



**American
Foundation
for Suicide
Prevention**

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, 2024).

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 (Centers for Disease Control & Prevention (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). The most recent 2021 Youth Risk Behavior Survey results reveal that among students in grades nine through twelve, nearly half of students who identify as gay, lesbian, or bisexual reported they seriously considered attempting suicide in the year prior, compared to 15% of heterosexual students (YRBS, 2021).

The Trevor Project’s 2024 national survey on the mental health of 18,000+ LGBTQ+ youth ages 13 to 24 across the United States found that 39% of LGBTQ+ young people seriously considered attempting suicide – including 46% of transgender and nonbinary young people – and more than 1 in 10 attempted suicide in the prior 12 months. The survey also provided critical insight on the detrimental impact of external societal factors and discrimination: more than half of LGBTQ youth who wanted mental health care were unable to receive it 13% reported being threatened with or subjected to conversion therapy, and 90% said their well-being was negatively impacted due to recent politics. The respondents who reported these experiences also reported higher rates of suicide attempts (The Trevor Project, 2024).

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 2nd leading cause of death for youth ages 10-14, the 3rd leading cause for teens and young adults ages 15-24, the 2nd leading cause for young adults ages 25-34, and the 11th leading cause of death overall (CDC, 2024). 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

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.

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 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 "variations in sexual orientation (including identity, behavior, and attraction) and variations in gender (including identity and expression)" as part of the normal spectrum of human diversity (Substance Abuse and Mental Health Services Administration, 2023).

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.

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

Current Federal Laws:

- In April 2024, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS) issued a [final rule](#) under **Section 1557 of the Affordable Care Act (ACA)** that ensures that health programs or activities that receive federal funds cannot discriminate based on sexual orientation, gender identity, or sex assigned at birth. The rule also strengthens protections for individuals who are pregnant, have disabilities, or who don't speak English as their primary language.
- President Joseph Biden issued several executive orders during his term related to LGBTQ individuals and communities. These include [Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#) and [Executive Order 14075 on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#). Executive Order 14075 directed the federal government to take action to address the disparities faced by LGBTQI+ youth, including the mental health needs. It also 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 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.

Current State Laws & Regulations:

Bans on Conversion Therapy (23 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; violators are typically subject to discipline by their licensing entity or disciplinary board. In many of these states, the law also explicitly prohibits the use of public funding for the advertising and/or practice of conversion therapy.

- **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).
- **Delaware ([SB 65](#))**: *An act to amend titles 24 and 29 of the Delaware code relating to conversion therapy.* (2018).

- **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).
- **Illinois ([§ 405 ILCS 48](#))**: *Youth Mental Health Protection Act.* (2015).
- **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).
- **Massachusetts ([MGL c.112 § 275](#))**: *An act relative to abusive practices to change sexual orientation and gender identity in minors.* (2019).
- **Michigan ([§ 330.1901a](#))**: *Conversion therapy with minor by mental health professional; prohibition.* (2023).
- **Minnesota ([HF 16](#))**: *Protection from conversion therapy.* (2023).
- **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).
- **New Jersey ([§ 45:1-5](#))**: *Protects minors by prohibiting attempts to change sexual orientation.* (2013).
- **New Mexico ([§ 61-1-3.3](#))**: *Conversion therapy--grounds for disciplinary action.* (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).
- **Pennsylvania ([Pennsylvania Bulletin Volume 54 Issue 23 – Statements of Policy](#))**: *Five State Boards – Nursing; Medicine; Social Workers, Marriage and Family Therapists, and Professional Counselors; Psychology; and Osteopathic Medicine – adopted policies prohibiting the use of “conversion therapy.”* (2024).
- **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).
- **Utah ([§ 58-1-511](#))**. *Prohibition on providing conversion therapy to a minor.* (2023).
Codifies **UT Admin. Code R156-60-502 – 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).

- **Washington ([SB 5722](#)):** Restricting the practice of conversion therapy. (2018).

**An additional five (5) states partially ban conversion therapy for minors: [Arizona](#) (2023), [Kentucky](#) (2024), [North Carolina](#) (2019), and [Wisconsin](#) (2021), via executive order, prohibit the use of state funds for conversion therapy with minors; [North Dakota](#) (2021) licensing regulations prohibit licensed social workers from practicing conversion therapy.*

**Over 100 cities and counties have also banned conversion therapy for minors.*

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.

Visit the [Movement Advancement Project \(MAP\)](#) for information about other current state laws including [restrictions on access to gender affirming care](#), [limits/restrictions on discussion/instruction on LGBTQ issues in schools](#), and [parental notifications/curricula opt-in/opt-out policies](#), among others.

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 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.

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