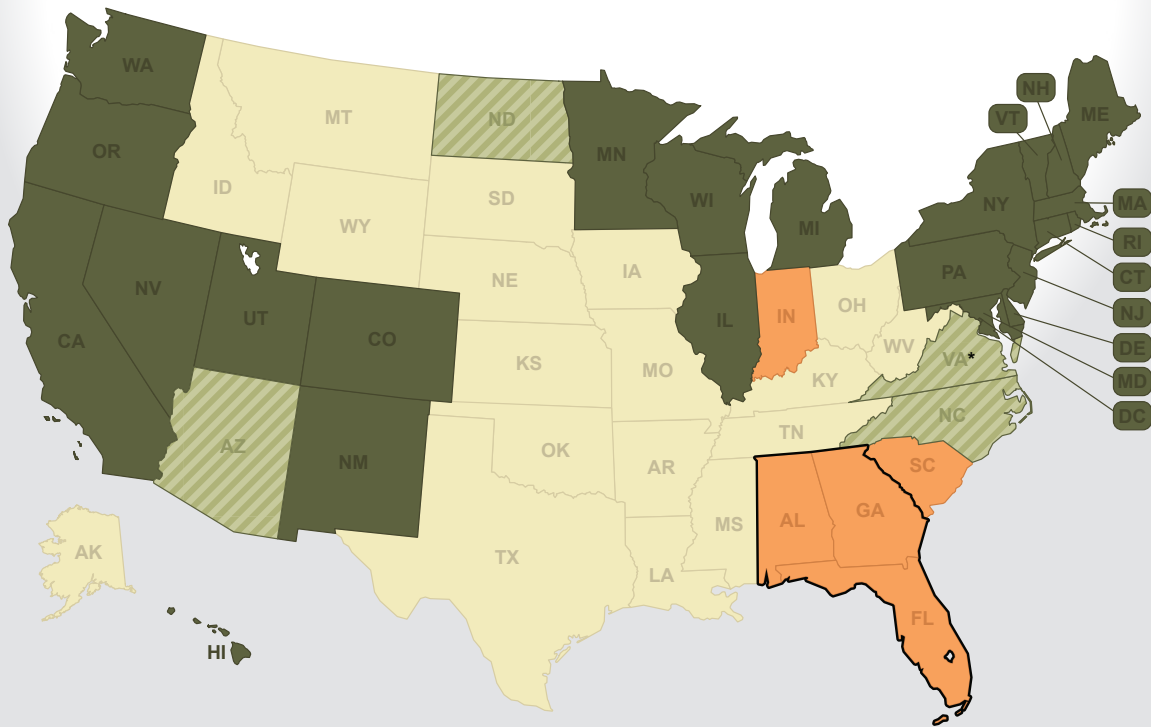
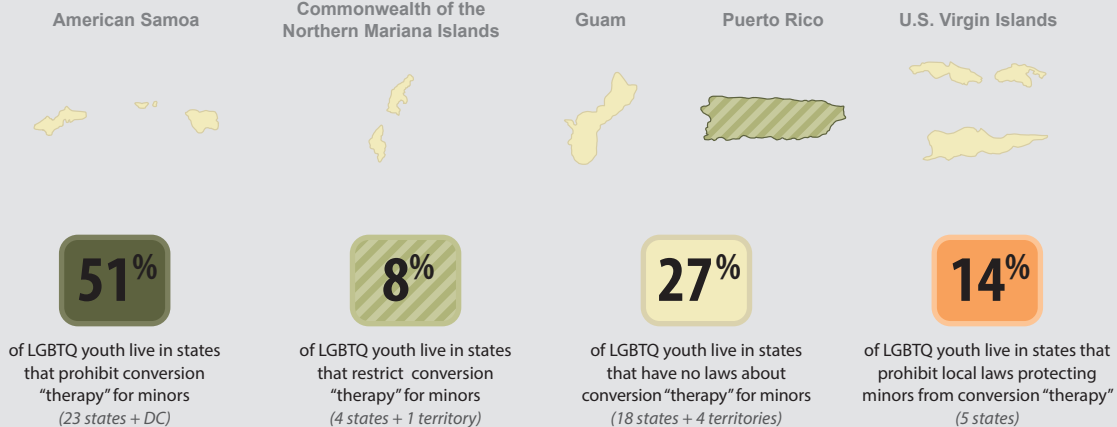


LGBTQ POLICY SPOTLIGHT: LAWS PROTECTING LGBTQ YOUTH FROM CONVERSION “THERAPY”



U.S. Territories



Data as of July 10, 2025.

Note: In 2020, Virginia prohibited conversion practices for minors, but a 2025 legal settlement barred the state from enforcing key provisions of the law—effectively making the majority of (though not all) conversion practices legal again in the state.

This report was authored by:

Movement Advancement Project (MAP)

MAP's mission is to provide independent and rigorous research, insight, and communications that help speed equality and opportunity for all people. MAP works to ensure that all people have a fair chance to pursue health and happiness, earn a living, take care of the ones they love, be safe in their communities, and participate in civic life. For more information, visit www.mapresearch.org.

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OVERVIEW

Conversion “therapy” is a dangerous and discredited practice that attempts to change a person’s sexual orientation or gender identity. These practices have gone by many names and misleading euphemisms over many years, including “ex-gay therapy,” “reparative therapy,” and, more recently, “reintegrative therapy” or “exploratory therapy.”

No matter the name, these practices share the fundamental premise that being LGBTQ is wrong, undesirable, and abnormal. Historically, these practices included a range of techniques from hypnosis to more physical punishments like electric shocks. Today, the practices are more likely to use verbal techniques,¹ but scientific research consistently shows the harms are just as damaging and long-lasting.² Furthermore, conversion “therapy” not only harms the people subjected to it but also has a clear social and economic cost—an estimated \$9.23 billion annually³—due to the long-lasting physical, mental, and emotional health impacts on its survivors, among other costs.

While the public may be more aware of conversion “therapy” practices today than in the past, many are surprised to learn that these practices continue to this day. Because these practices are often conducted in secret or under the guise of different names, it is difficult to know how widespread they remain. However, recent research shows that active practitioners exist across at least 48 states and the District of Columbia,⁴ and that an estimated 7% of LGB adults in the United States today have experienced conversion “therapy,”⁵ including more than half who were subjected to it as children.⁶ Separate research shows even higher rates for transgender people, with a 2022 national study finding that 12% of transgender people reported similar experiences.⁷

Every major medical and mental health association in the United States has warned that conversion practices are harmful,⁸ and since 2012, a growing number of states and municipalities around the country have taken action to protect minors against these practices by state-licensed healthcare providers. To date, 28 states, the District of Columbia, Puerto Rico,^a and at least 118 municipalities^b have at some point in time restricted the use of these practices on minors—with many of these protections enacted under leaders of both major parties, demonstrating the broad and bipartisan consensus around protecting youth from

these dangerous practices. However, due to escalating political attacks that are increasingly out of step with the values and beliefs of the general public, not all these policies remain in effect today.⁹

Over the last five years in particular, anti-LGBTQ activists have targeted LGBTQ people and rights across virtually every aspect of life¹⁰—including by attacking existing protections against conversion “therapy” and instead attempting to promote or even require it. This is especially obvious in attacks on transgender youth, which increasingly aim to not only ban essential medical care for these youth, but also force conversion “therapy” upon them—just like fringe actors have been pushing on gay, lesbian, and bisexual youth for decades.

This report spotlights the harms of this dangerous, yet sadly ongoing, practice and details the shifting landscape of efforts to protect LGBTQ young people against this abuse.

^a State efforts to protect LGBTQ youth from conversion “therapy” have varied in scope over time, with some states enacting multiple policies to protect youth. To date, 24 states and the District of Columbia have ever had laws or policies fully prohibiting state-licensed health care providers from subjecting minors to conversion “therapy.” Nine states and Puerto Rico have ever had executive orders or regulations partially restricting the practice, such as by restricting the use of state funds for conversion practices on minors or prohibiting only some state-licensed providers from using the practice; five of these states (Michigan, Minnesota, New York, Pennsylvania, and Wisconsin) later went on to fully prohibit the practice among state-licensed providers. This means that 28 states, D.C., and Puerto Rico have ever taken at least some state level action to protect LGBTQ youth against conversion “therapy”—though Kentucky’s executive order protecting LGBTQ youth was repealed by the state legislature in 2025. See the map on page 6 for the current landscape of state protections.

^b At least 118 municipalities have prohibited conversion “therapy” at the local level, but—as discussed later in this report—at least 12 municipalities have been forced to repeal these ordinances, and another 13 ordinances in Florida are unenforceable due to a court ruling. This means at least 106 municipal laws remain on the books, and at least 93 are currently enforceable today.

HOW WIDESPREAD IS CONVERSION “THERAPY”?

Despite growing awareness and legal protections in over half of U.S. states, conversion “therapy” practices continue. Because these practices are often conducted in relative secret or under the guise of different names, they are difficult to track, and estimates may vary as a result. Additionally, some survivors of conversion “therapy” may be uncertain about whether what they experienced “counts,” and this may further impact estimates of contemporary conversion practices. However, recent research and national surveys show that conversion “therapy” practices remain widespread today.

National Estimates

Recent research by The Trevor Project identified over 1,300 active practitioners of conversion “therapy” across at least 48 states and the District of Columbia, as of 2023.¹¹ Importantly, the study notes that since these practices are difficult to track, this is likely a significant underestimate.

One recent national survey found that 7% of LGB adults in the United States today report having experienced conversion “therapy,”¹² including more than half who were subjected to it as children.¹³ A 2024 national survey by researchers at Stanford University found that 5.4% of LGBTQ adults overall reported having been subjected to conversion “therapy” at some point in their lives.¹⁴

Research also suggests that the numbers are even higher for transgender people. The 2024 Stanford study, for example, found that transgender people were more likely to have been put through conversion “therapy,”¹⁵ and the 2022 U.S. Transgender Survey (USTS)—a national survey of over 92,000 transgender people—found that 12% of respondents were put through similar experiences.¹⁶ The 2015 USTS also found that people who transitioned longer ago were twice as likely to be sent by their families to conversion “therapy,” compared to those who transitioned more recently.¹⁷

Research further suggests that LGBTQ people with less accepting families, people of color, and those with lower levels of education are also more likely to have been subjected to conversion “therapy.”¹⁸ Again, however, the prevalence of these practices are difficult to study—given their varying names over time,

An estimated
**7% of LGB adults
and 12% of transgender adults**
have been subjected to conversion “therapy”

Sources: Blosnich et al 2020; USTS 2022

diversity of techniques, and the secrecy around them—so estimates of how many LGBTQ people have been subjected to this dangerous and harmful practice are likely underestimations.

Targeting Transgender Youth

It is important to note that, as this research shows, transgender young people are also subjected to conversion “therapy.” While many stories and media representations of conversion practices often focus on attempts to change sexual orientation, these harmful practices also target transgender people’s gender identity. But both sexual orientation and gender identity are fundamental aspects of a person that cannot be changed through coercion or force.

Mother Jones

First They Tried to “Cure” Gayness.
Now They’re Fixated on “Healing” Trans People.

(click to read more)

Current practitioners of conversion “therapy,” particularly those working with transgender youth, increasingly refer to their techniques as “gender-exploratory therapy,” and falsely describe it as judgement-free, neutral treatment that does not affirm the child’s “gender confusion.”¹⁹ This description may sound harmless, but it is deliberately misleading. The tactics are effectively identical to those used to coerce a young person into changing their sexual orientation: pathologizing the young person’s feelings about who they are, blaming the parents or child for their identity or identities, and shaming the child until they stop identifying as LGBTQ. These tactics all contribute to the well-documented harms and dangers of conversion practices, as discussed further in the following section.

In the context of young transgender people, it is important to remember that those who seek medical support are already required by existing standards to undergo counseling as part of a careful, extensive process of evaluation, assessment, and care. But conversion “therapy” or “gender-exploratory therapy” is not a recognized or evidence-based mental health practice, nor is it rooted in empirical data and standard ethical practices—as evidenced by the dozens of medical and psychological professional associations that have condemned conversion “therapy” (see examples on page 5). Instead, it is rooted in the belief that being transgender (or LGBTQ more broadly) is fundamentally wrong and a choice. As a result, these practices intentionally isolate and psychologically abuse children, scapegoat parents, and divide families through blame and rejection.

To be clear, actual therapy—rooted in evidence-based practices and centering the patient’s wellbeing as the priority—should be available to all who seek it, including LGBTQ youth and their families. It is an important tool for many people across all backgrounds and life experiences, and it should be a safe, non-judgmental place for people to discuss their feelings and explore their identities, free from a provider’s personal agenda or a predetermined outcome. **But conversion “therapy,” with its core belief that being LGBTQ is wrong and undesirable, is inherently judgmental and has a predetermined outcome in mind: to coerce LGBTQ young people into hating and rejecting who they are.**

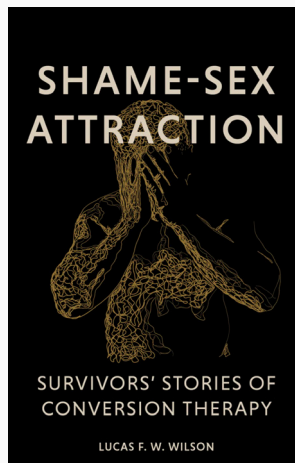
For decades, an unregulated industry masquerading as health care has used these tactics against LGBTQ people and their families—and they continue to do so today.



New collection highlights real-life experiences of conversion “therapy”

A newly published collection of essays, entitled *Shame-Sex Attraction: Survivors’ Stories of Conversion Therapy*, offers first-hand accounts from survivors of conversion practices, across many different LGBTQ identities.

While the stories speak honestly about the difficult and often dehumanizing experiences of these practices, they also demonstrate the survivors’ resilience and continued journey to self-acceptance, healing, and recovery—and their commitment to ensuring these dangerous practices end.



THE IMPORTANCE OF ACCEPTANCE & THE HARMS OF CONVERSION “THERAPY”

Like all young people, LGBTQ youth are best able to thrive and be happy when they are supported by their families and communities. Research clearly and consistently demonstrates that, when LGBTQ youth experience such support, they have higher self-esteem, stronger mental health, better academic outcomes,²⁰ and a greater likelihood of believing they will have a good life and become a happy adult.²¹ One nationwide survey of nearly 35,000 young LGBTQ people (ages 13-24) found that those with even one accepting adult in their life were 40% less likely to have attempted suicide in the past year²²—illustrating the clear and immediate positive impact even small acts of support can have on a young person’s life.

Conversion “therapy,” on the other hand, is fundamentally an expression and experience of rejection. These practices are rooted in the core belief that being LGBTQ is wrong, and therefore seek to change a person to be, or at least behave as if they are, someone they are not: someone who is not LGBTQ.

Years of research on the outcomes of conversion “therapy” have supported this assessment and documented the extensive harms of conversion practices.²³ In 2009, the American Psychological Association (APA) issued a comprehensive report demonstrating a wide variety of harms associated with conversion “therapy,” including, among others: pervasive negative mental health effects (including anxiety, depression, and suicidality), substance abuse, problems with sexual and emotional intimacy, and deterioration of family relationships.²⁴

According to research by The Trevor Project, **LGBTQ young people with even one accepting adult in their life were 40% less likely to have attempted suicide in the past year**—illustrating the clear and immediate positive impact of family or community acceptance.

But conversion “therapy” is fundamentally an expression of rejection.

Conversion therapy costs the the U.S. economy an estimated

\$9.23 billion

 each year.

(click to read more)

Source: “Humanistic and Economic Burden of Conversion Therapy on LGBTQ Youth in the United States: A Systematic Literature Review and an Economic Evaluation,” JAMA Pediatrics, March 7, 2022.

More recently, a 2024 study found that LGBTQ adults who had experienced conversion “therapy” for either sexual orientation or gender identity had more symptoms of PTSD, depression, and, in some cases, suicidality—and those who had been subjected to both had the greatest number of symptoms. These harms persisted even after accounting for other factors that might influence mental health, like family acceptance or religious background.²⁶

Based on decades of research like this and updated best practice medical standards, many medical and professional associations across the country—and the globe—have issued formal statements opposing the practice of conversion “therapy,” as shown in relevant quotes on this/the next page.

In 2023, these findings were further reflected in a comprehensive report from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS).²⁷ The report updated a previous publication in 2015, which also found no evidence that conversion “therapy” is effective and, citing limited research on youth, recommended against using it as part of behavioral health treatment. After reviewing the most recent evidence linking these practices to significant harm, the updated report went a step further, concluding that they are “inappropriate, ineffective, and harmful practices that should not be provided to children and adolescents.”

In addition to the human costs and harms of conversion “therapy,” there is also a clear social and economic cost: peer-reviewed research estimates that “the practice of conversion therapy on LGBTQ youth, and its associated harms, cost the United States an estimated **\$9.23 billion annually.**”²⁸ This estimate reflects the added health care costs related to treating the harms caused by conversion “therapy” (e.g., medical treatment for anxiety, depression, substance abuse, or suicide attempts), lost economic productivity due to these harms, and more.

“The American Academy of Child and Adolescent Psychiatry [AACAP] finds no evidence to support the application of any ‘therapeutic intervention’ operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such ‘conversion therapies’ . . . lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, ‘conversion therapies’ should not be part of any behavioral health treatment of children and adolescents.”

-AACAP (2018). See additional medical and professional associations opposed to conversion “therapy” [here](#), [here](#), and [here](#).

“We, as national organizations representing millions of licensed medical and mental health care professionals, educators, and advocates, come together to express our professional and scientific consensus on the impropriety, inefficacy, and detriments of practices that seek to change a person’s sexual orientation or gender identity, commonly referred to as ‘conversion therapy.’

We reiterate the prevailing science confirming that variations in sexual orientation and gender identity represent normal expressions of human diversity and cannot be changed at will.

We affirm the contemporary scientific agreement that being lesbian, gay, bisexual, or transgender (LGBT) is not a mental illness or disorder and should not be pathologized.

We emphasize the dangers of sexual orientation and gender identity change efforts, particularly for youth, which include increased risk of anxiety, depression, decreased self-esteem, social withdrawal and isolation, homelessness, substance abuse, and suicidality.

...We stand firmly together in support of legislative and policy efforts to curtail the unscientific and dangerous practice of sexual orientation and gender identity change efforts.”

-*Declaration on the Impropriety and Dangers of Sexual Orientation and Gender Identity Change Efforts* (2018), co-signed by 15 leading national organizations including the American Academy of Pediatrics and the American Counseling Association. See also this [2023 joint statement](#), co-signed by 28 U.S. medical and psychological professional associations representing over 1.3 million healthcare providers.

THE SHIFTING POLITICS OF CONVERSION “THERAPY” LAWS

Laws protecting LGBTQ children from conversion “therapy” have helped raise awareness and ensure that state-licensed therapists and medical providers are providing competent, evidence-based care and are not causing harm to those entrusted to their care. While a growing number of states and municipalities have taken steps to prohibit or restrict these dangerous practices, recent years have brought a larger, coordinated attack on LGBTQ people across virtually every aspect of life—including efforts to promote conversion “therapy.”

What Are Laws Protecting LGBTQ Youth from Conversion “Therapy”?

State laws or policies protecting minors from conversion “therapy” prohibit state-licensed healthcare providers from subjecting minors to dangerous, unscientific practices that attempt to change their sexual orientation or gender identity.

These protections typically come from legislation, but can also come from administrative regulation, agency guidance, or executive orders. Legislative protections are generally considered stronger because they are more difficult to repeal or undermine than policies that rely on the discretion and priorities of shifting agency leaders.

Importantly, these policies apply only to state-licensed healthcare providers, and not to clergy, religious institutions, or other individuals not licensed by the state to provide healthcare. Every state has its own regulations on the practice of medicine, including mental health, to ensure that providers are providing competent care and are not causing harm. The state has a compelling interest in ensuring that licensed providers follow professional standards of care and do not engage in dangerous practices that—like conversion “therapy”—have no scientific basis and put patients at risk.

Typically—and consistent with other regulations on the practice of medicine—violations of laws protecting minors from conversion “therapy” result in professional discipline, such as the suspension or revocation of a provider’s state license.⁵

State & Local Protections

In 2012, California became the first state to prohibit state-licensed healthcare providers from

practicing conversion “therapy” on minors. In 2015, Cincinnati, Ohio, became the first municipality with a local-level protection.^d

Today, and as shown in *Figure 1*, 23 states and the District of Columbia have laws protecting minors from these practices, while another four states and Puerto Rico restrict these practices in other ways. These restrictions typically, though not exclusively, take the form of executive orders that restrict the use of state funding for conversion “therapy.” North Dakota has regulations that prohibit social workers from subjecting youth to these practices, but these regulations do not apply to all state-licensed providers.

To date, at least 118 municipalities across 19 different states have passed municipal protections against conversion “therapy.” *Figure 2* on the next page shows these 19 states, some of which have local laws protecting as much as 56% of the state’s population (New York).

Some of these municipalities are in states that later went on to pass statewide protections. In other states, however, there have been coordinated efforts to repeal

or block these local laws (as discussed further in the following sections), and as a result, only 93 of these 118 ordinances are currently enforceable. Still, they provide important protections for LGBTQ youth and their families, promote safe and supportive environments for LGBTQ youth in those communities, and raise awareness in the surrounding population.

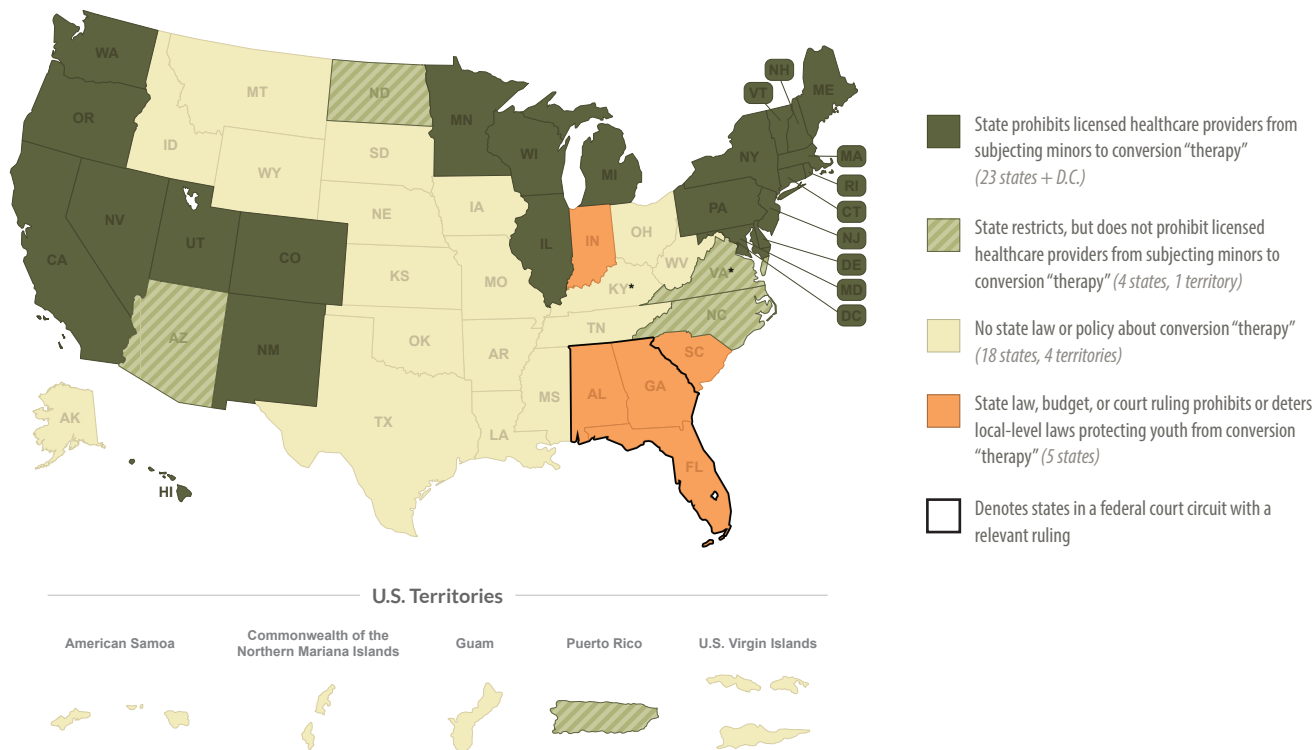
Local ordinances are especially important in states without statewide protections. As of July 2025, there are at least 35 enforceable municipal laws across 10 states without full statewide protections,^e providing an important layer of protection for those who live in those communities.

^c In some states, such as Connecticut and Illinois, protections also treat conversion “therapy” as consumer fraud or an unfair business practice, with penalties similar to other unfair business practices in those states. This is because practitioners typically charge a fee for this service – sometimes totaling hundreds or even thousands of dollars, with costs growing the longer the person is subjected to these practices. Yet the effectiveness of the service they offer is unsupported by evidence—making this a deceptive business practice, as well as a violation of evidence-based medical and mental health care standards.

^d Note that some refer to the District of Columbia as the first municipality to protect minors from conversion “therapy” (December 2014), but this report treats the District of Columbia as a state.

^e These 10 states without statewide prohibitions are Alaska, Arizona, Iowa, Kansas, Kentucky, Missouri, Nebraska, Ohio, Oklahoma, and West Virginia. There are also numerous ordinances in Florida, but these are unenforceable due to an 11th Circuit Court ruling in 2020. Note that Arizona also has partial statewide restrictions, but the local level laws are full prohibitions.

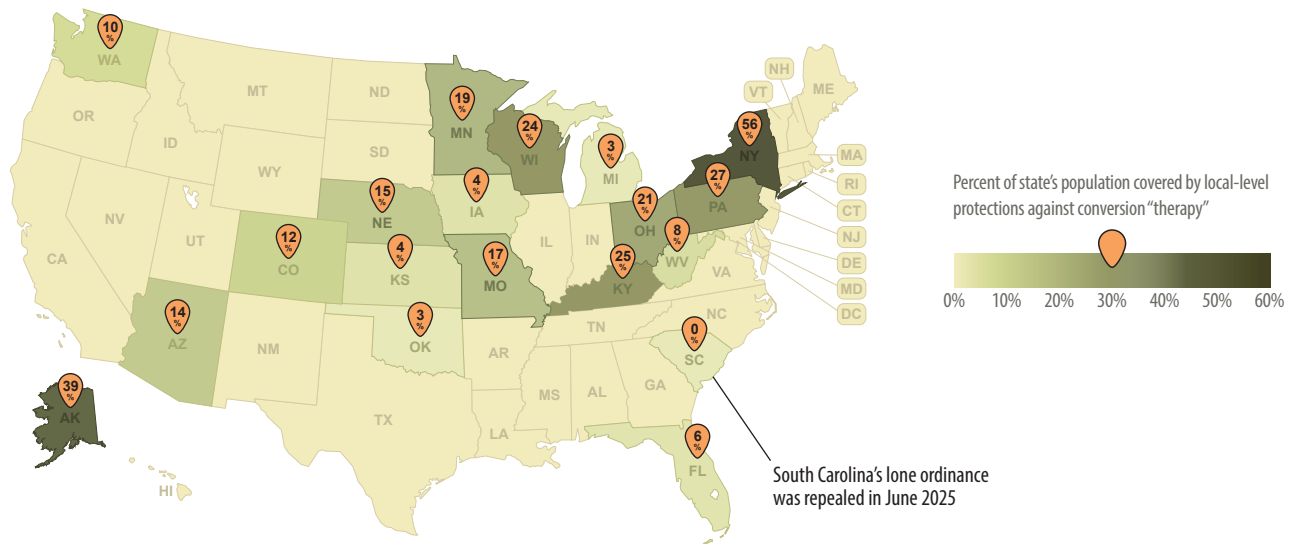
Figure 1: The Majority of States Currently Protect Minors from Conversion “Therapy”



Note: In 2020, Virginia prohibited conversion practices for minors, but a 2025 legal settlement barred the state from enforcing key provisions of the law—effectively making the majority of (though not all) conversion practices legal again in the state. Additionally, Kentucky previously had partial restrictions, but these were repealed by a 2025 law.

Source: Movement Advancement Project. “Equality Maps: Conversion ‘Therapy’ Laws.” Data as of July 10, 2025.

Figure 2: Municipalities in 19 States Have Enacted Local-Level Protections Against Conversion “Therapy,” Sometimes Covering a Significant Share of Their State’s Population
Percent of state population currently covered by local laws (see note beneath map)



Note: Local laws protecting minors from conversion “therapy” in Florida are currently not enforceable due to a judicial ruling. Additionally, prior to that ruling, 23% of Florida’s population was covered by local protections, but multiple municipalities repealed their ordinances after the court ruling. Similarly, an ordinance in South Carolina was repealed in June 2025 following a new state policy that withholds state funding from cities with protections against conversion “therapy.”

Source: MAP original tracking of local level laws, combined with 2024 Census population data. Data as of July 10, 2025.

An Issue with Broad and Bipartisan Consensus

Historically, and continuing today, there has been widespread public support for protecting LGBTQ youth from conversion “therapy,” including across the political spectrum. For example:

- In the 23 states that have passed legislation protecting minors from conversion “therapy,” every bill has passed with Republican support.²⁹
- Since 2012, state Republican lawmakers have sponsored, voted in favor of, or signed legislation protecting LGBTQ youth from conversion “therapy” over 1,000 times.³⁰
- As shown in *Table 1* on the next page, one-third of existing state protections against conversion “therapy” were enacted by Republican governors: New Jersey (2013), Illinois (2016), New Mexico (2017), Nevada (2018), Maryland (2018), New Hampshire (2019), Massachusetts (2019), and Utah (2019, and again in 2023).
- Both a 2025 Data for Progress poll and a 2019 Reuters-Ipsos poll found 56% of U.S. adults think conversion “therapy” should be illegal to use on LGBTQ minors.³¹

In the 23 states that have passed legislation protecting minors from conversion “therapy,” every bill has passed with Republican support.

“...[O]n issues of medical treatment for children, we must look to experts in the field to determine the relative risks and rewards. The American Psychological Association has found that efforts to change sexual orientation can pose critical health risks including, but not limited to, depression, substance abuse, social withdrawal, decreased self-esteem and suicidal thoughts. I believe that exposing children to these health risks without clear evidence of benefits that outweigh these serious risks is not appropriate.”

– Chris Christie, Republican, Governor of New Jersey (2013)

Table 1: One-Third of State Laws Protecting LGBTQ Youth From Conversion “Therapy” Have Been Approved by Republican Governors

	State	Year of policy protecting youth from conversion “therapy”	Party of governor who approved the policy
1	California	2012	Democrat ●
2	New Jersey	2013	Republican ●
3	District of Columbia	2014	Democrat ●
4	Oregon	2015	Democrat ●
5	Illinois	2015	Republican ●
6	Vermont	2016	Democrat ●
7	New Mexico	2017	Republican ●
8	Connecticut	2017	Democrat ●
9	Nevada	2017	Republican ●
10	Rhode Island	2017	Democrat ●
11	Washington	2018	Democrat ●
12	Maryland	2018	Republican ●
13	Hawaii	2018	Democrat ●
14	New Hampshire	2018	Republican ●
15	Delaware	2018	Democrat ●
16	New York	2019	Democrat ●
17	Massachusetts	2019	Republican ●
18	Maine	2019	Democrat ●
19	Colorado	2019	Democrat ●
20	Utah*	2019	Republican ●
21	Virginia	2020	Democrat ●
22	Wisconsin	2020	Democrat ●
-	Utah**	2023	Republican ●
23	Minnesota	2023	Democrat ●
24	Michigan	2023	Democrat ●
25	Pennsylvania*	2024	Democrat ●

* Utah’s 2019 and Pennsylvania’s 2025 prohibitions were enacted via regulation. All other state prohibitions listed here were enacted via legislation.

** In 2019, Utah implemented protections via regulation, and then in 2023, passed legislation codifying the existing protections into law. These two policies occurred under two different Republican governors.

Source: MAP’s [Equality Maps: Conversion “Therapy” Laws](#). Data as of July 10, 2025.

Today, A Larger and Coordinated Attack on LGBTQ People—Especially Youth

Since 2020, there has been a significant and dramatic escalation in political attacks on the LGBTQ community, with most of these attacks especially targeting LGBTQ youth and transgender people.^f This has caused startling shifts in the policy landscape, including new and escalating efforts to protect—and in some cases even promote—conversion “therapy.”

Figure 3 on the next page illustrates the growth of conversion “therapy” laws over time, but also the recent backsliding in these protections. Figure 3a, for example, shows that as many as 25 states have enacted laws prohibiting these practices, and 10 states have restricted these practices, but both numbers have begun to decline. In both 2021 and 2023, a Wisconsin regulatory prohibition was blocked through legislative tactics.³² And, in 2025, the Kentucky legislature successfully repealed Governor Andy Beshear’s executive order partially restricting conversion “therapy.” This repeal removed protections for LGBTQ youth in the state and prevented the governor from issuing any similar protections for the remainder of his time in office.³³ Figure 3b demonstrates a similar and even starker pattern for municipal level protections, particularly following a 2020 court ruling impacting local-level policies in Florida.

Figure 3a further shows that progress on newly enacted laws protecting youth against conversion “therapy” is slowing. This is due at least in part to the escalation of attacks on LGBTQ people across virtually every aspect of life, which has forced many LGBTQ advocates to focus on more defensive legislative efforts against these attacks.³⁴ While 19 state prohibitions were enacted from 2015 through 2020, only four have been enacted in the years since. And, as shown in Figure 3b, the passage of new municipal level protections has similarly slowed.

Escalating Attacks on LGBTQ Youth

This backsliding comes amid a broader, nationwide campaign over the past five years of escalating attacks on LGBTQ people, especially youth. As demonstrated above by the broad and bipartisan consensus on this issue, the more extreme these attacks on LGBTQ people become, the more out of step they are with the general public.

^f See for example: Movement Advancement Project. 2023. *Under Fire Series: The War on LGBTQ People in America*.

Figure 3a: A Growing Number of States Have Prohibited or Restricted Conversation “Therapy,” But Attacks Are Starting to Undermine Those Protections
of States with State Level Conversion “Therapy” Policies, Over Time

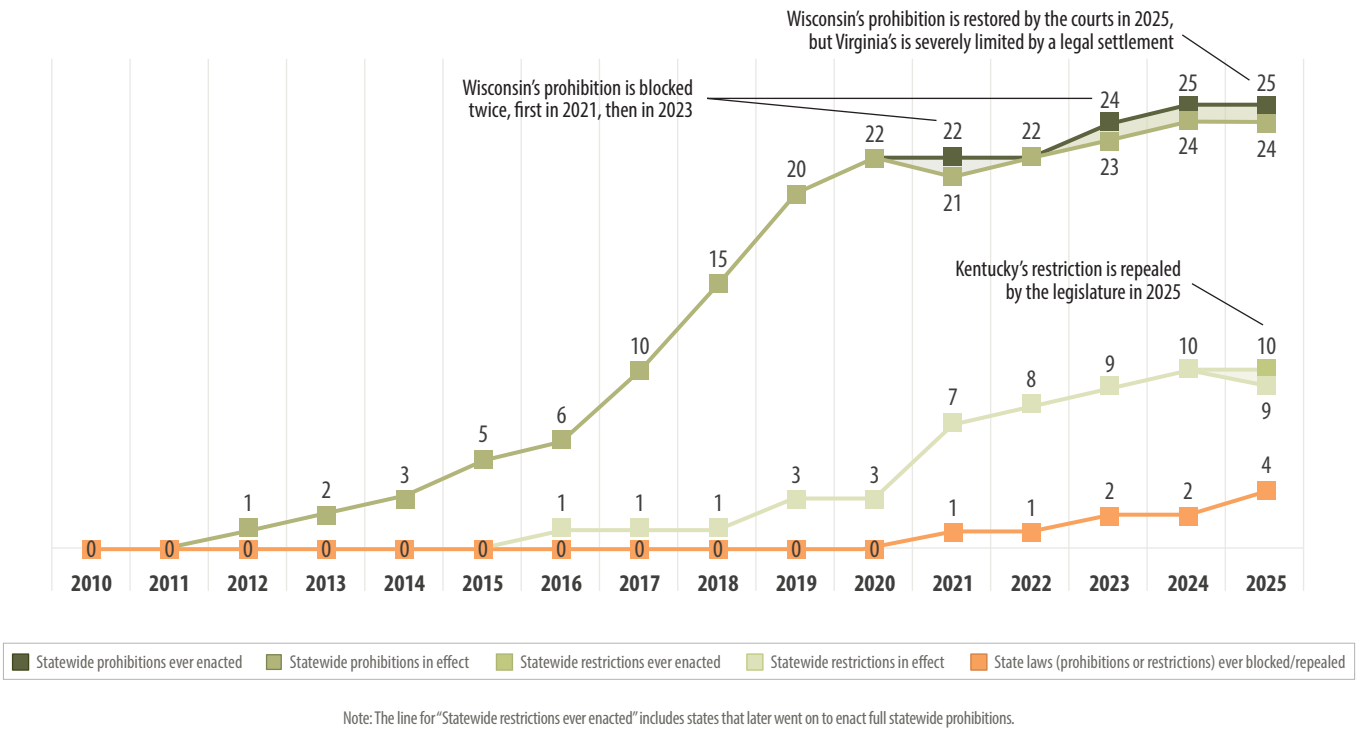
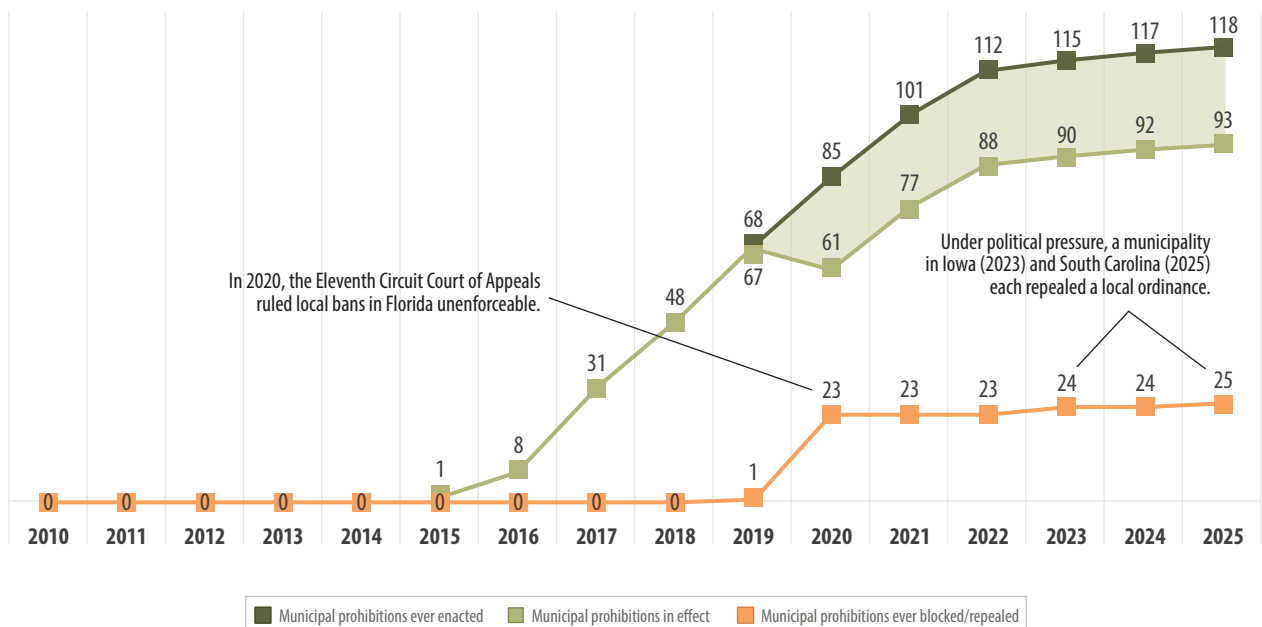


Figure 3b: A Growing Number of Municipalities Have Prohibited Conversation “Therapy” At the Local Level, But Attacks Are Undermining These Protections
of Municipalities with Local Level Conversion “Therapy” Prohibitions, Over Time



Source: Movement Advancement Project. Data as of July 10, 2025.

As shown in *Figure 4*, since 2020, there has been a dramatic year-over-year increase in the number of anti-LGBTQ bills introduced in state legislatures. A growing number of those bills has specifically targeted LGBTQ youth, and transgender youth in particular.

While LGBTQ advocates have consistently defeated an average of 92% of anti-LGBTQ bills each year,³⁵ this escalation in attacks continues to reshape the political landscape for youth and their families, including in relation to conversion “therapy.” Like providers of conversion “therapy,” these lawmakers have often exploited parents’ concerns about their children’s health, wellbeing, and education—manipulating those concerns to advance the agenda of extremist lawmakers and anti-LGBTQ activists.³⁶ In that same pattern, more and more, policy attacks are recasting conversion “therapy” as a way to prevent transgender youth from seeking best practice, affirming physical and mental healthcare—and, more broadly, to prevent them from identifying as transgender in general. But as demonstrated above by the broad and bipartisan consensus on protecting youth from conversion “therapy,” these attacks are increasingly out of step with the American public.

While historically these policy efforts to promote conversion “therapy” (or challenge existing protections) have occurred through lawsuits and legislation, as discussed below, the recent change in presidential administration has escalated these attacks further. This is especially evident in the recent report from the Trump administration’s Department of Health and Human Services on transgender youth—out of step with both every major medical association in the country and the broad and bipartisan consensus against conversion “therapy”—as discussed in the spotlight on the next page.

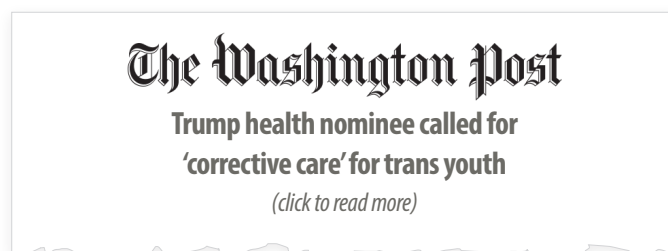
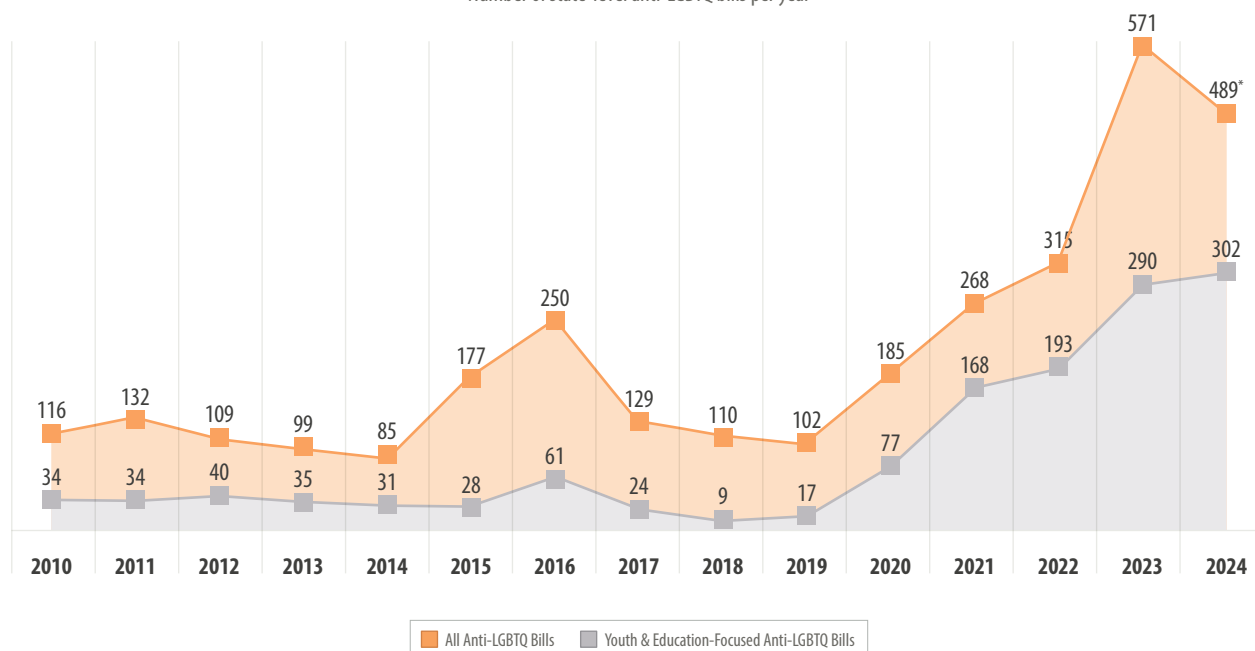


Figure 4: State Legislative Attacks on LGBTQ People—and Especially LGBTQ Youth—Have Dramatically Escalated
 Number of state-level anti-LGBTQ bills per year



Source: HRC and Equality Federation’s State Equality Index

Note: Texas, Montana, North Dakota, and Nevada were not in session in 2024.



Recent Trump HHS Report Rejects Science and Promotes Conversion “Therapy” For Transgender Youth

In April 2025, the U.S. Department of Health and Human Services (HHS) released an anonymously authored report attacking evidence-based, medically necessary care for transgender youth.

Though the report primarily focused on making a series of false claims about transgender youth care it also repeatedly mentioned conversion “therapy” using the deceptive euphemism “exploratory therapy”. It did so both to promote subjecting transgender young people to these dangerous practices to attempt to change a part of them that cannot be changed—and to further attack families’ ability to get a transgender child the medical care they need.

This HHS report represents a remarkable departure from decades of research and medical evidence about both the harms of dangerous conversion “therapy” practices and the clear benefits, safety, and efficacy of evidence-based medical care for transgender youth. It also represents the latest frontier in a still-escalating attack on LGBTQ youth and their families across the United States.

Source: U.S. HHS Report (2025), covered in, for example, *The Advocate’s* “Trump HHS posts ‘so-called report’ pushing conversion therapy for trans kids.”

Lawsuits Challenging Conversion “Therapy” Laws

Since the first law protecting youth from conversion “therapy” was enacted in California in 2012, there have been several lawsuits challenging the constitutionality of these laws, often brought by anti-LGBTQ advocates.

Out of the numerous federal courts to consider these challenges, all but one has ruled in favor of protecting LGBTQ youth against conversion “therapy.” The lone exception is a 2020 split-decision from the Eleventh Circuit Court of Appeals, covering Florida, Georgia, and Alabama. This case challenged local-level protections in Florida, and the Eleventh Circuit ultimately found these local ordinances to be unenforceable. But the judicial consensus before and since has been clear:

- 2024: The Tenth Circuit Court of Appeals, covering six states, ruled that Colorado’s law was constitutional.³⁷
- 2022: The Ninth Circuit Court of Appeals, covering nine states and two territories in the western U.S., upheld Washington state’s 2018 protections.³⁸
- Federal district courts in Illinois, Florida, and Maryland upheld state and municipal protections in those states.³⁹
- 2015, 2016, 2019: The U.S. Supreme Court rejected multiple cases challenging New Jersey’s 2013 law.⁴⁰
- 2014: The Third Circuit, covering three states in the eastern U.S. and one territory, ruled in favor of New Jersey’s 2013 law.
- 2014: The Ninth Circuit rejected a challenge to California’s 2012 law.⁴¹

Despite overwhelmingly consistent judicial rulings, and amid the broader anti-LGBTQ attacks of the last five years, there have been renewed efforts to challenge conversion “therapy” laws in service of opponents’ broader anti-LGBTQ agenda. In fall 2025, the U.S. Supreme Court will hear arguments in *Chiles v. Salazar*,⁴² a case brought by a Colorado-licensed therapist who claims the state’s law on conversion “therapy” violates her First Amendment rights to free speech. She is represented by the Alliance Defending Freedom, a prominent organization pushing anti-LGBTQ policies nationwide for decades.⁴³

Supporters of Colorado’s law argue that it protects vulnerable minors from practices long-proven to be dangerous and harmful, and that it is a regulation of professional conduct no different from other rules that protect the public from state-licensed providers who mislead or otherwise intentionally harm their patients. To subject minors to conversion “therapy,” despite decades of research documenting its harms, is a fundamental betrayal of the ethical and professional responsibilities of any licensed mental health care provider, as again evidenced by the dozens of medical and psychological associations that have issued statements against conversion “therapy” (see page 5).

This case will have important implications, not only for efforts to protect young people from these practices in Colorado and across the country, but also for the broader policy landscape. As opponents of LGBTQ equality attempt to undermine evidence-based care and scientific consensus using fear and misinformation, the stakes

could not be higher when it comes to protecting LGBTQ Americans—and LGBTQ young people, in particular—from discrimination across virtually every area of life.

Legislation Pushing Conversion “Therapy” or Challenging Existing Protections

Beyond lawsuits challenging existing protections, opponents of LGBTQ equality are also using legislation to protect, and in some cases even promote, conversion “therapy.” These efforts reflect just how extreme and out of step these efforts are becoming. For example:



In 2021 and again in 2023, legislators in **Wisconsin** blocked a regulatory policy on conversion “therapy” by holding it in committee review for the entirety of two of the state’s legislative sessions—nearly four years in total.⁴⁴ In 2025, the Wisconsin Supreme Court ruled these tactics were an unconstitutional thwarting of the executive branch, allowing the regulatory protections to go into effect. In 2025, **North Dakota** (unsuccessfully) attempted a similar legislative repeal of the state’s partial restrictions.⁴⁵



In 2023, **Indiana** became the first state in the country to explicitly prohibit or preempt municipalities from protecting youth from conversion “therapy” at the local level.⁴⁶



In 2025, the **Kentucky** legislature overturned the governor’s 2024 executive order partially restricting conversion “therapy,” and prevented him from taking any similar actions for the remainder of his term in office.⁴⁷



In 2025, **Texas** introduced (but did not pass) a bill that would require mental health professional degree programs to include *mandatory* coursework on conversion “therapy” specifically for transgender people.⁴⁸ It would also require mental health providers to complete “continuing education” on this topic every two years in order to renew their medical license.



In at least four different years since 2015, legislators in **Oklahoma** repeatedly considered a bill calling for a “right” to conversion therapy, under the misleading name “Parental and Family Rights in Counseling Protection Act”—though sometimes also referred to as the “Freedom to Obtain Conversion Therapy Act.”⁴⁹ The bill generally would have prevented the state or municipalities from protecting youth from these dangerous practices, and codified into law that people have an affirmative right to conversion “therapy”—including that parents can subject their minor children to these practices “without interference by the state.”

Unfortunately—and particularly under the second Trump administration—these widespread attacks on LGBTQ people are likely to continue into the foreseeable future.

RECOMMENDATIONS

The scientific research and personal testimonies of LGBTQ people who have been subjected to conversion “therapy” are clear: this is a dangerous and discredited practice—one that the government can and should restrict to protect its citizens.

States and municipalities should protect minors from harmful conversion “therapy” practices.

- Every state regulates the licensing and professional conduct of both medical and mental health providers. States should update these laws and regulations to protect youth from these harmful practices.
- In every state considering conversion “therapy” laws, the legislation’s scope should:
 - Specifically include all conversion “therapy” practices, under any name or euphemism, and not just specific “techniques” such as aversion therapy or electroshock.
 - Specifically include protections for both sexual orientation and gender identity.
 - Apply only to “therapy” for minors under the age of 18. Lawmakers should also consider whether to extend similar protections to certain vulnerable adults, such as those with disabilities that require a guardianship, in which other adults are empowered to make decisions regarding their healthcare.
 - Apply only to state-licensed mental health providers, and prohibit the practice of conversion “therapy,” but not communication to the public or their patients about it.
 - Not include criminal penalties. Professional licensing and conduct standards are the appropriate avenue for regulation of medical providers’ practice of health care.
- Toolkits for state legislators and advocates working to advance legislation protecting LGBTQ youth from conversion “therapy” are available through the National Center for LGBTQ Rights.⁵⁰

States and municipalities should fight against efforts to protect or promote conversion “therapy,” including attempted repeals of existing protections.

LGBTQ youth in crisis can contact The Trevor Project by calling 1-866-488-7386; texting “START” to 678-678; or starting a chat at www.thetrevorproject.org/get-help/.

CONCLUSION

This report spotlights the harms of the dangerous, yet sadly still ongoing, practice of conversion “therapy” and details the shifting landscape of efforts to protect LGBTQ young people against this abuse. While this issue has long had a broad and bipartisan consensus, this policy area—like many other LGBTQ policy areas—now faces increasing attacks via lawsuits, legislation, and now, under the second Trump administration, the full force of the federal government, despite being out of step with the general public.

Not only are the policies emerging from the halls of power damaging to youth and their families once enacted, but the very debates themselves are harming youth. A recent report from The Trevor Project shows that 90% of LGBTQ young people said their well-being was negatively impacted by recent politics, with over half (53%) saying it was negatively impacted “a lot.”⁵¹ Nearly two in five (39%) LGBTQ young people said they had considered moving to a different state because of anti-LGBTQ politics.⁵²

All youth deserve love, support, and acceptance. While the law cannot ensure that all youth have these vital needs met, it can protect them from the dangerous and discredited practice of conversion “therapy”—and promote an environment in which every young person knows they are safe, supported, and exactly who they were meant to be.

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ABOUT THIS SPOTLIGHT

This report is part of an ongoing series that will provide in-depth analyses of laws and policies tracked at the Movement Advancement Project's "Equality Maps," found at www.mapresearch.org/equality-maps. The information in this report is current as of the date of publication.



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