

METHODOLOGY

The content and methodology for The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health were approved by an independent Institutional Review Board.

The content and methodology for The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health were approved by an independent Institutional Review Board.

A quantitative cross-sectional design was used to collect data using an online survey platform between December 2, 2019 and March 31, 2020. A sample of individuals ages 13–24 who resided in the United States was recruited via targeted ads on social media. No recruitment was conducted via The Trevor Project website or any of The Trevor Project social media sites. Respondents were defined as being LGBTQ if they identified with a sexual orientation other than straight/heterosexual, a gender identity other than cisgender, or both. In order to ensure the representativeness of the sample, targeted recruitment was conducted to ensure adequate sample sizes with respect to geography, gender identity, and race/ethnicity. Qualified respondents completed a secure online questionnaire that included a maximum of 150 questions. Questions on sexual orientation and gender identity (SOGI) were aligned with the best practices identified in SOGI measurement. Questions on considering and attempting

suicide in the past 12 months were taken from the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance Survey to allow for direct comparisons to their nationally representative sample.

Each question related to mental health and suicidality was preceded by a message stating:

"If at any time you need to talk to someone about your mental health or thoughts of suicide, please call The Trevor Project at 1-866-488-7386."

Participation was voluntary, and informed consent was obtained. No names or personal details were included to ensure anonymity. A total of 60,795 youth from unique IP addresses consented to complete the online survey. Youth who indicated that they lived outside of the U.S. ($n=210$), were outside the 13–24 age range ($n=551$) or who did not meet predefined demographic characteristics during the targeted recruitment phase ($n=6,412$) were directed out of the survey. To create the analytic

sample, a filter was applied to remove youth who did not reach the midpoint of the survey, which included questions on suicide ($n=13,343$). Youth who were not LGBTQ ($n=205$) were excluded from the analytic sample.

Additionally, a mischievous responders analysis identified and removed 73 youth who provided obvious hate speech about LGBTQ populations in the free response options or who reported answering dishonestly.

The final analytic sample was comprised of 40,001 LGBTQ youth ages 13–24 in the United States.

Preliminary analyses were conducted to identify any potential problems with redundancy (e.g., multicollinearity) among similar variables such as experiences of discrimination and victimization. All variables contributed uniquely to indicators related to suicide attempts.

METHODOLOGY

Our analytic sample has representation from over **4,000 Hispanic/Latinx LGBTQ youth**, over **1,500 Black/African American LGBTQ youth**, over **1,500 Asian/Pacific Islander LGBTQ youth**, and over **500 American Indian/Alaskan Native LGBTQ youth**.

COMPARABILITY

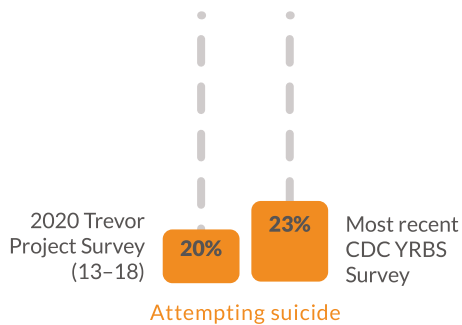
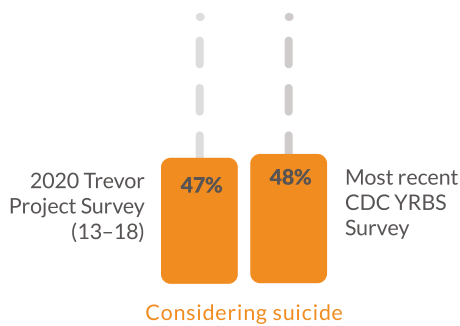
In order to better understand how our sample compares to a national probabilistic sample, we included questions regarding considering and attempting suicide that were identical to those used by the Centers for Disease Control and Prevention (CDC) in their Youth Risk Behavior Surveillance System (YRBS).

Analyses were conducted to compare rates of seriously considering suicide and attempting suicide in the past 12 months among youth ages 13–18 in our sample to the 2017 YRBS sample of lesbian, gay, and bisexual (LGB) high school students.

YRBS prevalence rates among LGB youth for seriously considering suicide (48%) were comparable to rates among the same age range in our sample (47%).

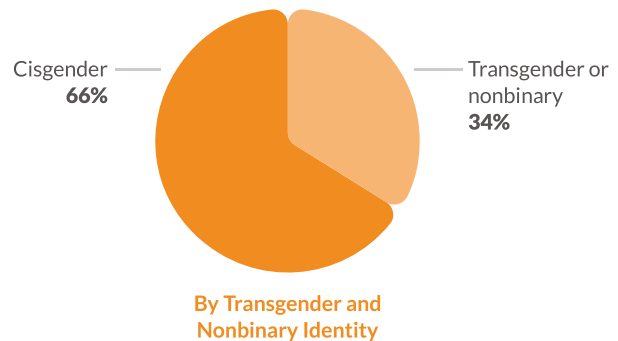
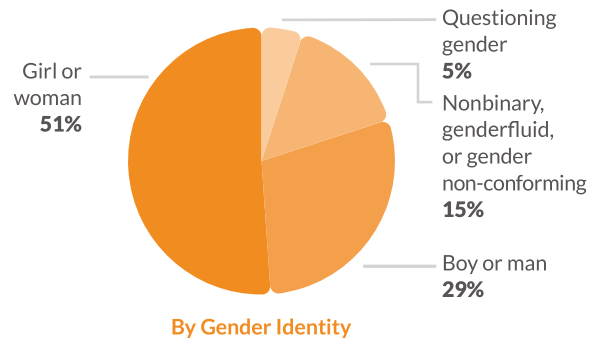
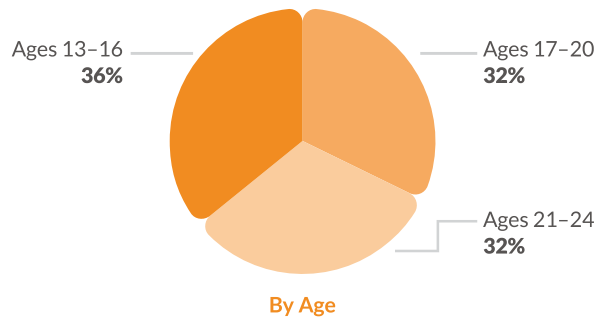
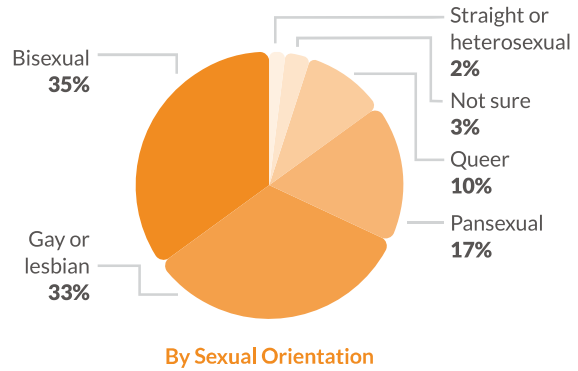
Additionally, 23% of LGB youth in the 2017 YRBS reported a suicide attempt in the past 12 months compared to 20% in our sample of youth ages 13–18.

Comparability metrics: Trevor Project Survey and YRBS Survey



PARTICIPANTS

Youth participants in the survey were recruited broadly and represented a wide range of the LGBTQ community.





The Trevor Project is the world's largest suicide prevention and crisis intervention organization for lesbian, gay, bisexual, transgender, queer & questioning young people.

Need Help? We are here for you 24/7

For over 20 years, we have worked to save young lives by providing support through our free and confidential crisis services programs, including TrevorLifeline, TrevorChat, and TrevorText. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative advocacy, research, and education programs across the country.



TrevorLifeline
The only nationwide, 24/7 crisis and suicide prevention lifeline offering free and confidential counseling for LGBTQ youth.



TrevorText
A free, confidential, 24/7, secure service for LGBTQ youth to text a trained Trevor counselor for support and crisis intervention.



TrevorChat
A free, confidential, 24/7, secure instant messaging service that provides live help for LGBTQ youth by trained counselors.



TrevorSpace
The world's largest safe space social networking community for LGBTQ youth, their friends, and allies.

www.TheTrevorProject.org

- @TrevorProject
- @TheTrevorProject
- @TrevorProject



Trevor Research
Our programmatic evaluations ensure we significantly reduce suicidality with our services, and we also publish external research to help peers support LGBTQ youth.



Trevor Advocacy
Our advocacy work at the federal, state, and local levels includes publicly advocating for/against particular bills and filing/joining amicus briefs in major cases.



Trevor Education
Our online education programs include information about school policies and training programs for teachers and guidance counselors.

THE **TREVOR** PROJECT

NATIONAL

SURVEY

ON

LGBTQ

YOUTH

MENTAL

HEALTH

2019

INTRODUCTION

I'm proud to share The Trevor Project's inaugural National Survey on LGBTQ Youth Mental Health.

This is our first wide-ranging report from a cross-sectional national survey of LGBTQ youth across the United States. With over 34,000 respondents, it is the largest survey of LGBTQ youth mental health ever conducted and provides a critical understanding of the experiences impacting their lives.

This ground-breaking survey provides new insights into the challenges that LGBTQ youth across the country face every day, including suicide, feeling sad or hopeless, discrimination, physical threats and exposure to conversion therapy.

The data provides a sobering look at how far we still have to go to protect LGBTQ young lives. But the survey also reveals the resilience and diversity of LGBTQ youth and provides guidance on what can be done to enable them to survive and thrive.

Among some of the key findings of the report from LGBTQ youth in the survey:

- **39% of LGBTQ youth** seriously considered attempting suicide in the past twelve months, with more than half of transgender and non-binary youth having seriously considered
- **71% of LGBTQ youth** reported feeling sad or hopeless for at least two weeks in the past year
- **Less than half of LGBTQ respondents** were out to an adult at school, with youth less likely to disclose their gender identity than sexual orientation
- **2 in 3 LGBTQ youth** reported that someone tried to convince them to change their sexual orientation or gender identity, with youth who have undergone conversion therapy more than twice as likely to attempt suicide as those who did not
- **71% of LGBTQ youth** in our study reported discrimination due to either their sexual orientation or gender identity
- **58% of transgender and non-binary youth** reported being discouraged from using a bathroom that corresponds to their gender identity
- **76% of LGBTQ youth** felt that the recent political climate impacted their mental health or sense of self
- **87% of LGBTQ youth** said it was important to them to reach out to a crisis intervention organization that focuses on LGBTQ youth and **98%** said a safe space social networking site for LGBTQ youth would be valuable to them

The Trevor Project's National Survey on LGBTQ Youth Mental Health is part of our commitment to use research and data to continually improve our life-saving services for LGBTQ youth and expand the knowledge base for organizations around the globe.

This survey builds upon critical research done by many of our partner organizations over the years and we are particularly proud that it is inclusive of youth of more than 100 sexual orientations and more than 100 gender identities from all 50 states across the country.

We hope this report elevates the voices and experiences of LGBTQ youth, providing insights that can be used by the many organizations working alongside The Trevor Project to support LGBTQ young people around the world. We also hope this report shows LGBTQ youth that we hear them, that their lives have value, and that we are here to support them 24/7.



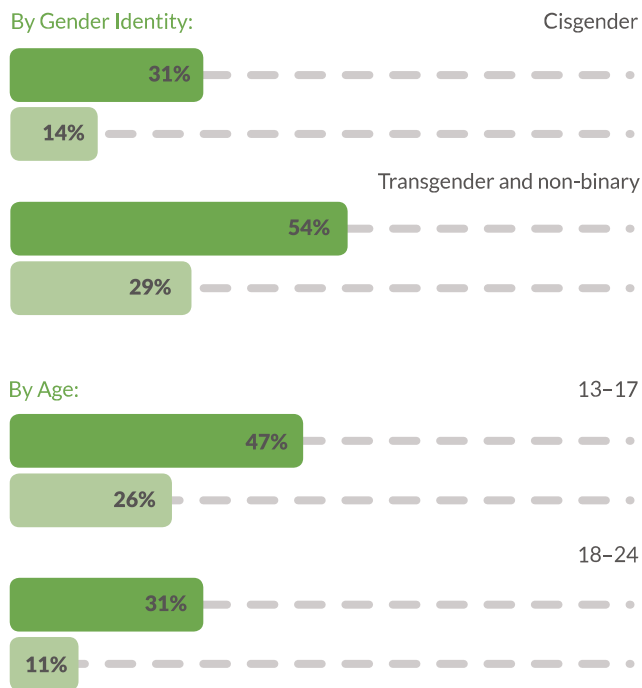
Amit Paley
CEO & Executive Director
The Trevor Project

SUICIDALITY & MENTAL HEALTH

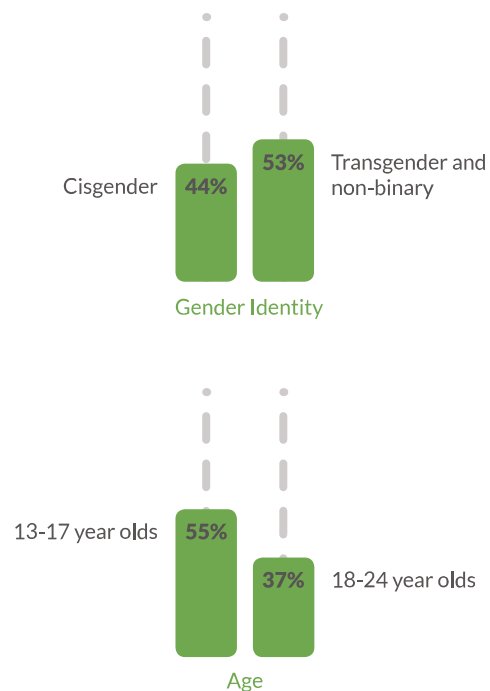
39% of LGBTQ respondents seriously considered attempting suicide in the past twelve months.

More than half of transgender and non-binary youth have seriously considered suicide.

LGBTQ youth that
■ considered and ■ attempted suicide:



Youth who attempted suicide among those who considered:



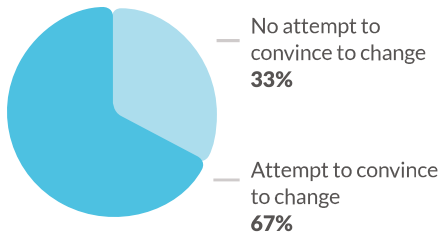
71% of respondents reported feeling sad or hopeless for at least two weeks in the past year

- **Over 18% of LGBTQ respondents** attempted suicide in the past twelve months
- **29% of transgender and non-binary youth respondents** have attempted suicide
- **76% of the sample** felt that recent politics impacted their mental health or sense of self
- **47% of the sample** received psychological or emotional counseling from a mental health professional

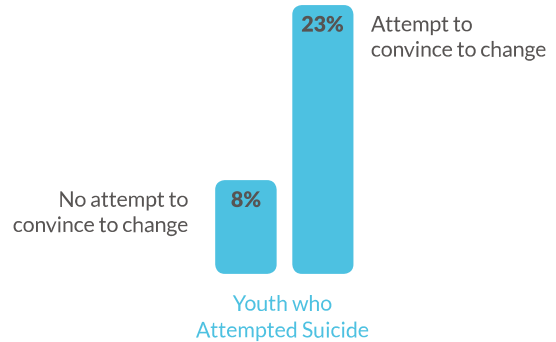
CONVERSION THERAPY & CHANGE ATTEMPTS

2 in 3 youth in our study reported that someone tried to convince them to change their sexual orientation or gender identity.

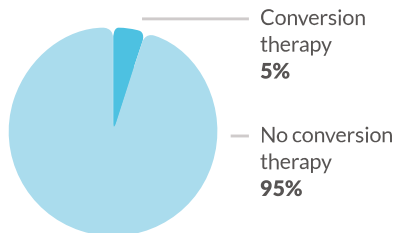
LGBTQ youth who reported someone attempted to convince them to change their sexual orientation or gender identity*:



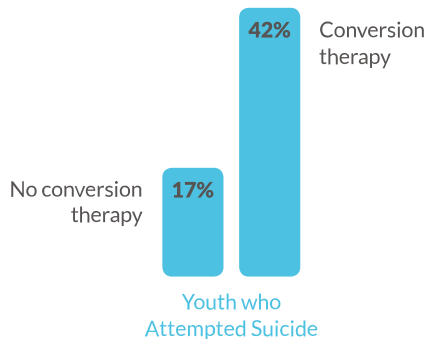
Youth who attempted suicide, comparison of those who experienced attempts to change their sexual orientation or gender identity to those who had not:



LGBTQ youth who reported undergoing conversion therapy*:



Youth who attempted suicide, comparison of those who experienced conversion therapy with those who had not:



57% of transgender and non-binary youth who have undergone conversion therapy report a suicide attempt in the last year.

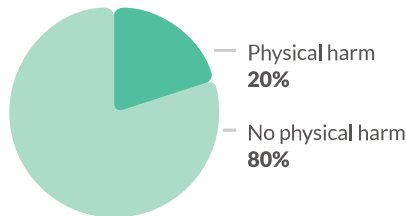
* Some LGBTQ youth who have undergone conversion therapy may not use that term to describe their experience. We asked youth separately whether someone attempted to convince them to change their sexual orientation or gender identity and whether they underwent conversion therapy in order to fully capture the ways youth experience efforts to change their sexual orientation or gender identity.

DISCRIMINATION & PHYSICAL HARM

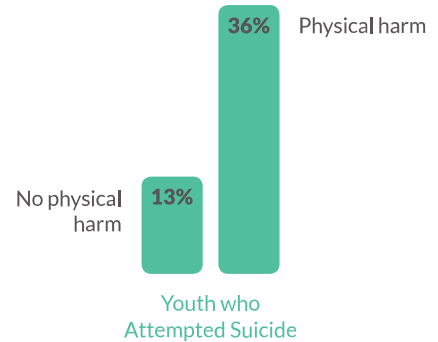
71% of LGBTQ youth in our study reported experiencing discrimination due to either their sexual orientation or gender identity.

78% of transgender and non-binary youth reported being the subject of discrimination due to their gender identity and **70% of LGBTQ youth** reported discrimination due to their sexual orientation.

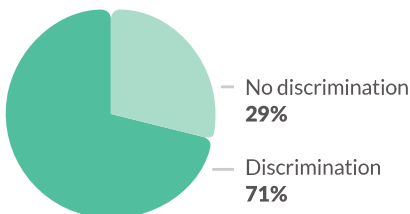
LGBTQ youth who experienced physical harm due to either their sexual orientation or gender identity:



Youth who attempted suicide, comparison of those who experienced physical harm with those who had not:



LGBTQ youth who experienced discrimination due to either their sexual orientation or gender identity:



Youth who attempted suicide, comparison of those who experienced discrimination with those who had not:



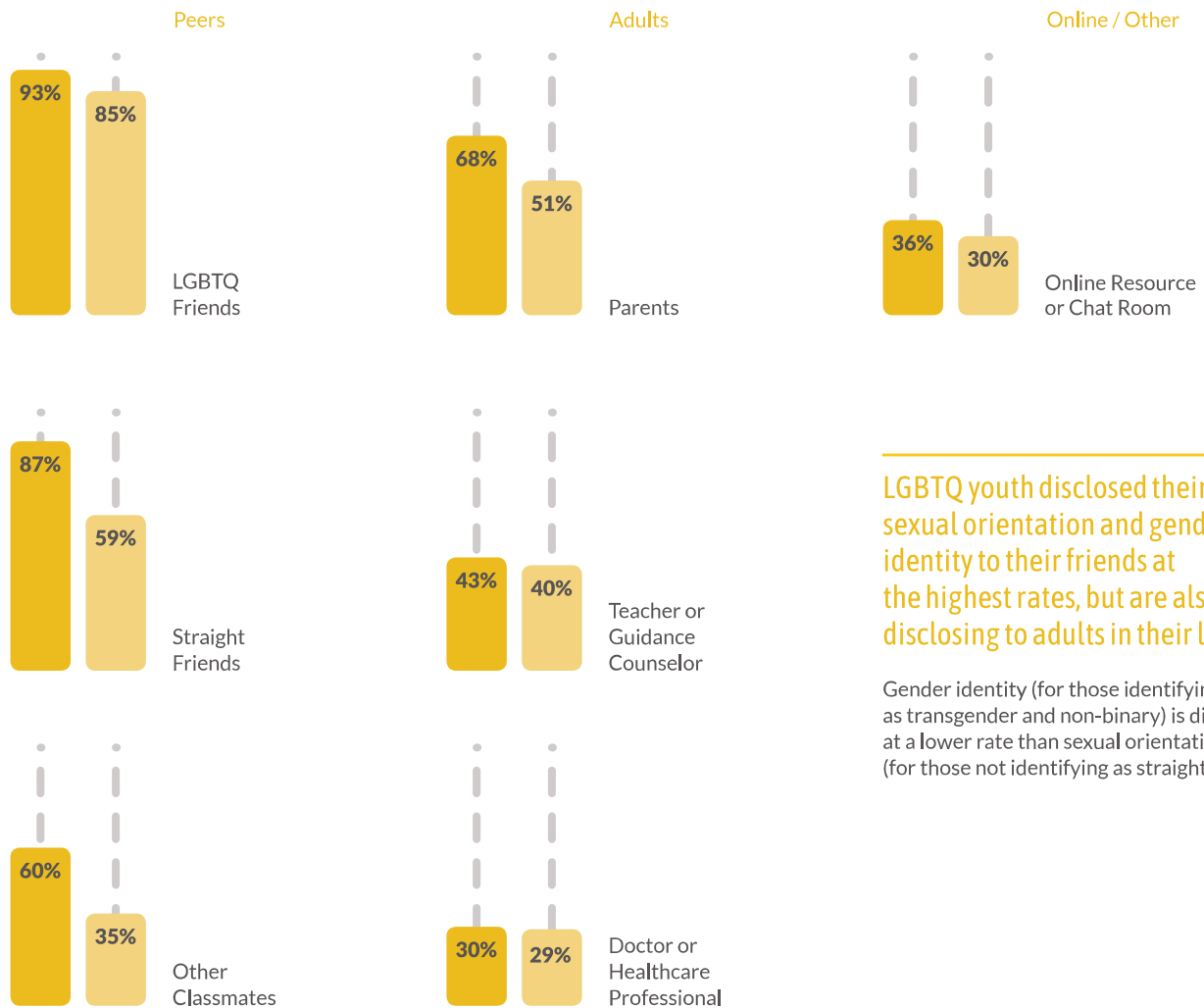
58% of transgender and non-binary youth reported being discouraged from using a bathroom that corresponds to their gender identity.

DISCLOSURE

Less than half of LGBTQ respondents were out to an adult at school.

Youth are **less likely** to disclose their gender identity than sexual orientation.

With whom do LGBTQ youth share their ● sexual orientation and ● gender identity?



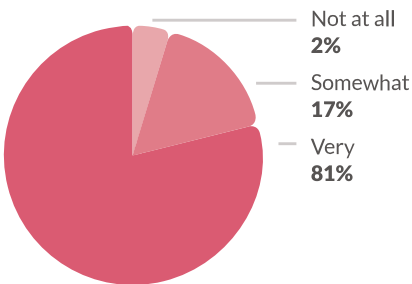
LGBTQ youth disclosed their sexual orientation and gender identity to their friends at the highest rates, but are also disclosing to adults in their lives.

Gender identity (for those identifying as transgender and non-binary) is disclosed at a lower rate than sexual orientation (for those not identifying as straight).

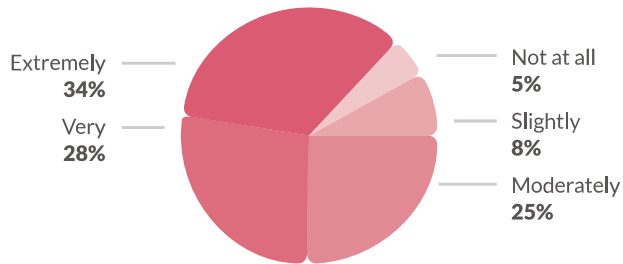
YOUTH SUPPORT PREFERENCES

76% of youth respondents indicated that they would be somewhat to extremely likely to reach out via text or chat in a crisis.

How valuable is an LGBTQ safe-space networking site?

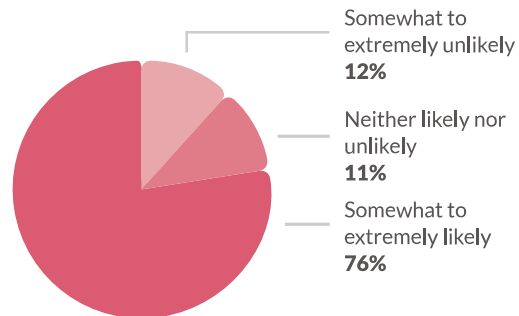


How important would it be to you to reach out to a crisis intervention organization focused on LGBTQ youth?



Youth indicated a strong digital preference for reaching out when in crisis.

If you needed to reach out to a crisis intervention organization for support, how likely are you to reach out via chat/instant message or text message?

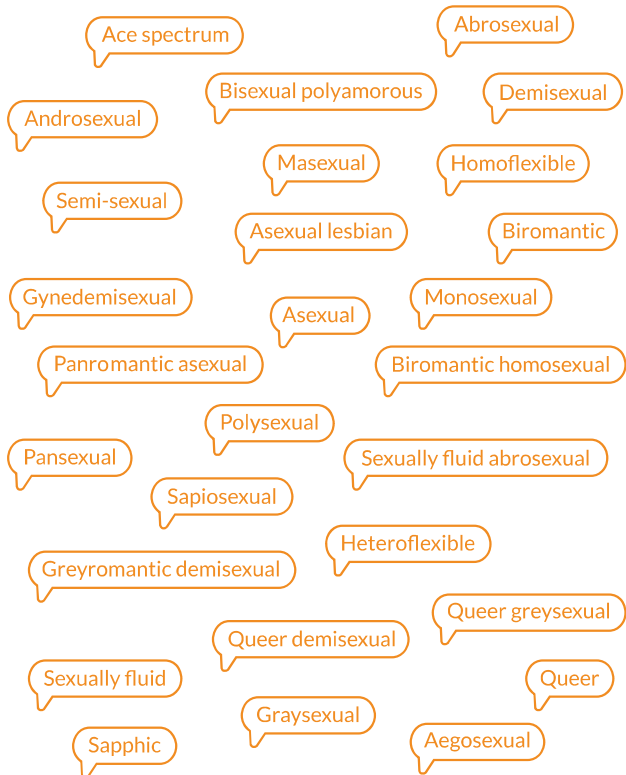


DIVERSITY OF LGBTQ YOUTH

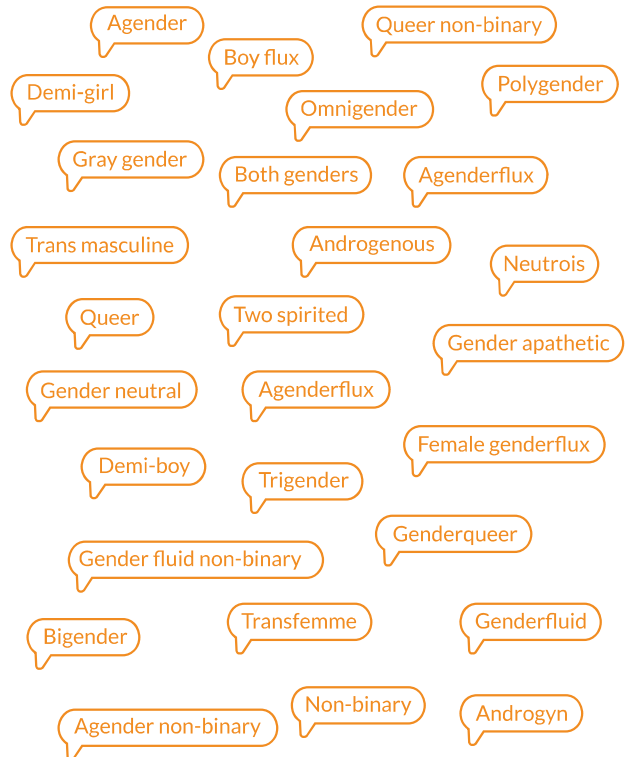
LGBTQ youth are **in all parts and communities of America**, with a **large amount** identifying sexual orientation and gender identity in non-binary ways.

Respondents were from **all 50 states**. **39%** were religious.

LGBTQ youth in the survey identified with more than 100 sexual orientations



LGBTQ youth in the survey identified with more than 100 gender identities



RESEARCH

The mission of The Trevor Project's Research Department is to **produce and use innovative research** that brings new knowledge and clinical implications to the field of suicidology and LGBTQ mental health.

To address this mission we:

Advance Scientific Inquiry

Providing empirical data to better understand the lives of LGBTQ youth and suicidality including risk factors, protective factors, and outcomes.

- The Trevor Project will be a leading source of scientific information on the needs and strengths of LGBTQ youth
- The Trevor Project will collaborate with key national and international research teams and agencies to improve the lives of LGBTQ youth

Support The Trevor Project's Life-Saving Work

Using internal and external data and research findings to advance Trevor's crisis services and peer support programs as well as advocacy and education initiatives.

- The Trevor Project's advocacy and training activities will be supported by data collected directly by The Trevor Project as well as evidence gathered from the broader research literature
- The Trevor Project will embody an evidence-informed culture in which all staff are supported and recognized in the use of research evidence

Inform Public Knowledge

Ensuring our research and evaluation findings are applicable and widely communicated to the broader public including LGBTQ-youth-serving agencies and mental health organizations.

- The Trevor Project will serve as a national model on how to integrate the best research evidence into its practices, programs, and policies
- The Trevor Project will be a leading resource on terminology related to LGBTQ youth

Recommended Citation

The Trevor Project. (2019). National Survey on LGBTQ Mental Health. New York, New York: The Trevor Project.

For additional information please contact: Research@TheTrevorProject.org

METHODOLOGY

The content and methodology for The Trevor Project's 2019 National Survey on LGBTQ Mental Health were approved by an independent Institutional Review Board.

A quantitative cross-sectional design was used to collect data using an online survey platform between February 2, 2018 and September 30, 2018.

A sample of individuals ages 13–24 who resided in the United States were recruited via targeted ads on social media. No recruitment was conducted via The Trevor Project website or TrevorSpace. Respondents were defined as being LGBTQ if they identified with a sexual orientation other than straight/heterosexual, a gender identity other than cisgender, or both. In order to ensure representativeness of the sample, targeted recruitment was conducted to ensure adequate sample sizes with respect to geography, gender identity, and race/ethnicity. Qualified respondents completed a secure online questionnaire that included a maximum of 110 questions.

Questions on sexual orientation and gender identity (SOGI) were aligned with the best practices identified in SOGI measurement. Questions on depressed mood and suicidality in the past twelve months were taken from the Center for Disease Control and Prevention's Youth Risk Behavior Surveillance Survey to allow for direct comparisons to their nationally representative sample.

Each question related to mental health and suicidality was preceded by a message stating:

"If at any time you need to talk to someone about your mental health or thoughts of suicide, please call The Trevor Project at 1-866-488-7386."

Participation was voluntary, informed consent was obtained, and no names or personal details were included ensuring confidentiality.

A total of 34,808 youth consented to complete the online survey. Youth who indicated that they lived outside of the U.S. (n=475) received a message that they were ineligible to participate in the survey. Youth who indicated that they were both cisgender and straight (n=294) were excluded from the sample. A filter was applied to indicate youth who either a) completed less than half of the survey items or b) reached the end of the survey within three minutes (n=8,091).

Additionally, a mischievous responders analysis identified and removed 52 youth who either provided highly unlikely answers (e.g., selecting all possible religious affiliations and race/ethnicity categories) and/or who provided obvious hate speech about LGBTQ populations in any of the free response options.

The final analytic sample was comprised of 25,896 LGBTQ youth in the United States.

Preliminary analyses were conducted to identify any potential problems with redundancy (e.g., multicollinearity) among similar variables such as experiences of discrimination and victimization. All variables contributed uniquely to indicators related to suicidality.

This report uses "transgender and non-binary" as an umbrella term to encompass non-cisgender youth, which includes young people who identify as transgender or non-binary as well as gender expansive, differently gendered, gender creative, gender variant, genderqueer, agender, gender fluid, gender neutral, bigender, androgynous, or gender diverse.

METHODOLOGY

COMPARABILITY

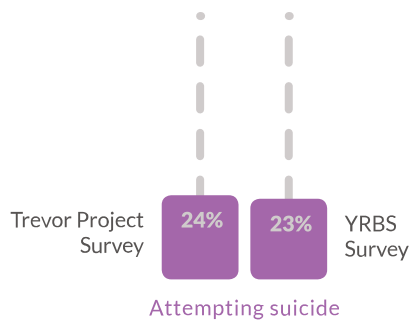
In order to better understand how our sample compares to a national probabilistic sample, we included questions regarding suicidality that were identical to those used by the Center for Disease Control and Prevention (CDC) in their Youth Risk Behavior Surveillance Survey (YRBS).

Analyses were conducted to compare rates of seriously considering suicide and attempting suicide in the past 12 months among youth ages 13–18 in our sample to the 2017 YRBS sample of lesbian, gay, and bisexual (LGB) youth.

YRBS prevalence rates among LGB youth for seriously considering suicide (48%) were comparable to rates among the same age range in our sample (45%).

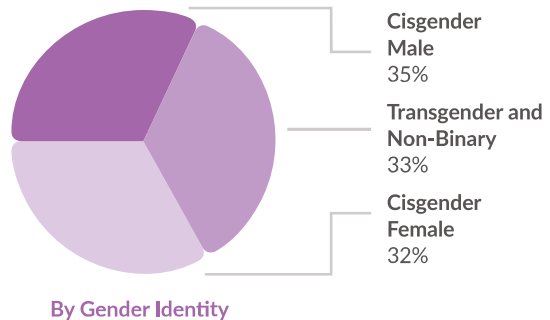
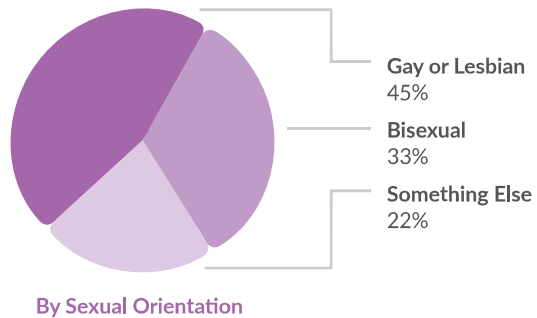
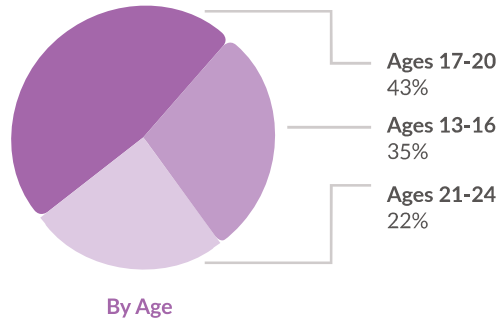
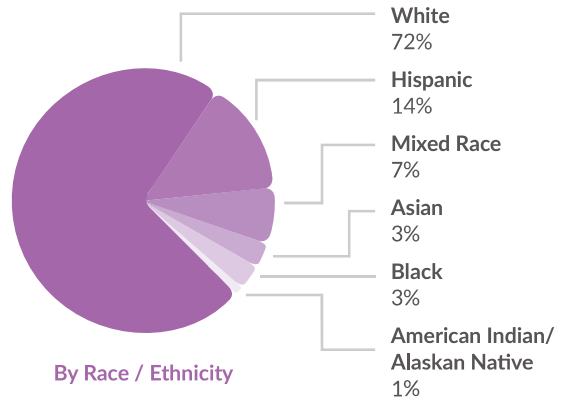
Similarly 23% of LGB youth in the 2017 YRBS reported a suicide attempt in the past 12 months compared to 24% in our sample.

Comparability metrics: Trevor Project Survey and YRBS Survey



PARTICIPANTS

Youth participants in the survey were recruited broadly and represented a wide-range of the LGBTQ community.





The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ youth.

Need Help? We are here for you 24/7

For over 20 years, we have worked to save young lives by providing support through Trevor's free and confidential crisis services programs, including TrevorLifeline, TrevorChat, and TrevorText. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative advocacy, research, and education programs across the country.



TrevorLifeline
The only nationwide, 24/7 crisis and suicide prevention lifeline offering free and confidential counseling for LGBTQ youth.



TrevorText
A free, confidential, secure service for LGBTQ youth to text a trained Trevor counselor for support and crisis intervention.



TrevorChat
A free, confidential and secure instant messaging service that provides live help for LGBTQ youth by trained counselors.



TrevorSpace
The world's largest safe space social networking community for LGBTQ youth, their friends, and allies.

www.TheTrevorProject.org

- @TrevorProject
- @TheTrevorProject
- @TrevorProject



Trevor Research
Our programmatic evaluations ensure we significantly reduce suicidality with our services, and we also publish external research to help peers support LGBTQ youth.



Trevor Advocacy
Our advocacy work at the federal, state, and local levels includes publicly advocating for/against particular bills and filing/joining amicus briefs in major cases.



Trevor Education
Our online education programs include information about school policies and training programs for teachers and guidance counselors.



**GOOD FRUIT
PROJECT**

A Christian Case Against LGBTQ Change Efforts



Q Christian
Fellowship

WHO WE ARE



The Trevor Project is the world's largest 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 free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time: a 24/7 phone lifeline, chat, and text. Trevor also runs TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operates innovative education, research, and advocacy programs.



Q Christian Fellowship

Q Christian Fellowship cultivates radical belonging among LGBTQ+ people and allies through a commitment to growth, community, and relational justice. We are a diverse community with varied backgrounds, cultures, theologies, and denominations, drawn together through our love of Christ and our belief that every person is a beloved child of God.

About This Partnership: Q Christian Fellowship is a Christian nonprofit dedicated to pursuing a world where all LGBTQ people are fully loved by family, church, and community. The Trevor Project is a secular, research-driven organization that is on a mission to end suicide among LGBTQ youth. However different, the two organizations are united in their common experience of serving LGBTQ people who have been profoundly affected, and all-too-often deeply wounded, by the experience of conversion therapy in a Christian context. The Good Fruit Project represents our effort to bring together our different perspectives - Q Christian speaking to theology, with The Trevor Project bringing its experience supporting LGBTQ mental health - in the hope of creating something that will empower our various communities to better understand each other, and, God willing, may ultimately save lives.

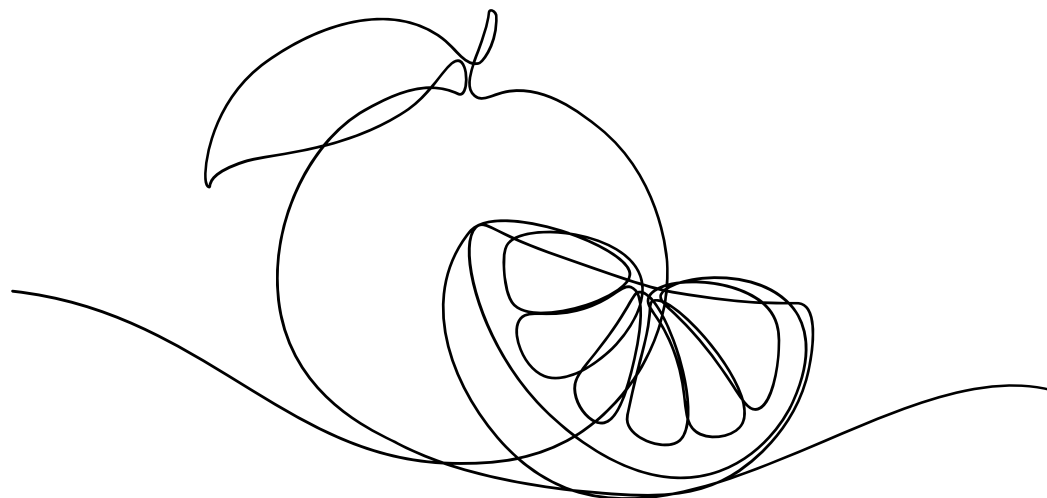


TABLE OF CONTENTS

4	Introduction
5	Terms Defined
6	Facts & Figures
7	Let Us Reason Together
8	Conversion Therapy in Christian Communities
10	The Resurgence of Conversion Therapy
12	The Fruit of LGBTQ Conversion Therapy & Ex-Gay Theology
14	“Love the Sinner...”
15	“Go and Sin No More:” What Must Change
16	The Good News; Acceptance Saves Lives
17	Conclusion
17	The Good Fruit Statement on LGBTQ Conversion Therapy
18	Resources
19	LGBTQ Terminology

INTRODUCTION

Every good tree bears good fruit,
but a bad tree bears bad fruit.

MATTHEW 7:17 (NIV)

LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning¹) people are members of every community, including religious communities; for many, faith is an important part of their lives and identities.

While for many religion and faith can be sources of comfort, beauty, and meaning, unfortunately, many LGBTQ people across centuries have been told by their families or faith communities that there is something wrong or even sinful about how they experience romantic love, or how they live in terms of their gender.

Too often, LGBTQ people are told that in order to maintain their place in a faith community, they should seek some kind of transformation by the power of God to help them live “correctly” as a man or woman - in other words, to “pray away” or change their sexual orientation or gender identity.

While this advice may be well-intentioned, the truth is that such change efforts can be a form of spiritual rejection, which is mentally, physically, and emotionally harmful.

The goal of this document is not to place blame, to create theological division, or to throw stones. Nor is this about politics or secular laws; with regard to conversion therapy within the church, what is at issue for Christians is not so much human laws, but obedience to God’s higher law of love.

It is our hope that this document will help people of faith, in particular Christians, come to understand that the path to truly loving their LGBTQ friends, family, and neighbors is not through sexual orientation or gender identity change efforts, but the wholehearted acceptance and grace that is at the core of Christian love. Ultimately, we hope that people of faith will feel called to commit to ending the practice of spiritual conversion therapy in their communities. That is the change that will bear the good fruit that we all seek.

We hope that
people of faith
will feel called
to commit
to ending
the practice
of spiritual
conversion
therapy in their
communities.

¹ For definitions of these and other terms used throughout this document, please see the glossary.

TERMS DEFINED

Sexual orientation and gender identity change efforts come in many forms and are known by many names, including [conversion therapy](#), [reparative therapy](#), [ex-gay ministries](#), and more. Whatever it is called, conversion therapy includes any treatments or practices intended to attempt to change a person's sexual orientation or gender identity (for example, from gay to straight or from transgender to cisgender), and includes any efforts to change a person's gender expression (to make a person act more masculine or feminine, for example), behaviors, or to reduce or eliminate sexual or romantic attraction or feelings toward a person of the same gender.

While some conversion therapists continue to use physical methods, including painful aversive conditioning, the most common techniques in the United States today include [talk therapies](#) where practitioners treat a person's sexual orientation or gender identity as an addiction that is believed to be the result of abuse and childhood trauma, or otherwise a result of the person's environment and upbringing.

Especially for faith-based providers, these practices often involve teachings pulled from religious texts, prayer, spiritual discipline, and practices modeled off of twelve-step programs

targeting [sexual brokenness](#), [unwanted same-sex attractions](#), or [gender confusion](#).

Importantly, conversion therapy does not include counseling that helps a person to cope, find social support, or explore their identity, including interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling is sexual orientation- and gender identity-neutral.



FACTS & FIGURES

The Family Acceptance Project [has found](#) that adolescents who grew up in religious families were more likely to experience change efforts. They also found that “parent/caregiver efforts to change an adolescent’s sexual orientation are associated with multiple indicators of poor health and adjustment in young adulthood,” and youth whose parents also sent them to a religious leader or therapist to attempt to change them had severe depression and attempted suicide at about triple the rate of youth who nobody tried to change.

Conversion therapy is opposed by prominent national and international professional medical associations, including the American Medical Association, the American Psychiatric Association, the National Association of Social Workers, and the American Academy of Pediatrics.

In 2009, the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (with the involvement of Mark Yarhouse, professor at Regent University) concluded that efforts to change sexual orientation and gender identity are unlikely to produce anticipated outcomes and can pose unintended harmful side effects to participants, such as a sense of having wasted time and resources, confusion, shame, guilt, helplessness, hopelessness, loss of faith, decreased self-esteem and authenticity towards others, increased self-hatred and negative perceptions, social withdrawal, a feeling of being dehumanized and untrue to self, depression, increased substance abuse and high-risk sexual behaviors, and suicidality.

As of September 2020, twenty states and dozens of cities have passed laws prohibiting licensed professionals, including therapists, from attempting to change a minor’s sexual orientation or gender identity. These laws, however, do not regulate unlicensed religious ministries that attempt to change sexual orientation or gender identity.

The Williams Institute at the [UCLA School of Law](#) estimates that:

698,000

adults in the U.S. have received conversion therapy; half received it as minors.

57,000

estimated number of youth (ages 13-17) who will receive conversion therapy from religious or spiritual advisors before they reach the age of 18.

In 2020, The Trevor Project surveyed more than 40,000 LGBTQ youth about topics related to their mental health. This survey found that 6 out of 10 youth had experienced somebody - a parent, pastor, friend, or anybody else - trying to change their sexual orientation or gender identity.

14%

said a religious leader had attempted to convince them to change.

10%

said they’d actually experienced conversion or reparative therapy.

6%

from their personal pastor or priest

5%

from another religious leader or counselor

78%

of the 10 percent of youth who said they had experienced conversion therapy reported being subjected to it as minors.

2X

LGBTQ youth who had undergone conversion therapy were more than twice as likely to have attempted suicide in the previous 12 months.

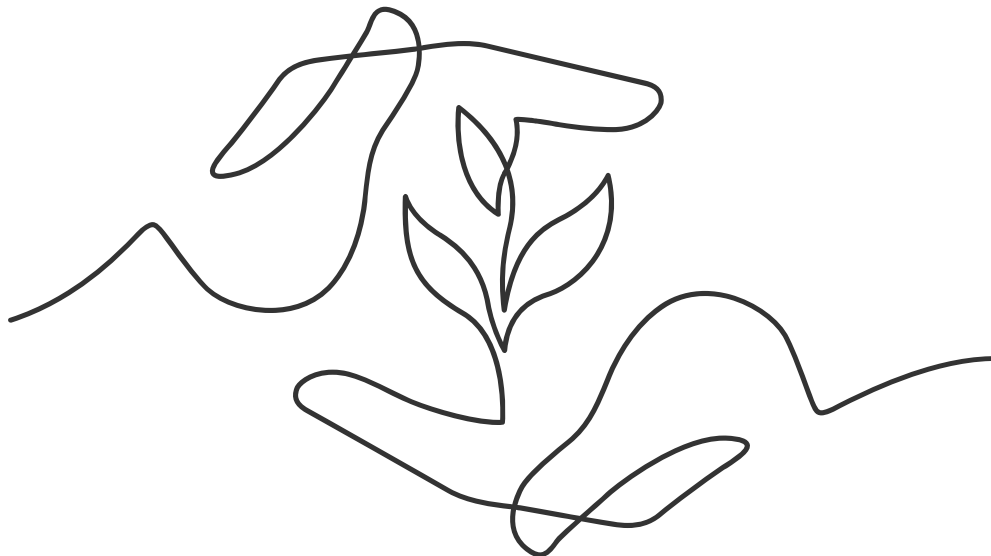
LET US REASON TOGETHER

Ending conversion therapy in Christian communities may mean making space for different beliefs about sex and gender. Thankfully, differing understandings within Christianity are not uncommon. While the exact number is debated, there are an [estimated 250-1200 Christian denominations](#) within the United States alone.¹ Dr. David P. Gushee, distinguished University Professor of Christian Ethics at Mercer University, [acknowledges that](#);

Every generation has its hottest of all hot-button issues, the issue that becomes the litmus test of everyone's orthodoxy and provokes conflicts sometimes leading to schism. In earlier generations it was slavery, or segregation, or apartheid, or Nazism, or abortion, or temperance, or Sabbath or tongue-speaking. I am old enough to have lived through the 1980/1990s fight over women's roles in the Church among Baptists and evangelicals, which led more than one congregation into schism. This LGBTQ+ issue...is doing the same thing.²

There are times in which one part of the Church may learn from another that their practices are harming others. The hope is that we may learn from each other and come to a fuller understanding of the impact theology has on others. While we may disagree on some topics, we can and must do so while also prioritizing the physical safety and mental and emotional wellbeing of people. As Paul says in Romans 14:19, "Let us then pursue what makes for peace and for mutual upbuilding" (NRSV).

As more people come out and live their lives as faithful, LGBTQ Christians, their friends, family members, and faith communities find themselves reconsidering their personal theology. A growing number of individuals are changing their minds about what they once believed to be true about LGBTQ people. Far from betraying Christian tradition, these changes for many are part of an ongoing journey toward seeing God's beloved community on earth "as it is in Heaven."



CONVERSION THERAPY IN CHRISTIAN COMMUNITIES

Despite evidence of harm and an ever-growing community of conversion therapy survivors sharing their stories, efforts to change sexual orientation and/or gender identity remain sadly prevalent today, especially among faith-based practitioners.

Religious or spiritual ministries that attempt to change a person's sexual orientation or gender identity take many forms, including:

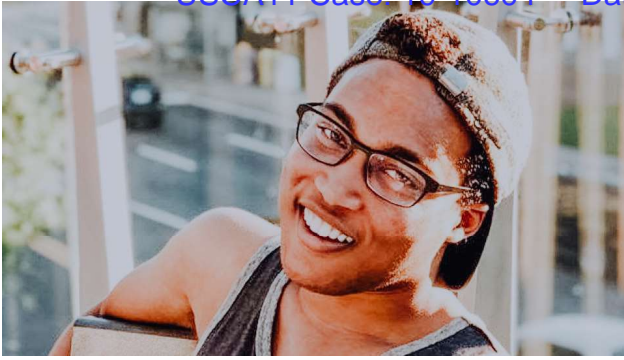
- Organizations solely devoted to conversion therapy or “ex-gay” theology, often as part of national networks. (i.e. Restored Hope Network, former Exodus International ministries, Living Hope, Brothers Road, First Stone Ministries, CHANGED, etc.)
- Licensed counselors who emphasize their religious point-of-view and place it above the requirements of their professional ethics (and the guidance of their professional organizations, like the American Psychological Association)
- Spiritual directors or life coaches. These individuals are typically not licensed professionals and are not regulated.
- Broader ministries dealing with sexual issues, including sex addiction or pornography, that treat homosexuality or being transgender as illnesses or problems
- Church counseling offices or pastoral counselors (which may include pastors)
- Exorcisms; “prayer warrior ministries;” laying-on-of-hands; shunning
- Conditioning employment, leadership roles, religious school attendance, or membership on attending conversion therapy, etc.

People may not even be aware that these practices are occurring within or with the blessing of their own church, or that their spiritual leaders may be referring members of their church to these kinds of ministries, but all Christians should feel empowered to ask the questions that will bring such practices to light and to ask that they be stopped.

The Christian ex-gay movement often conflates being LGBTQ with reckless and damaging behavior. Individuals are made to believe that their character flaws, mental health struggles, and regrets in life stem from being LGBTQ and that their experience of same-sex attraction, gender dysphoria, or gender diversity stems from their experience of abuse or trauma.

In reality, some of those issues may have never manifested had LGBTQ people not been shamed in the first place.

To be clear, most Christian counselors, even those with conservative theology, do not engage in conversion therapy. Unfortunately, several organizations that many Christians look to for counseling resources or mental health support, including the Association of Certified Biblical Counselors, the American Association of Christian Counselors, and Focus on the Family's Christian Counselors Network, do promote various forms of change efforts in their policies or materials.



RALPH JONES, JR.

"Through a vocal tremor and teary eyes, I spoke with a trusted spiritual advisor on-campus, confessing my secret shame and like many others, I was referred to a Christian reparative conversion counseling program. I prayed, I cried, I screamed at God, wanting to end my life as none of those things proved to be any more productive than the other, and I could not imagine a life or a future for myself unchanged. In the end, it wasn't a person, a teaching, or my emotions which convinced me it was possible to be gay and follow Christ. It was the Holy Spirit—present, living, breathing, speaking."

For example, the American Association of Christian Counselors 2014 Code of Ethics states:

1-120-f: Application to Homosexual, Bisexual and Transgendered Behavior Christian counselors do not condone or advocate for the pursuit of or active involvement in homosexual, bisexual or transgendered behaviors and lifestyles. Counselors may agree to and support the desire to work through issues of homosexual and transgendered identity and attractions, but will not describe or reduce human identity and nature to sexual orientation or preference, and will encourage sexual celibacy or biblically-prescribed sexual behavior while such issues are being addressed.

Faith-based conversion therapy is often based on the belief that only heterosexual/"straight" relationships are righteous in the eyes of God, and that "same-sex attracted" individuals should pursue a heterosexual marriage, or be pressured into celibacy.

Individuals who are transgender or nonbinary are likewise encouraged to pursue traditionally "masculine" or "feminine" gender roles. Those with gender dysphoria are also encouraged to seek out pastoral counseling or clinical therapy to "reinforce their perception of themselves as their biological sex." Proponents of ex-gay theology will often say that God's will is for "men to be men" (Adam) and "women to be women" (Eve), regardless of the effect that has on people who experience their gender identity differently.



REV. DANNY CORTEZ

"I pastored Southern Baptist churches for about 20 years. For most of that time, whenever someone confided in me that they were gay or lesbian, our church policy was to recommend conversion therapy. At the time, we believed that change in someone's orientation was possible. However, as the years passed, it became evident that calling them to change wasn't helping. In fact, it was quite the opposite. People were falling into hopelessness, despair and self hate. There began this internal conflict I had in prescribing something that was in effect, harmful. I knew something was wrong but I had always been told that the Bible was clear. However, there were two passages of Scripture that kept standing out. The first was in Matthew 7 where Jesus says, "Likewise, every good tree bears good fruit, but a bad tree bears bad fruit. A good tree cannot bear bad fruit, and a bad tree cannot bear good fruit." The second one was in Romans 14, where Paul writes, "Love does no harm." As I sought to hear more intently the stories of LGBTQ Christians, it became evident that telling them they needed to change was causing harm."

THE RESURGENCE OF CONVERSION THERAPY

In 2013, the largest and most powerful ex-gay ministry, Exodus International, shut down after the executive director, Alan Chambers, admitted that he no longer believed homosexuality could or should be “cured” and that “99.9 percent” of people who had tried had failed. Many other “ex-gays” and former conversion therapy practitioners have since joined him in declaring change efforts to be harmful and ineffective.

However, in recent years new leaders have emerged to take up the mantle, employing similar practices with modern branding and slick marketing campaigns. Launched in 2018 as an initiative of Bethel Church in Redding, CA, the association of ex-gay ministries known as CHANGED adopted Exodus International’s original slogan, “Change is Possible,” slightly tweaked to read “Changed is Possible.” These movements have capitalized on the increasing visibility of gender identity issues, finding new markets in parents fearful that their children may be transgender. Modern conversion therapy advocacy is often marked by graphic and misinformed descriptions of medical transition processes, with no reference to the extensive safeguards involved.

These movements
have capitalized
on the increasing
visibility of gender
identity issues,
finding new
markets in parents
fearful that their
children may be
transgender.

For some, [transitioning is life-saving](#) and deemed best-practice medical care by the major medical professional organizations, including the American Medical Association.

Ex-gay/trans ministries will often explicitly deny that their teachings and practices constitute “conversion therapy.” Knowing the phrase “conversion therapy” carries a lot of baggage (and even legal liability for fraud), ex-LGBTQ ministries have intentionally distanced themselves from the term and rebranded themselves as equipping individuals with tools to fight for their own spiritual freedom, or to encourage “sexual fluidity.” The Alliance for Therapeutic Choice and Scientific Integrity (formerly National Association for Research & Therapy of Homosexuality, founded by early conversion therapists Joseph Nicolosi and Charles Socarides) prefers to describe their practices as “Sexual Attraction Fluidity Exploration in Therapy (SAFE-T).”

“Change allowing,” “healing sexual brokenness,” “freedom of choice,” or “embracing one’s true identity in Christ” are some terms that in the context of sexual orientation or gender identity often conceal conversion therapy efforts.

One ex-gay leader asserts that “change-allowing and exploration therapy, is largely an effort to bring relational wholeness and wellbeing to people who experience undesired same sex attraction so that they can live ‘normal’ lives...” What is left unsaid is that LGBTQ people do live happy and productive lives every day. Some of the harm and discrimination experienced by LGBTQ people stems from the false claims propagated by conversion therapists that unless LGBTQ people change they are destined to live a life without purpose or fulfillment.



PAULA STONE WILLIAMS

“From the time I was three or four years of age, I knew I was transgender. But I grew up in a fundamentalist family with a father who was a pastor and there was no way I could tell anyone, so I buried the truth. For decades, I buried it. But the call toward authenticity has all the subtlety of a smoke alarm, and eventually decisions have to be made. I know that if I had not transitioned, I would have lived a life of quiet desperation. It took me five decades to find the courage to transition, but it was the most important decision I ever made.”

