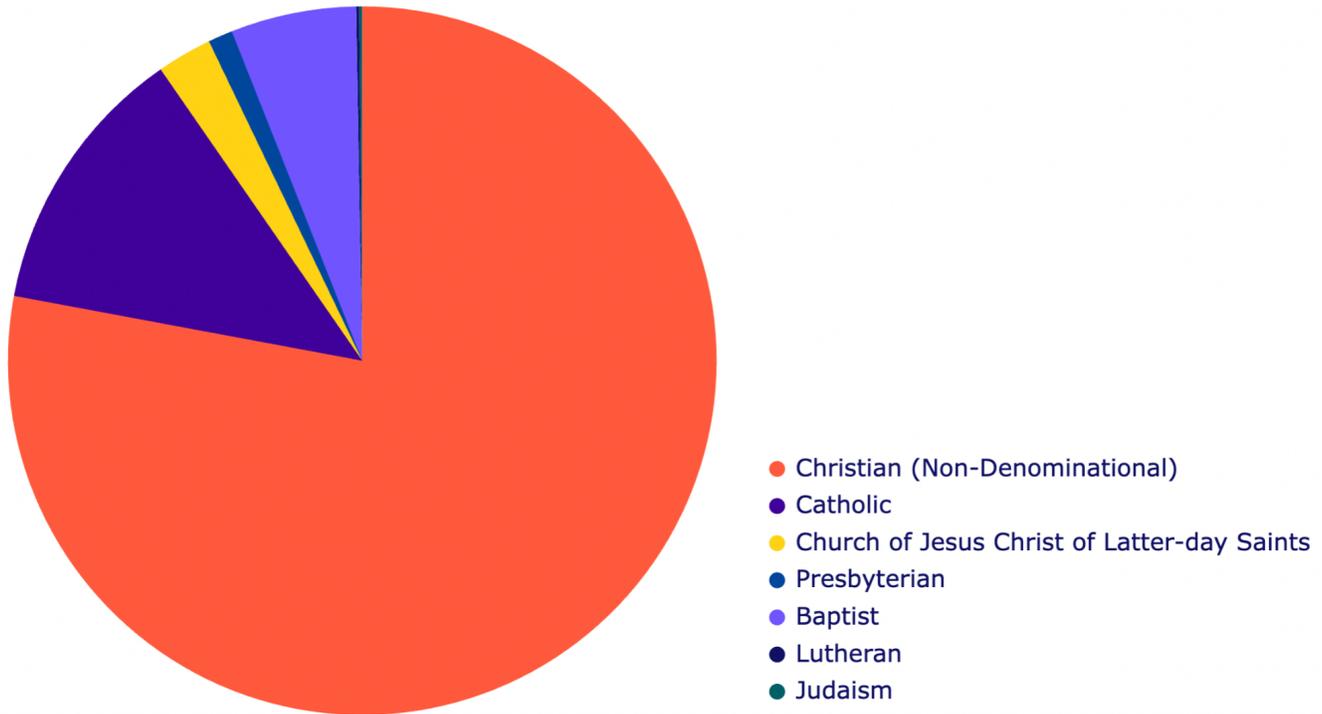
### Ministerial Conversion Therapy Practitioners<sup>29</sup>



<sup>28</sup> Every state except Delaware, Hawaii, Iowa, North Dakota, Rhode Island, South Dakota, and Vermont plus the District of Columbia.

<sup>29</sup> This chart reflects practitioners that operate in multiple states.

## Ministerial Practitioners by Religious Affiliation



Finally, 32 practitioners are both unlicensed and not operating in any apparent ministerial capacity. Many of these individuals represent themselves as life coaches.

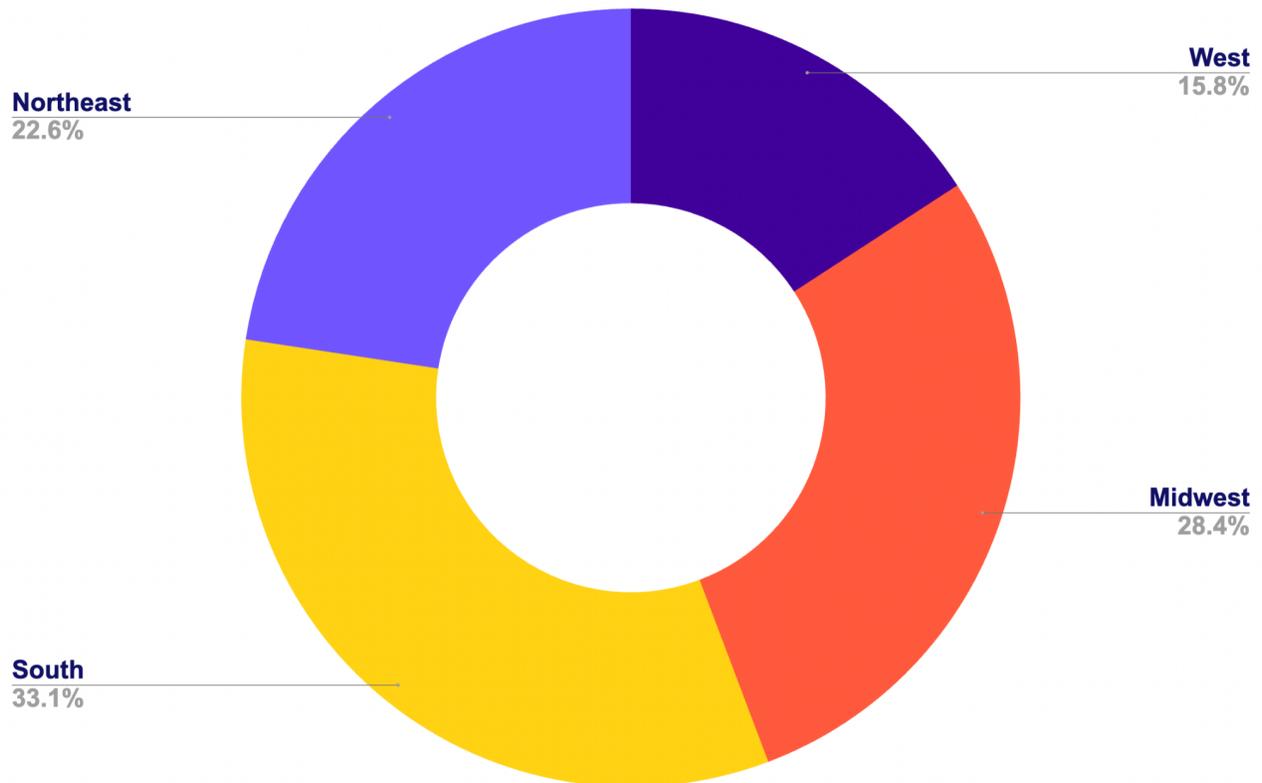
### Regional and State Highlights

Considered collectively, licensed and unlicensed conversion therapy practitioners are heavily concentrated in the **South and Midwest**. Over 33% of practitioner locations are in states included in the South Census region,<sup>30</sup> and over 28% are in the Midwest Census region.<sup>31</sup> Together, these two regions account for more than 3 out of 5 practitioner locations in the country.

<sup>30</sup> The South Census region includes Alabama, Arkansas, the District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

<sup>31</sup> The Midwest Census region includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

## All Practitioners by Census Region<sup>32</sup>

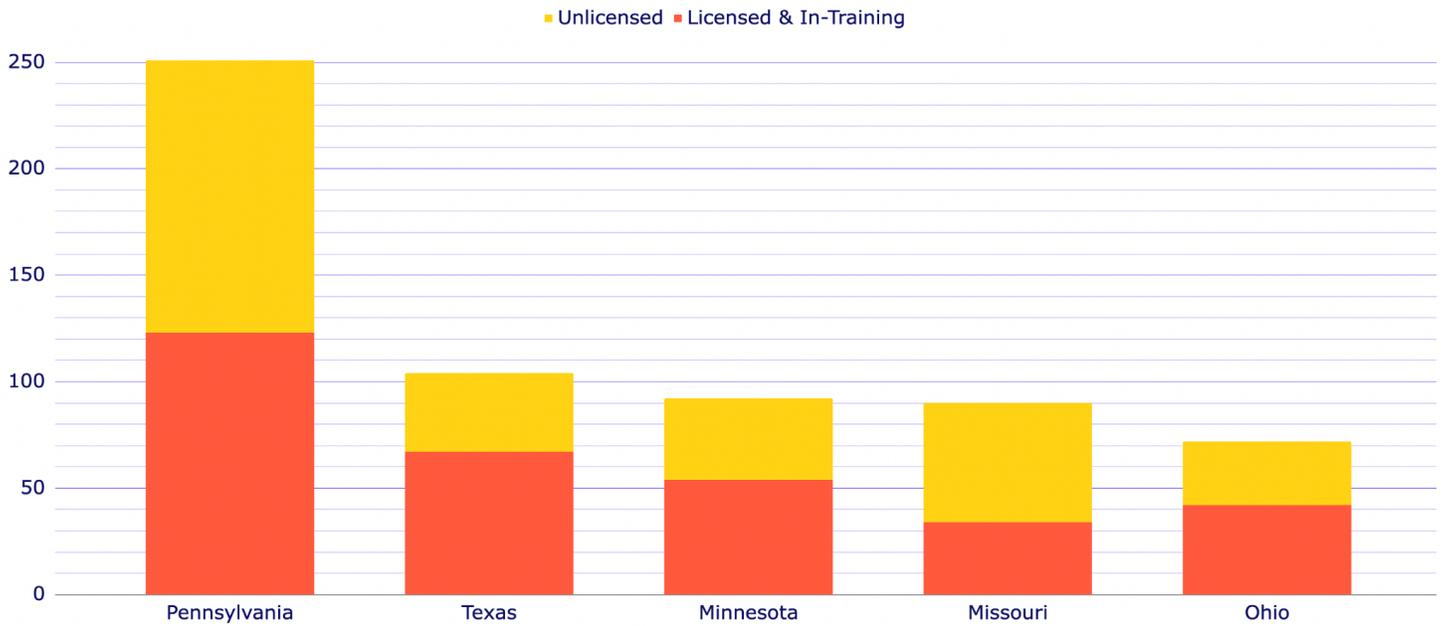


Factoring in conversion therapy practitioners who practice in multiple states, **Pennsylvania, Texas, Minnesota, Missouri, and Ohio** have the highest number of total licensed and unlicensed practitioners.

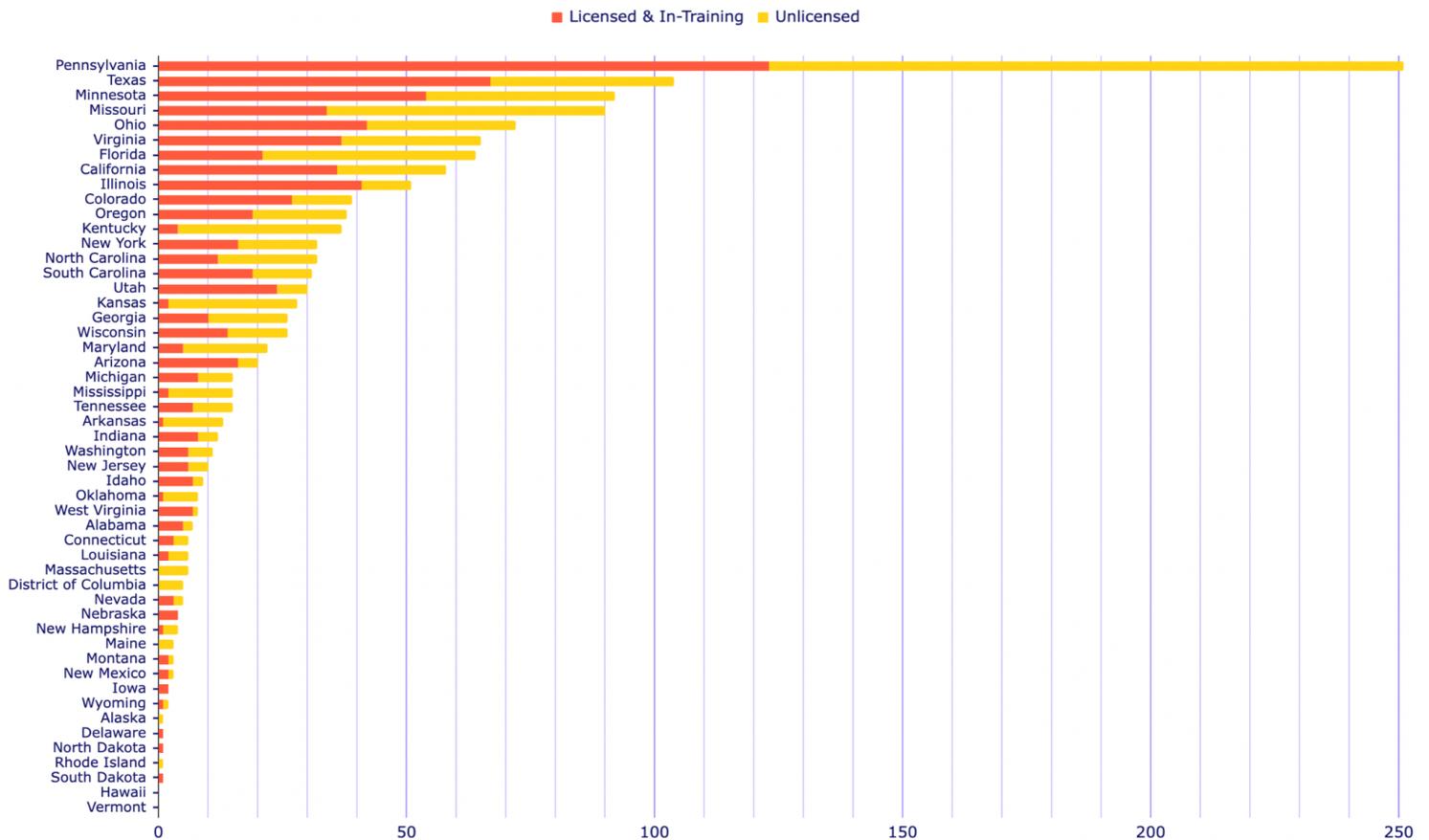
**Pennsylvania** stands out by a large margin. The 251 total identified practitioners in Pennsylvania is more than double that of Texas, which has the next largest number of identified practitioners (104). Nearly half of Pennsylvania practitioners either have an active unrestricted license (88) or are in training for licensure (35). 125 Pennsylvania practitioners are operating in a ministerial capacity and are not licensed by any state medical or mental health board. Tracking the national trend, most practitioners in Pennsylvania operating under an active unrestricted license are credentialed as either a LPC, LSW, or LMFT.

<sup>32</sup> This chart reflects practitioners that operate in multiple states.

## States with Highest Number of Practitioners



## All States: Licensed & In-Training vs. Unlicensed



A higher percentage of **Texas'** 104 identified practitioners maintain active unrestricted licenses – over 64%, or 67 individuals. The vast majority of these licensed practitioners – 78% – are LPCs, followed by LMFTs who constitute 12% of the state's licensed providers.

**Minnesota** and **Missouri** are home to a similar number of identified practitioners overall – 92 and 90, respectively. However, the proportion of practitioners with active unrestricted licenses in Missouri (32%) is much lower than that of Minnesota (59%). The licensure breakdown between these two states is also very different. Though both align with the national trend overall, an overwhelming 93% of Missouri's identified licensed practitioners hold LPC licenses, while the leading form of licensure among Minnesota's identified licensed practitioners is 44% LMFT followed by 30% LPC.

The last of the five states with the highest number of identified providers, **Ohio** is home to at least 72 conversion therapy practitioners. Similar to Minnesota, nearly 3 out of 5 (58%) Ohio practitioners hold active unrestricted licenses to engage in the mental health profession. Nearly half are LPCs, followed by 22% of whom are LSWs. Ten practitioners in Ohio hold multiple licenses, half of which are from other states.

At the other end of the spectrum, **Hawaii** and **Vermont** are the only two states with no identified licensed or unlicensed practitioners. As noted in the methodology section of this report, this does not necessarily mean that there are no conversion therapy providers in these states. This simply means that at the time of this research, there were no individuals identified that publicly advertised or represented themselves as practitioners of sexual orientation or gender identity change efforts online.

Finally, all but one state in which The Trevor Project did not identify any practitioners with an active unrestricted license (or who are in training for such licensure) has a law that bans licensed professionals from subjecting minors to conversion therapy: **Massachusetts, Maine, Rhode Island, Hawaii, Vermont,** and the **District of Columbia**.

## Efforts to Evade Detection

The Trevor Project first began systematically researching and documenting conversion therapy practitioners in 2018, allowing observations of shifts in some practitioners' conversion therapy-related representations since then. It is clear that some practitioners have attempted to soften or obscure past pointed support of sexual orientation and gender identity change efforts. In many of these instances, this likely represents an effort to move under the radar to avoid adverse consequences in light of increased state and local conversion therapy bans and growing public awareness of the dangers and inefficacy of conversion therapy.

Ministerial practitioners were less likely to water down their pro-conversion therapy statements over time, though some religious organizations and practitioners have recently attempted to distinguish their change efforts from conversion therapy. This generally took the form of ministries explicitly stating that they do not engage in conversion therapy while simultaneously advertising their work to bring spiritual "healing" to individuals with same-sex attraction that will help them alter related behaviors – distinctions without differences.

Of the licensed practitioners who shifted their representations since they were first documented, many removed explicit specialization notations that some religious-based counselor databases allow counselors to select on their profiles, including specializations like "homosexual issues," "gender identity issues," and "same-sex attraction." Some removed their profiles in these religious-based databases altogether. Beyond these databases, some practitioners scrubbed their practice websites and online professional biographies of unequivocal indicators like "unwanted same-sex attraction," shifting instead to broader, more ambiguous terminology and descriptors like "sexuality," "sexual addiction," "sexual wholeness," "sexual integrity," and statements to the effect of helping clients align their related behaviors with their faith. Unfortunately, there is rarely any evidence to indicate that these providers have recanted their belief in the ability to change a person's sexual orientation or gender identity, or are no longer willing to try. That said, if the use of more obscure language makes it harder for them to be connected with LGBTQ people, that is itself a form of progress.

These efforts by some practitioners to alter or erase their support for conversion therapy in publicly available online fora underscores the fact that these disturbing findings likely underrepresent the true size and reach of the supply side of the conversion therapy industry.

# Ending Conversion Therapy

The results of this research illuminate the depth of work that remains to end conversion therapy. Faced with a sprawling conversion therapy industry, advocates, policymakers, faith leaders, healthcare professionals, educators, and relevant businesses must do everything in their power to cut off the supply of this exploitative, fraudulent practice.

## Legal Protections

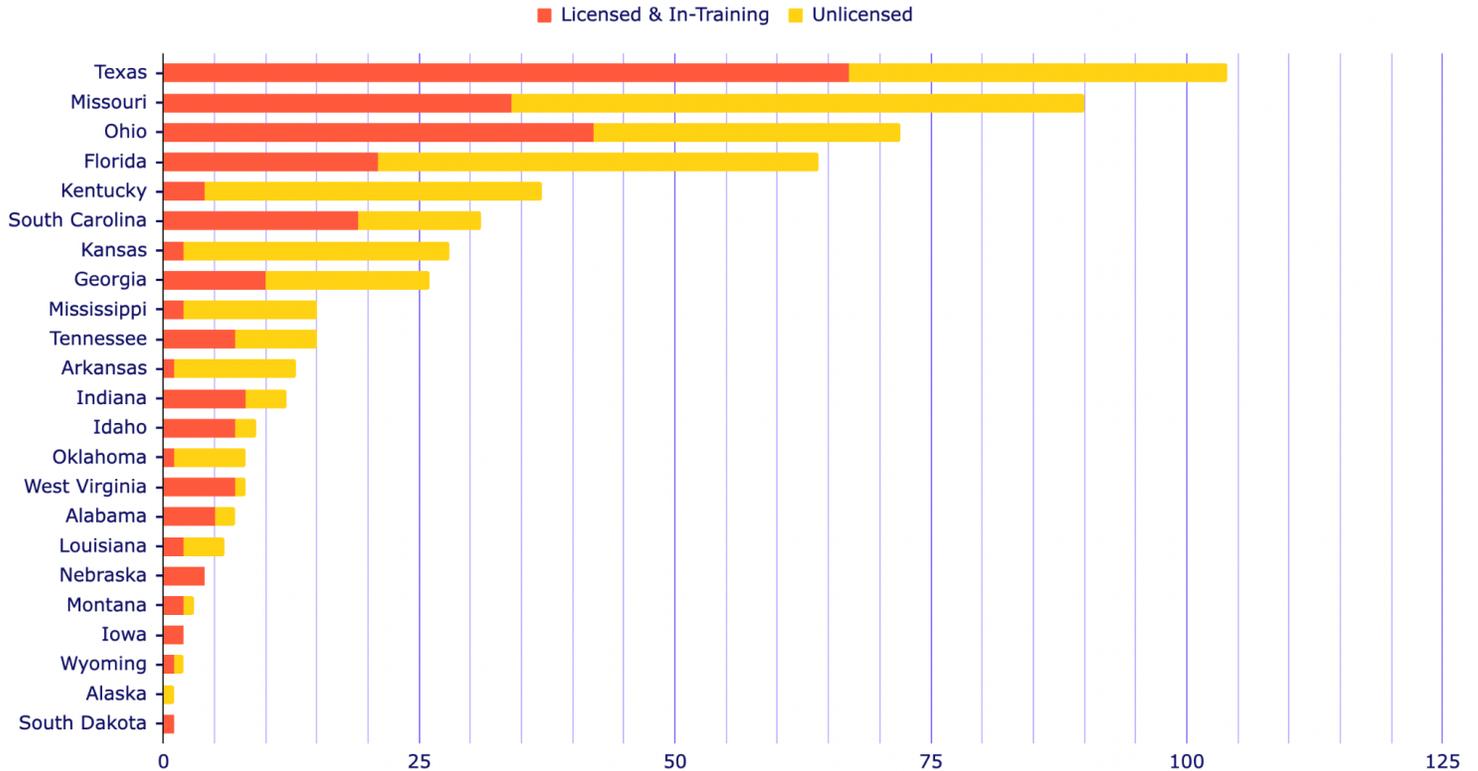
Laws and regulations banning conversion therapy are essential components of a comprehensive strategy to end the practice. Twenty-two states<sup>33</sup> plus the District of Columbia have laws prohibiting licensed mental health providers from engaging in conversion therapy with minors, some of which also expressly classify the advertising and sale of conversion therapy as unlawful fraud.<sup>34</sup> States that do not have these vital legal protections must enact them without delay. In addition to providing meaningful protections to LGBTQ people, these laws serve as deterrents and help educate the public about the harms and deception associated with conversion therapy. However, the continued presence of conversion therapy practitioners in states that ban this practice highlight enforcement gaps that have to be addressed. State officials and licensing boards must prioritize enforcing conversion therapy protections consistently and proactively. Moreover, complaint processes utilized under these laws must be designed to reduce the burden on survivors and address the challenges of reporting by minors who may have been forced into conversion therapy by family members.

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<sup>33</sup> States that ban licensed professionals from engaging in conversion therapy with minors include California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, Virginia, and Washington plus the District of Columbia. States that partially ban conversion therapy (generally through administrative funding restrictions) include Arizona, Michigan, North Carolina, North Dakota, Pennsylvania, and Wisconsin as well as Puerto Rico. See Movement Advancement Project. (2023). *Conversion “therapy” laws*. Movement Advancement Project. [https://www.lgbtmap.org/equality-maps/conversion\\_therapy](https://www.lgbtmap.org/equality-maps/conversion_therapy)

<sup>34</sup> Survivors of conversion therapy have had success bringing lawsuits against conversion therapy practitioners under general state laws against fraud. In *Ferguson v. JONAH*, the Southern Poverty Law Center successfully argued that Jews Offering New Alternatives for Healing (JONAH) violated New Jersey’s Consumer Fraud Act by claiming that their counseling services could “cure” clients of being gay. *Ferguson v. JONAH*, No. L-5473-12 (N.J. Super. Ct. Law. Div. 2015).

## States with No Protections Against Conversion Therapy



The federal government also has a central role to play in dismantling this fraudulent industry across the country. The executive branch has made significant strides recently through actions like the issuance of an updated U.S. Department of Health and Human Services (HHS) report reiterating the imperative of ending conversion therapy<sup>35</sup> as well as a proposed HHS rule that would help shield LGBTQ young people in foster care from conversion therapy by ensuring placement in affirming homes.<sup>36</sup> More remains to be done, however. The federal government must expedite and finalize all of its current efforts to guard against conversion therapy under the President's 2022 Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals.<sup>37</sup>

<sup>35</sup> Substance Abuse and Mental Health Services Administration (SAMHSA): *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*. SAMHSA Publication No. PEP22-03-12-001. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2023.

<sup>36</sup> The Trevor Project. (2023, September 27). *HHS Proposed Rule Offers Much-Needed Protections for LGBTQ Young People in Foster Care*. The Trevor Project. <https://www.thetrevorproject.org/blog/hhs-proposed-rule-offers-much-needed-protections-for-lgbtq-young-people-in-foster-care/>

<sup>37</sup> Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals, Exec. Order No. 14075, 87 Fed. Reg. 37189 (2022)

This includes finalizing HHS guidance clarifying that federally funded programs cannot offer conversion therapy and expanding HHS' efforts to increase public awareness of the harms and risks associated with conversion therapy. The executive branch must also go beyond its existing commitments and take administrative action through the U.S. Department of Education to prohibit mental health professionals in federally funded schools from providing or referring students to conversion therapy, as well as through the U.S. Department of Justice to prevent federally funded juvenile justice institutions or substance abuse recovery programs from offering or referring individuals to conversion therapy.

Moreover, the Federal Trade Commission (FTC) – the independent federal agency tasked with protecting consumers from deceptive and unfair business practices – has far-reaching authority to significantly reduce the number of practitioners operating today. Because conversion therapy is by definition a fraudulent practice,<sup>38</sup> the FTC can and should issue industry-wide regulations prohibiting the false and misleading marketing and other business practices of organizations and individuals profiting from lies about sexual orientation and gender identity change efforts. The FTC should also take administrative enforcement actions against entities and providers selling these dangerous, discredited “services,” which costs the U.S. economy a staggering \$9.23 billion every year.<sup>39</sup>

Last but certainly not least, Congress must pass robust legislation to guard against conversion therapy nationally like the Therapeutic Fraud Prevention Act,<sup>40</sup> which would explicitly outlaw the sale of scam practices that claim to change a person's sexual orientation or gender identity.

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<sup>38</sup> See Southern Poverty Law Center. (2022). *SPLC Applauds New Jersey Supreme Court's Denial of Appeal by Jonah; the Conversion Therapy Provider who was Barred from Promoting Fraudulent Practice in 2015 will Have to Pay Damages*.

<https://www.splcenter.org/presscenter/splc-applauds-new-jersey-supreme-courts-denial-appeal-jonah-conversion-therapy-provider>

<sup>39</sup> Forsythe A, Pick C, Tremblay G, Malaviya S, Green A, Sandman K. *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States*. *JAMA Pediatr*. 2022;176(5):493–501. doi:10.1001/jamapediatrics.2022.0042

<sup>40</sup> Therapeutic Fraud Prevention Act of 2023, H.R.4340, 118th Congress (2023).

## Licensing Boards

Medical and mental health licensing boards are created by state law to set and ensure qualifications and standards for medical and mental health providers. These boards grant individuals access to practice in their states through the issuance of licenses, effectively providing a government stamp of approval of their activities. State licensing boards' credentialing and oversight functions are designed to protect the public by ensuring that health professionals are qualified and are conforming to high professional and ethical standards. As a result, conversion therapy under the auspices of state licensure is particularly dangerous, as it ascribes false legitimacy to these deeply harmful and thoroughly discredited practices, misleading vulnerable LGBTQ people and their families.

Given their central duty of safeguarding the public, state licensing boards must be diligent in their efforts to prevent licensees from engaging in the unethical pseudoscience of conversion therapy. Licensing boards should revise their respective ethics codes to make clear that sexual orientation and gender identity change efforts constitute unprofessional conduct and violate prohibitions on false and misleading advertising, non-evidence-based practices, and harming clients.<sup>41</sup> State boards should also develop ways of regularly educating licensees and the public on best practice, evidence-based LGBTQ-affirmative care and the inefficacy and dangers of conversion therapy. As part of their public education efforts, state licensing boards should raise awareness of their complaint processes and encourage those who have been subjected to conversion therapy to utilize this oversight process.

Most importantly, state licensing boards must act now. Even if state boards have yet to revise their ethics codes to explicitly prohibit conversion therapy, virtually every ethical code empowers boards to take disciplinary action against practitioners of these change efforts under existing rules

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<sup>41</sup> One prominent example of bold action on this front occurred recently in North Dakota. In 2021, the North Dakota Board of Social Work Examiners (which governs the vast majority of licensed mental health providers in the state) proposed rules prohibiting licensees from engaging in conversion therapy. These proposed rules were approved by the North Dakota House Administrative Rules Committee, and a subsequent legislative attempt to repeal the rules was rejected by a majority of the North Dakota House of Representatives. See The Trevor Project. (2021, June 9). *The Trevor Project Applauds North Dakota's Bold Action Against Conversion Therapy*. The Trevor Project. <https://www.thetrevorproject.org/blog/the-trevor-project-applauds-north-dakotas-bold-action-against-conversion-therapy/>

on unprofessional and unethical conduct. Boards must take all allegations of conversion therapy seriously, and swiftly investigate and adjudicate these complaints in a way that is trauma-informed and designed to minimize further harm to the survivors brave enough to come forward and confront the licensed professionals who violated their oath to do no harm.

Finally, as alluded to in the prior section, state licensing boards should reform their complaint processes to be less onerous on survivors and account for minors who are forced into conversion therapy. To this end, licensing boards should significantly simplify their complaint process, permit anonymous complaints, ensure strict confidentiality for any complaints involving minors, and create alternative reporting mechanisms through trusted organizations.<sup>42</sup> Additionally, licensing boards must not depend solely on the reactive complaint process and should instead be proactive in identifying licensees potentially engaging in conversion therapy and initiate investigations and disciplinary actions accordingly.

## Professional Associations

As noted earlier, major medical and mental health associations have repeatedly made clear that sexual orientation and gender identity change efforts are unscientific, ineffective, and associated with lasting negative outcomes. These professional associations have also underscored the positive outcomes associated with evidence-based LGBTQ-affirmative therapeutic interventions.<sup>43</sup> Still, major medical and mental health associations have many more important tools at their disposal to aid in the fight against conversion therapy.

Like state licensing boards, professional medical and mental health associations and their state chapters can bolster their member and public education efforts to consistently raise awareness of the discredited and destructive nature of conversion therapy. Professional associations should explicitly prohibit sexual

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<sup>42</sup> For an example of a licensing board complaint filed on behalf of a client who was subjected to conversion therapy as a minor, see Born Perfect. (2021). *KLYP, Born Perfect File Complaint Against Kentucky Therapist for Subjecting Minor to So-Called Conversion Therapy*.

<https://bornperfect.org/kylp-born-perfect-file-complaint-against-kentucky-therapist/>

<sup>43</sup> See, for example, American Psychological Association. (2021, February). *Resolution on Sexual Orientation Change Efforts*. <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>; *Resolution on Gender Identity Change Efforts*.

<https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>

orientation and gender identity change efforts in their ethical codes and guidelines governing members. Members found to be engaging in conversion therapy should be held accountable and disciplined, including by notification to relevant state licensing boards and revocation of membership. What's more, professional associations must amplify their advocacy efforts with state legislatures, state licensing boards, state and federal agencies, and Congress in support of robust protections from conversion therapy. As the organizational representatives of the profession that would be regulated by conversion therapy bans, their voices are singularly powerful in these discussions, and must be heard.

Given their unique role in advancing their respective fields and furthering health equity, professional associations must also regularly educate their members on the many disparities LGBTQ people continue to face across all aspects of healthcare due to discrimination<sup>44</sup> and double down on efforts to address them. These efforts should include periodic training on LGBTQ cultural competency and best practices in LGBTQ healthcare, as well as stronger advocacy on behalf of LGBTQ people as historic levels of anti-LGBTQ policies advance codifying discrimination, restricting life-saving care, and exacerbating existing health disparities.<sup>45</sup>

## Accreditation Agencies

The Trevor Project identified more than 70 practitioners who are interns or are in training for full licensure, emphasizing the importance of educating future medical and mental health providers on the dangers of conversion therapy early and consistently. Specialized accreditation agencies that confer accreditation status on medical and mental health-related degree programs at postsecondary educational institutions should require regular instruction on evidence-based LGBTQ-affirmative care that emphasizes the harms and inefficacy of conversion therapy as part of their respective accreditation processes. Moreover, these specialized accreditation agencies and postsecondary institutions must implement policies that prohibit students from seeking for-credit internships, practicum placements, and residencies in entities that promote or engage in conversion therapy.

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<sup>44</sup> Cigna. *LGBT Health Disparities*. <https://www.cigna.com/knowledge-center/lgbt-disparities>

<sup>45</sup> The Trevor Project. (2023). *2023 U.S. national survey on the mental health of LGBTQ young people*. <https://www.thetrevorproject.org/survey-2023/#anti-lgbtq-policies>

## Healthcare Industry and Related Businesses

Leaders in the healthcare industry and related businesses also have the power to significantly deter and restrict the supply of conversion therapy. Telehealth companies, group clinical practices, and health insurance companies can develop policies and practices to prevent these change efforts from happening within their spheres of influence.

The Trevor Project identified many conversion therapy practitioners who use telehealth software to provide remote services or who are in the network of popular online therapy platforms that connect people to virtual care.<sup>46</sup> Telehealth companies should develop strict policies against the use of their software, services, and platforms for conversion therapy. Importantly, online therapy platforms that connect people to remote counselors must ensure that their vetting process effectively excludes conversion therapy practitioners. These companies should also require their counselors to undergo regular training on LGBTQ-affirmative care that emphasizes the ineffectiveness and dangers of conversion therapy. Similarly, traditional group practices must also implement practice-wide policies expressly banning conversion therapy by any of its providers.

Insurance companies must also do everything in their authority to deter providers from engaging in conversion therapy. This includes enacting policies that explicitly exclude coverage for any services connected to sexual orientation and gender identity change efforts. Insurers can also offer education and training programs for in-network providers that raise awareness of the harms and inefficacy of conversion therapy and encourage evidence-based LGBTQ-affirming care. Other meaningful steps insurance companies can take include developing credentialing requirements that ensure adherence to ethical and professional guidelines that prohibit conversion therapy, as well as incorporating actionable clauses into provider contracts that expressly ban conversion therapy.

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<sup>46</sup> Winkler, R. (2022, December 18). *The Failed Promise of Online Mental-Health Treatment*. *The Wall Street Journal*. <https://www.wsj.com/articles/the-failed-promise-of-online-mental-health-treatment-11671390353>

## Faith Communities

Faith communities and leaders are absolutely central to ending the practice of conversion therapy. As previously noted, The Trevor Project identified over 700 ministerial practitioners of conversion therapy across 43 states. What's more, conversion therapy bans in the United States do not reach purely religious-based conversion therapy practices, like attempts by unlicensed religious leaders to “pray away” someone’s sexual orientation or gender identity. Allied faith leaders and people in the pews must double down on efforts to challenge harmful anti-LGBTQ theology on which religious-based conversion therapy is premised, educate their faith communities on the undeniable dangers of conversion therapy, and model genuine LGBTQ-inclusive love and acceptance that is in no way conditioned on LGBTQ people changing who they are.<sup>47</sup>

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<sup>47</sup> See Q Christian Fellowship & The Trevor Project. (2020). *The Good Fruit Project: A Christian Case Against LGBTQ Change Efforts*. <https://www.goodfruitproject.com/guide>.

# Conclusion

Despite the widespread belief by some that so-called “conversion therapy” is a dying relic of a bygone era, it’s still happening. Sexual orientation and gender identity change efforts remain in alarmingly high supply all across the country.

Using conservative, rigorous methods, The Trevor Project uncovered more than 1,320 conversion therapy practitioners across 48 states and the District of Columbia, including over 600 practitioners who hold active unrestricted professional licenses and more than 700 practitioners who operate in a ministerial capacity. These findings are likely a significant underrepresentation of the true size and reach of the conversion therapy industry today due to the limitations of this research, as well as deliberate efforts by some practitioners to evade detection in the wake of conversion therapy bans and widespread public disapproval.

This research underscores the bold comprehensive action urgently needed to end this fraudulent and dangerous industry. Policymakers on all levels of government, state licensing boards, professional associations, accreditation agencies, the healthcare industry and related businesses, and faith communities must act expeditiously to implement the recommendations in this report and bring us closer to finally eradicating this destructive and unethical practice, creating a safer, more welcoming world where LGBTQ young people can not only survive but thrive as who they are.

The Trevor Project is the leading suicide prevention organization for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people.

We provide 24/7 crisis services for LGBTQ young people via a phone lifeline, text, and chat.

We also operate innovative research, advocacy, public training, and peer support programs.