



Policy Priority: LGBTQ Individuals & Communities

Lesbian, gay, bisexual, transgender, and queer persons and those who are questioning their sexual orientation or gender identity (LGBTQ¹) experience significant health and behavioral health disparities. Sexual orientation is defined as “an inherent or immutable enduring emotional, romantic, or sexual attraction to other people.” Gender identity is an individual’s innermost sense of self as male, female, a blend of both, or neither (Human Rights Campaign, 2018).

Research has shown that LGBT people have much higher rates of having attempted suicide at some point in their lifetimes as compared to their non-LGBT peers. LGB youth are approximately three times more likely to contemplate suicide and about five times as likely to attempt suicide in comparison to heterosexual youth (Center for Disease Control (CDC), 2016). For those who identify as transgender, about 40% have attempted suicide, which is 9 times higher than general rate of the U.S. population (James et al., 2015). Among students in grades nine through twelve, almost 50% of gay, lesbian, and bisexual students have seriously considered attempting suicide, while the percentage among heterosexual students is 14.5% (YRBS, 2019).

In early 2022, the Trevor Project conducted a national survey of nearly 34,000 LGBTQ youth ages 13-24 and found that 45% of respondents seriously considered attempting suicide and 14% attempted suicide in the past 12 months. The survey also provided critical insight on the detrimental impact of external societal factors and discrimination: 60% of LGBTQ youth who wanted mental health care were unable to receive it, fewer than 1 in 3 transgender and nonbinary youth found their home to be gender-affirming, and 17% of LGBTQ youth reported being threatened with or subjected to conversion therapy. The respondents who reported these experiences also reported higher rates of suicide attempts (The Trevor Project, 2022).

SOGI (Sexual Orientation & Gender Identity) Data Collection: According to the latest verified data from the CDC, in the United States in 2021, suicide was the 3rd leading cause of death for youth and teens ages 10-19, the 2nd leading cause for young adults ages 20-34, and the 11th leading cause of death overall (CDC, 2023). Unfortunately, information on sexual orientation, gender identity, and gender expression are not routinely collected in U.S. death reporting systems or anywhere else at the time of death, and therefore there is no way to know how LGBTQ suicide rates compare to the general population. So, while it’s clear that LGBTQ youth struggle with suicidality statistically more than individuals who identify as heterosexual, this means that researchers do not have reliable data about LGBTQ youth suicide

¹ In the late 1980s, LGBT was the initial acronym that was adopted and gained popularity among activists, but it has seen multiple variations with the inclusion of more letters over time. Currently LGBTQ is the acronym officially used by the Human Rights Campaign (2018). The term “queer”, represented by the “Q”, is used to express fluid identities and orientations, not as a slur or derogatory term, but as a blanket term for identities that fall outside of LGBT.

deaths and must instead rely on attempt data, most often in the form of hospital discharge data after injury due to self-harm.

Mortality data informs decision-making on how to address public health concerns like suicide, yet there is a lack of systematic and routine collection of SOGI mortality data. Most coroners and medical examiners have not been trained on how to properly ask about or otherwise determine a decedent's SOGI; when asked to provide this information, most answer that this is "unknown" which results in SOGI data being functionally unusable.

This lack of information prevents the creation and implementation of effective suicide prevention strategies regarding LGBTQ individuals and the circumstances and predisposing factors that contribute to suicide deaths within that population. Conversely, collecting data about the SOGI of individuals who die by suicide allows researchers and policymakers to identify trends and patterns affecting LGBTQ people that might otherwise be overlooked.

Discriminatory and Non-Affirming Policies & Practices: Experiences of stigma and discrimination increase risk of depression and other risk factors for suicidality, while protective actions like increasing acceptance and affirmation of LGBTQ identities and increasing access to LGBTQ-affirming physical and mental health care reduce the likelihood of LGBTQ youth suicide attempts and suicide deaths and promote wellbeing.

Current professional consensus regards sexual and gender minority persons (individuals with same-gender attraction and relationships, a gender identity that is incongruent with assigned sex at birth, and/or a gender expression that diverges from timeworn cultural norms for a particular gender) as part of the normal spectrum of human diversity (Substance Abuse and Mental Health Services Administration, 2015).

Despite this, harmful public policies and "therapeutic" interventions continue to be implemented based on the belief that homosexuality is a mental illness that needs to be cured. These laws and practices have the potential to further contribute to suicide risk among LGBTQ youth and adults and can be harmful to an individual's wellbeing by invoking feelings of rejection, guilt, confusion, and shame, which in turn can contribute to decreased self-esteem, substance abuse, social withdrawal, depression, and anxiety.

Researchers largely agree that at least part of the reason for the elevated rates of suicide attempts and mental health conditions found in LGB people is the social stigma, prejudice, and discrimination associated with minority sexual orientation (Haas et al., 2011). There is ample evidence that shows across the lifespan, LGB people commonly experience individual discrimination in the form of personal rejection, hostility, harassment, bullying, and physical violence. For LGB youth, a common and powerful stressor is rejection by parents and other family members.

Exposure to harmful and non-affirming practices can interrupt healthy identity development, create mistrust of mental health professionals, and deteriorate relationships with family. A study conducted by the Family Acceptance Project (2009) found that LGB teens who reported higher levels of family rejection, including admission to conversion therapy, were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4

times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sex when compared to LGB peers that reported no or low levels of family rejection.

The LGB population also experiences institutional discrimination resulting from laws and public policies that create inequities or fail to provide protections against sexual orientation-based discrimination (Haas et al., 2011). **Prohibiting discussion/instruction on LGBTQ issues in schools, allowing mental health professionals to practice conversion therapy with minors, and restricting access to gender-affirming care** all contribute to increased suicide risk among LGBTQ youth.

Prohibiting or limiting school discussion/instruction on LGBTQ issues sends a harmful message to young LGBTQ people that their gender identity or sexual orientation is something to be ashamed of or hidden and will eliminate schools' ability to provide safe and affirming spaces for young LGBTQ people, many of whom rely on schools for that acceptance and support. In their 2022 survey, the Trevor Project reported that only 55% of LGBTQ youth and 51% of transgender and nonbinary youth identified home or school as a gender-affirming space (The Trevor Project, 2022).

Schools have a critical role to play in addressing and supporting student mental health. Negative school environments and discriminatory experiences further threaten LGBTQ students' safety and wellbeing. But, when LGBTQ youth view school personnel as supportive, they feel safer at school, report less absenteeism, experience less victimization based on their sexual orientation and gender identity, feel like they belong in their school community, and maintain higher grade point averages. Importantly, both the risk of suicidality and reported symptoms of depression are lower in the presence of positive school environments for LGBTQ adolescents.

Conversion therapy (also known as sexual orientation change efforts (SOCE) or reparative therapy) is the practice of counseling and/or psychotherapy that attempts to change one's sexual orientation or gender identity (Just the Facts Coalition, 2008). Many practitioners of conversion therapy regard LGBTQ youth as sick and inferior, and clients of such "reparative therapies" often rate those experiences as destructive and without benefit. A report from the Williams Institute states that, in the states that currently do not ban conversion therapy, approximately 20,000 LGBTQ youth (ages 13-17) will receive conversion therapy from a licensed health care professional by the time they turn 18 (Mallory, Brown, & Conron, 2018).

Historically, interventions attempting to either change gender expression or suppress homosexuality were extreme and physically dangerous to clients and included practices such as institutionalization, castration, shock therapy, aversive conditioning, lobotomies, and clitoridectomies. Modern day practices have shifted focus to efforts such as hypnosis, behavior and cognitive talk therapies, sex therapies, psychotropic medication, and conformity training (National Center for Lesbian Rights, 2018). While these current practices lack the same extremity as the past, they still subject clients to serious risks, are ineffective, and are scientifically invalid. Spoken forms of practices, treatments, and conducts of conversion therapy are equally detrimental and psychologically damaging as other practices and carry lasting negative impacts.

Sexual orientation change efforts can also occur outside of therapy, most commonly through religious communities in the form of pastoral counseling, religious youth camps, and prayer and

support groups (National Center for Lesbian Rights, 2018). The Williams Institute estimates that about 57,000 minors aged 13 to 17 across the U.S. will likely receive conversion therapy by the time they turn 18 through religious or spiritual advisors (Mallory, Brown, & Conron, 2018).

The negative effects of conversion therapy can last well beyond youth and into adulthood. A recent study examined young adults' reports of parent-initiated efforts to change their sexual orientation during adolescence, and the associations between those experiences and young adult mental health and adjustment. The study found that parent-initiated attempts to change their child's sexual orientation during adolescence was associated with more negative mental health problems for young adults, and that those who experienced SOCE or conversion therapy were more likely to have suicidal thoughts, report suicide attempts, and have higher levels of depression. Furthermore, those who endured SOCE had lower life satisfaction, less social support in young adulthood, and lower young adult socio-economic status including less educational attainment and less weekly income (Ryan, Toomey, Diaz, & Russell, 2018).

Gender-Affirming Care is a supportive model of care consisting of "medical, surgical, mental health, and non-medical" services for transgender and nonbinary people. For children in particular, numerous factors are used to determine the appropriate intervention and the timing of those interventions, which vary from social affirmation and counseling to puberty blockers, hormone therapy, and gender-affirming surgeries (Office of Population Affairs, 2022). These interventions help transgender people align the emotional, interpersonal, and biological aspects of their lives with their gender identity, defined as a person's basic internal sense of being a man, woman, and/or another gender such as gender queer or gender fluid (Boyle, 2022).

The American Academy of Pediatrics 2018 policy statement on gender-affirming care states that by using a gender-affirmative care model (GACM) with minors, pediatric providers can offer "developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience," defining affirmed gender as "when a person's true gender identity, or concern about their gender identity, is communicated to and validated from others as authentic" (Rafferty, et al. 2018).

Feelings of gender dysphoria associated with incongruence between one's physical traits and gender identity are also associated with mental health challenges for transgender and nonbinary youth (Green, DeChants, Price, & Davis, 2022). More specifically, research shows that transgender and nonbinary youth are at increased risk of experiencing depressed mood, seriously considering suicide, and attempting suicide compared with cisgender lesbian, gay, bisexual, queer, and questioning youth (Price-Feeney, Green, & Dorison, 2020). One large scale study of nearly 82,000 high school students found that 61% of transgender youths reported suicidal ideation, more than three times the rate among cisgender youths (Eisenberg, et al. 2017).

Subsequently, recent research supports a significant relationship between access to gender-affirming hormone therapy and lower rates of depression and suicidality among transgender and nonbinary youth (Green, et al. 2022). One study found that among transgender and non-binary youth ages 13-20, receipt of gender-affirming care, including puberty blockers and gender-affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality (Tordoff, Wanta, & Collin, 2022).

AFSP stands with the research, clinical expertise, and expert consensus of every major professional health organization in opposing the practice of conversion therapy and the prohibition of gender-affirming care for minors. These efforts are not rooted in any scientific fact and can cause irreparable harm to LGBTQ youth. Listed below are national medical and health provider organizations have issued statements in opposition to conversion therapy and restrictions on gender-affirming care²:

- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Association for Marriage and Family Therapy
- American College of Physicians
- American Counseling Association
- American Medical Association
- American Psychiatric Association
- American Psychoanalytic Association
- American Psychological Association
- American Public Health Association
- American School Counselor Association
- American School Health Association
- National Association of School Psychologists
- National Association of Social Workers

The American Association of Christian Counselors, a former conversion therapy advocate, removed language in its Code of Ethics that promoted the practice of Conversion Therapy in 2014 and now recognizes that conversion therapies are often harmful.

Current Federal Laws: In June 2022, President Joseph Biden issues an [Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#). Building on Executive Order 13988 (Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation), the Executive Order directed the federal government to take action to address the significant disparities that LGBTQI+ youth face in the foster care system, the misuse of state and local child welfare agencies to target LGBTQI+ youth and families, and the mental health needs of LGBTQI+ youth.

This Executive Order directed the Secretary of HHS to increase the availability of technical assistance and training to health care and social service providers on evidence-informed promising practices for supporting the health, including mental health, of LGBTQI+ youth, and on the dangers of so-called conversion therapy.

The National Suicide Hotline Designation Act of 2020 (Public Law No: 116-172), which designated 988 as the new Suicide and Crisis Lifeline, required the Substance Abuse and Mental Health Services Administration (SAMHSA) issue a report that detailed a strategy to address the needs of high-risk populations, including LGBTQ youth.

² <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy>

Current State Laws & Regulations:

Bans on Conversion Therapy (20 states, plus DC)

California, Colorado, Connecticut, DC, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, Virginia, and Washington currently prohibit licensed professionals or mental/social healthcare providers from engaging in sexual orientation change efforts or conversion therapy with a patient under the age of 18. In many of these states, violators will be subject to discipline by their licensing entity or disciplinary board, and their actions will be considered unprofessional conduct.

- **California ([Business and Professions Code § 865-865.2](#)):** *Sexual orientation change efforts.* (2012).
- **Colorado ([HB19-1129](#)):** *Concerning prohibiting a mental health care provider from engaging in conversion therapy with a patient under eighteen years of age.* (2019).
- **Connecticut ([§§ 19a-907 to 907c](#)):** *An act concerning the protection of youth from conversion therapy.* (2017). Includes that discipline will be through suspension or revocation of license, certification, or registration. Also prohibits conversion therapy when practiced in conduct of trade or commerce and is considered unfair or deceptive. Public funds will not be permitted to be used for the purpose of conversion therapy in any manner.
- **Delaware ([SB 65](#)):** *An act to amend titles 24 and 29 of the Delaware code relating to conversion therapy.* (2018). Includes prohibiting referring a minor to conversion therapy. Violators will be subject to discipline through fine, restriction, suspension, or revocation.
- **District of Columbia ([§ 7-1231.14a](#)):** *Prohibition on sexual orientation change efforts for minors and consumers under a conservatorship or guardianship.* (2014).
- **Hawaii ([§ 453J-1](#)):** *Relating to gender identity.* (2018). Includes prohibiting the advertisement of conversion therapy.
- **Illinois ([§ 405 ILCS 48](#)):** *Youth Mental Health Protection Act.* (2015). Includes prohibiting the use of deception, misrepresentation, fraud, or omission of facts when offering conversion therapy.
- **Maine ([H.P. 755 - L.D. 1025](#)):** *An act to prohibit the provision of conversion therapy to minors by certain licensed professionals.* (2019).
- **Maryland ([§ 1-212.1](#)):** *Health occupations - conversion therapy for minors - prohibition (Youth Mental Health Protection Act).* (2018). Includes that state funds will not be permitted to be used for the purpose of conversion therapy in any manner.
- **Massachusetts ([MGL c.112 § 275](#)):** *An act relative to abusive practices to change sexual orientation and gender identity in minors.* (2019).
- **Nevada ([NRS § 629.600](#)):** *Enacts provisions relating to conversion therapies.* (2017).

- **New Hampshire ([RSA §§ 332-L:1 through L:3](#))**: *Relative to conversion therapy seeking to change a person's sexual orientation.* (2018). Includes prohibiting proposing conversion therapy.
- **New Jersey ([§ 45:1-5](#))**: *Protects minors by prohibiting attempts to change sexual orientation.* (2013). Does not include any mention of discipline or consequences for violators.
- **New Mexico ([NMSA § 61-1-3.3](#))**: *No conversion therapy.* (2017).
- **New York ([S 1046/A 576](#))**: *Designates engaging in sexual orientation change efforts by mental health care professionals upon patients under 18 years of age as professional misconduct* (2019).
- **Oregon ([ORS § 675.80](#))**: *Prohibition on practice of conversion therapy.* (2015).
- **Rhode Island ([§§ 23-94-1 to 5](#))**: *Prohibits “conversion therapy” by licensed health care professionals with respect to children under eighteen (18) years of age.* (2017). Includes prohibiting the advertisement of conversion therapy, and discipline in the form of suspension and revocation of license. State funds will not be permitted to be used for the purpose of conversion therapy in any manner.
- **Utah ([UT Admin. Code R156-60-502 9](#))** *Mental Health Professional Practice Act Rule.* (2020).
- **Vermont ([18 V.S.A. §§ 8351-8353](#))**: *An act relating to the prohibition of conversion therapy on minors.* (2016).
- **Virginia ([§ 54.1-2409.5](#))**: *Department of Health Professions; conversion therapy prohibited.* (2020). Includes prohibiting state funds from being used for the purpose of conducting, making a referral for, or extending health benefits coverage for conversion therapy with a person under 18 years of age.
- **Washington ([SB 5722](#))**: *Restricting the practice of conversion therapy.* (2018).

**Over 100 additional cities and counties have banned conversion therapy for minors and an additional 6 states have partially banned conversion therapy for minors (Michigan, Minnesota, North Carolina, Pennsylvania, and Wisconsin, via executive order, prohibit the use of state funds for conversion therapy with minors; North Dakota licensing regulations prohibit licensed social workers from practicing conversion therapy).*

Restrictions on Access to Gender-Affirming Care (4 states):

Alabama, Arizona, Arkansas, and Florida currently have some type of ban on best practice medical care for transgender youth. All 4 prohibit gender-affirming surgical care; Alabama, Arkansas, and Florida also prohibit gender-affirming non-surgical care including hormone therapy and all other prescribed medication related to gender identity/transition.

- **Alabama ([Public Act 2022-289](#))**: *Alabama Vulnerable Child Compassion and Protection Act.* (2022). Makes providing such care a felony crime. (**temporarily blocked by federal court as of May 2022*)

- **Arizona ([A.R.S. § 32-3230](#))**: *Prohibition of irreversible gender reassignment surgery for minors.* (2022). (**effective 4/1/23*)
- **Arkansas ([§ 20-9-1502](#))**: *Prohibition of gender transition procedures for minors (Arkansas Save Adolescents from Experimentation (SAFE) Act).* (2021). Makes providing such care unprofessional conduct and subjects violators to discipline by their licensing entity or disciplinary board. (**temporarily blocked by federal court as of July 2021*)
- **Florida ([Fla Admin. Code R. 64B8-9.019](#) & [R. 64B15-14.014](#))**: *Standards of Practice for the Treatment of Gender Dysphoria in Minors.* (2022). Rules adopted by the Florida Boards of Medicine (64B8-9.019) and Osteopathic Medicine (64B15-14.014) prohibiting gender-affirming care. Both rules allow minors being treated with puberty blocking, hormone, or hormone antagonist therapies prior to the effective date to continue with such therapies; 64B15-14.014 also provides an exemption for such non-surgical therapies as part of approved clinical research trials. (**not official F.A.C. yet according to website*)

Limits & Restrictions on Discussion and/or Instruction on LGBTQ Issues in Schools (8 states):

Bans on Discussion and/or Instruction (3 states): Florida, Louisiana, and Texas all ban supportive or affirming discussion of LGBTQ issues in schools; Louisiana, and Texas limit bans to sex education.

- **Florida ([§ 1001.42](#))**: Prohibits classroom discussion about sexual orientation or gender identity and allows parents to sue school districts for suspected violations. (2022).
- **Louisiana ([R.S. § 17:281](#))**: Prohibits discussion of “human sexuality” as a part of sex education. (2022).
- **Texas ([Health and Safety Code § 163.022](#))**: Requires the Department of State Health Services to develop a model public health education program for K-12 students that includes sex education materials and instruction which must emphasize that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under Texas law. (1991).

Parental Notifications & Curricula Opt-Outs (5 states): Arizona, Arkansas, Florida, Montana, and Tennessee require schools to notify parents in advance of any LGBTQ-inclusive curricula and develop related procedures. These laws often build on existing sex education parental notification and opt-in/opt-out laws.

- **Arizona ([§ 15.102](#))**: Requires schools to allow parents to object to and withdraw their children from any learning material or activity on the basis that it is harmful, including because it questions beliefs or practices in sex, morality, or religion; requires parental opt-in for all sex education classes, and for any instruction “regarding sexuality” outside of sex education classes. (2021).

- **Arkansas ([§ 6-16-1005](#))**: Requires schools to allow parents to opt their child out from instruction of any kind related to relate to sex education, sexual orientation, and gender identity (includes surveys and questionnaires). (2021).
- **Florida ([§ 1014.05](#))**: Requires schools to allow parents to object to any instructional materials based on belief that regarding morality, sex, and religion or the belief that such materials are harmful; allows parents to opt out of any part of the health education curricula that relates to sexuality. (2021)
- **Montana ([§ 20-7-120](#))**: Requires schools to allow parents to opt children out of “human sexuality instruction” defined as teaching or otherwise providing information about human sexuality, including sexual orientation and gender identity. (2021).
- **Tennessee ([§ 49-6-1308](#))**: Requires schools to allow parents to opt out of any portion of a sexual orientation curriculum or gender identity curriculum (regardless of whether it’s offered as part of a family life, sex education, or other related program). (2021).

Efforts to Increase SOGI Mortality Data Collection (1 state):

- **California ([Health and Safety Code § 102935-102937](#))**: *Sexual Orientation and Gender Identity Data Collection Pilot Program*. (2021). Establishes a 3-year pilot program in up to 6 counties to provide training on the identification and collection gender identity and sexual orientation in cases of violent death, including suicide, and require coroners and medical examiners within those counties to then begin to aggregate, deidentify, and annually report on the data.

Advocacy Efforts: AFSP supports legislative efforts to provide training on and require the collection of SOGI mortality data so that we can begin to know more about suicide within the LGBTQ community. AFSP is also partnering with researchers and medical examiners from across the country and several government agencies to create a standardized way to capture such data to allow researchers and policymakers to identify trends and patterns affecting LGBTQ people that might otherwise be overlooked. The availability and collection of complete, accurate, and timely information about deaths by suicide is critical to designing effective suicide prevention strategies, especially for underserved and at-risk populations. We need usable SOGI data to inform where and how to allocate resources and to shape policies that can help prevent LGBTQ suicide deaths in the future.

AFSP also supports increased funding for the NVDRS to support enhanced data collection, reporting, including modernization and innovation efforts that ensures race/ethnicity/sexual orientation and gender identify are added to the death data narratives and quantitative data.

AFSP opposes exclusionary and discriminatory laws aimed at K-12 schools that (1) ban discussion/instruction on LGBTQ issues in schools and (2) require parental notification in advance of LGBTQ-inclusive curricula to provide parents an opportunity to opt their children out of any related instruction, including questionnaires and surveys. In the fall of 2021, leading experts declared a [National Emergency in Child & Adolescent Mental Health](#). Now is the time to increase our support for ALL young people, and especially for those who are most vulnerable.

Prohibiting school discussion sends a message to young LGBTQ people that their gender identity or sexual orientation is something to be ashamed of or hidden and eliminates schools' ability to provide safe and affirming spaces for young LGBTQ people, many of whom rely on schools for that acceptance and support.

AFSP supports efforts to ban conversion therapy and has joined with The Trevor Project and other LGBTQ advocacy organizations in several states to advocate for bills and regulations banning the harmful practice. The practice of conversion therapy dehumanizes the LGBTQ population and tells them they have a pathology that requires medical treatment when they do not. It is vital to hold professionals and licensed mental health providers accountable by requiring them to follow professional standards and a code of ethics and prohibiting them from providing fraudulent services with no scientific basis.

AFSP opposes state legislative efforts to restrict access to gender-affirming care for transgender and non-binary youth. Most of the recent state actions have focused on banning hormone-related treatments that delay puberty or promote development of masculine or feminine sex characteristics, therapies which have been widely proven to have a positive impact on the mental health and self-esteem of trans and non-binary youth. According to new research led by the Stanford University School of Medicine, transgender adults who start gender-affirming hormone therapy as teens have better mental health than those who wait until adulthood – they experience fewer thoughts of suicide, are less likely to experience major mental health disorders, and have fewer problems with substance abuse (Turban, King, Kobe, Reisner, & Keuroghlian, 2022). Non-scientific healthcare standards dictated by policy makers have no place in clinical decision making and can only serve to interfere with the doctor-patient relationship and prevent the provision of appropriate, supportive, life-affirming care.

AFSP also partners with and supports the work of organizations dedicated to LGBTQ suicide prevention.³ These include the Trevor Project, the Family Acceptance Project, GLAAD, and other organizations. Examples of partner work include:

- Release of joint statements opposing restrictions on transgender and nonbinary young people's access to medically necessary, gender-affirming care (See Joint Statement by The Trevor Project and AFSP, [April 2021](#) and [March 2022](#)).
- Dissemination of Family Acceptance Project [Family Acceptance Project research-based poster series](#) launched to build healthy futures for LGBTQ & gender diverse children & youth.
- Developed [The Model School District Policy on Suicide Prevention](#) to give educators and school administrators a comprehensive way to implement suicide prevention policies in their local community, in collaboration with the American School Counselor Association, the National Association of School Psychologists, and The Trevor Project to ensure the policy is inclusive of LGBTQ students.

³ American Foundation for Suicide Prevention. Partners. Available at <https://afsp.org/partners/>

Resources:

Visit AFSP's [LGBTQ mental health and suicide prevention webpage](#) for information on how to help prevent suicide in LGBTQ communities, to learn about LGBTQ suicide research, and to find LGBTQ crisis support services, including:

- [LGBTQ crisis hotlines](#)
- [Other LGBTQ support services](#)
- [LGBTQ organizations](#)

AFSP encourages research on suicide, suicide risk, and suicide prevention in the LGBTQ community. A better understanding of this increased suicidal ideation and behavior is needed across a wider range of samples and data collection methods. Learn more about [AFSP-funded LGBTQ research studies and publications](#).

AFSP's Talk Saves Lives™ has long been one of the country's leading suicide prevention education programs, covering the general scope of suicide, the research on prevention, and what people can do to fight this leading cause of death. The newly updated module of this essential program, [Talk Saves Lives™: An Introduction to Suicide Prevention in the LGBTQ Community](#), gives participants essential and lifesaving information and increases understanding of LGBTQ-related topics.

[Stronger Communities: LGBTQ Suicide Prevention](#) is a full-day conference hosted by a local AFSP Chapter to raise awareness about LGBTQ suicide risk, bring research findings to the attention of professionals and the public, and explore strategies for LGBTQ suicide prevention in local communities.

The Trevor Project's "[Protecting with Pride](#)" campaign works to protect LGBTQ young people from conversion therapy in every state in the U.S. and in countries around the world by engaging in legislation, litigation, and public education aimed at ending these dangerous and discredited practices.

The Movement Advancement Project (MAP) tracks over 50 different LGBTQ-related laws policies including those related to LGBTQ discrimination in schools, access to gender-affirming care, and conversion therapy – navigate their [Equality Maps](#) to learn more about these and other key issues.

The second edition of [Talking About Suicide & LGBT Populations](#), authored by AFSP in partnership with the Movement Advancement Project (MAP) and Johnson Family Foundation, provides ways to talk about suicide safely and accurately and in ways that advance vital public discussions about preventing suicide among LGBT people and supporting their health and well-being.

References:

- American Psychological Association (APA). (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: APA.
- Boyle, P. (2022). What is gender-affirming care? Your questions answered. *Association of American Medical Colleges*.
- Centers for Disease Control and Prevention (CDC). (2016). *Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12: Youth risk behavior surveillance*. Atlanta, GA: U.S. Department of Health and Human Services.
- Centers for Disease Control and Prevention, (CDC) NCIPC. (2023). *Web-based injury statistics query and reporting system (WISQARS)* [online].
- Family Acceptance Project. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-52.
- Eisenberg, M.E., Gower A. L., McMorris, B. J., Rider, G. N., Shea, G., & Coleman, E. (2017). Risk and protective factors in the lives of transgender/gender non-conforming adolescents. *Journal of Adolescent Health*, 61(4), 521-526.
- Green, A. E., DeChants, J. P., Price, M. N., & Davis, C. K. (2022). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *Journal of Adolescent Health*, 70(4), 643-649.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R.,...Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Reviews and recommendations. *Journal of Homosexuality*, 58, 10-51.
- Human Rights Campaign (2018). *Policy and position statements on conversion therapy & sexual orientation and identity definitions*. Washington, DC: HRC.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- Just as they are: Protecting our children from the harms of conversion therapy. (2017). *Human Rights Campaign (HRC) and the National Center for Lesbian Rights (NCLR)*.
- Just the Facts Coalition. (2008). *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel*. Washington, DC: American Psychological Association.
- Lovett, I. (2013). After 37 years of trying to change people's sexual orientation, group is to disband. *The New York Times*.
- Mallory, C., Brown, NT., & Conron, KJ (2018). Conversion therapy and LGBT youth. *The Williams Institute UCLA School of Law*.

- Maza, C. (2012). "Ex-gay" leader: "Vast majority" of "ex-gays" still experience same-sex attraction. *Equality Matters*.
- National Center for Lesbian Rights. (2018). #BornPerfect: The facts about conversion therapy. San Francisco, CA: *NCLR*.
- Office of Population Affairs. (2022). Gender-affirming care and young people. Washington, DC: *U.S. Department of Health & Human Services*.
- Price-Feeney, M., Green, A., & Dorison, S. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health, 66*(6), 684-690.
- Rafferty, et al. (2018). American Academy of Pediatrics Policy Statement: Ensuring comprehensive care and support for transgender and gender-diverse children and adolescent. *Pediatrics, 142*(4).
- Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: *Family Acceptance Project*, Marian Wright Edelman Institute, San Francisco State University.
- Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality*, DOI: 10.1080/00918369.2018.1538407.
- SAMHSA: Substance Abuse and Mental Health Services Administration. (2015). Ending conversion therapy: Supporting and affirming LGBTQ youth. Washington, DC: *SAMHSA*.
- The Trevor Project. (2022). 2022 National Survey on LGBTQ Youth Mental Health. West Hollywood, California: *The Trevor Project*.
- Tordoff, D. & M., Wanta, J. W., & Collin, A. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open, 5*(2).
- Turban, J. L., King, D., Kobe, J., Reisner, S. L., & Keuroghlian, A. S. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLOS ONE, 17*(1).
- Youth Risk Behavior Surveillance (YRBS) – United States, 2017. (2019). *Centers for Disease Control and Prevention*.