

Understanding the Dangers of Gender Identity
and Sexual Orientation Change Efforts
and the
Need for LGBTQ+ Affirming Counseling



Glen Bradley & Sam Brinton

Friday April 9, 2021



About the Speakers: Glen Bradley



Glen Bradley (he) is a master's student in the Clinical Mental Health Counseling program at The Chicago School of Professional Psychology in Washington, DC. His background includes advocacy and activism for LGBTQ+ people, beginning during his undergraduate studies at Santa Clara University, where he worked at the LGBTQ+ student resource center. Glen was invited to the 2016 National Jesuit Student Leadership Conference, where he spoke on LGBTQ+ cultural competency issues at Catholic universities.

Glen has over 6-years of experience facilitating LGBTQ+ cultural competency training seminars across a diverse field, from the DC office for the Federal Maritime Commission to the DC Mental Health Counseling Association.

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About the Speakers: Sam Brinton



Sam Brinton (they/them) is one of the world's leading advocates for LGBTQ+ youth. They are the founder of the 50 Bill 50 States campaign at The Trevor Project to end the dangerous and discredited practice of conversion therapy, first in the United States and then around the globe. As a survivor of conversion therapy, Sam has spoken before the United Nations and Congress as well as testified on legislation from coast to coast to protect LGBTQ+ youth across the country. They have been featured in numerous media including multiple viral New York Times op-eds as well as The Washington Post, Playboy Magazine, and TIME Magazine. Sam uses they, them, or their as their pronouns as a genderfluid person.

Vice President of Advocacy and Government Affairs for The Trevor Project

Contact Email: sam.brinton@thetrevorproject.org



Faculty Sponsor: Dr. Shauna Moore Reynolds



Dr. Shauna Moore Reynolds (she), Ed.D., LCPC-S, NCC, ACS is an Assistant Professor at the Chicago School of Professional Psychology in the Department of Clinical Mental Health. Dr. Reynolds holds a doctorate degree in Counselor Education and Supervision from Texas Southern University.

Dr. Shauna Moore Reynolds is a Licensed Clinical Professional Counselor-Supervisor (LCPC-S) in Maryland, a Licensed Professional Counselor (LPC) in Washington, D.C., a NBCC National Certified Counselor (NCC), and an Approved Clinical Supervisor (ACS). Dr. Shauna has served her community discussing the importance of mental health care and self-care. She holds positions as a Mental Health First Aid Facilitator, Red Cross Disaster Mental Health Volunteer and continues to be a source of support and mentorship for master's level mental health counseling interns, pre-licensed and post-licensed counselors. During Dr. Shauna's time of government services, she has held positions at the Texas Department of Health and Human Services, Texas Department of Protective and Regulatory Services, The Washington, D.C. Attorney Generals' Office, The United States Attorneys' Office, and The Department of Justice. Currently, Dr. Shauna is the owner and Executive Director of SMR Counseling Services, located in Maryland. Dr. Shauna's areas of research include: Anxiety, Depression, Crisis, Trauma, Post-Traumatic Stress, Sexual Assault and Domestic Violence.

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Learning Objectives

1. Attendees will be able to use an understanding “conversion therapy” (gender identity & sexual orientation change efforts or GISOCE) with applicable ethical standards, counseling theory, and evidence-based practice knowledge to advocate for policy changes to protect clients from GISOCE.
2. Attendees will be able to apply an understanding of the applicable ethical standards, counseling theory, and evidence-based knowledge about the harms of GISOCE when approached by clients (or parents of clients) seeking conversion therapy.
3. Attendees will be able to apply knowledge of GISOCE when working with clients who have been exposed to conversion therapy and are at heightened risk of suicidality.

Outline

1. Vocabulary and Terminology
2. Operational Definition of Conversion Therapy
3. Current Common Forms of Conversion Therapy
4. Harms of Conversion Therapy
5. Statistical Information
6. Story of a Survivor
7. Ethical Considerations and Clinical Impact
8. Case Study
9. Current Policy
10. How to Get Involved in Policy Work
11. Resources to Learn More

Poll Question 1:

How familiar are you with LGBTQ+ counseling topics?

- a. Very familiar
- b. Familiar
- c. Not Familiar

Poll Question 2:

How familiar are you with the topic of conversion therapy?

- a. Very familiar
- b. Familiar
- c. Not Familiar

Gender Identity and Sexual Orientation Change Efforts

&

“Conversion Therapy”

Gender Identity and Sexual Orientation Change Efforts

GISOCE or SOGICE (Sexual Orientation and Gender Identity Change Efforts)

- **Formal settings** with a somewhat clear one-on-one or group setting (e.g., mental health care, health care, life coaching, religious counseling, conversion camps, or ex-gay “support” groups)
 - Often called “**conversion therapy**” as there is a theoretical process with specific goals and direction
- **Informal settings** (e.g., parents or caregivers, friends, other relatives, teachers, sports coaches, etc.)
 - Not referred to as “conversion therapy,” no clear process
 - Though could have clear goals or direction
 - (e.g., parent punishing expressions of gender identity or sexual attraction)

Operational Definition of Conversion Therapy

Goals of Conversion Therapy:

- Attempting to change a client's sexual orientation, gender identity, or gender expression.
- Reduce or eliminate behaviors, ideations, and self concept

History:

- Psychological forms of conversion therapy have been practiced in the United States as early as the 1890s

Clinicians who support and/or use conversion therapy claim:

- Conversion therapy is part of treatment for sexual addictions
- Conversion therapy can help clients explore “sexual fluidity”
- Conversion therapy responds to clients who struggle with “unwanted same-sex attractions” or “gender confusion”

(Gassgold et al., 2009, Mallory, et al., 2019, & GLAAD, n.d.).

Definition of Conversion Therapy (Cont.)

The Reality:

- Conversion therapy is **based on the belief** that any sexual orientation other than heterosexual, or gender identity other than cisgender, or gender expression other than binary and cis-normative **is a form of mental illness that needs treatment**.
 - Culture bound, often based in religion. It is not based on science.
- The goals of conversion therapy treatment are to have the client act, present, and self-conceptualize as heterosexual, cisgender, and cis-normative.
- Conversion therapy is proven to be **ineffective at reaching it's goals**; sexual orientation and gender identity cannot be changed or created.
- Conversion therapy is **inherently dangerous**; it is proven to lead to increased rates of suicidality, depression, anxiety, and trauma-related disorders.

(Gassgold et al., 2009, Mallory, et al., 2019, & GLAAD, n.d.).

Current Common Forms of Conversion Therapy

1. **Talk therapy** (most common)
2. **Aversion treatments:**
 - “inducing nausea, vomiting, or paralysis; providing electric shocks; or having the individual snap an elastic band around the wrist when the individual became aroused to same-sex erotic images or thoughts”
3. **Non-aversive techniques:**
 - “chang[ing] thought patterns by reframing desires, redirecting thoughts, or using hypnosis”

Other names:

Sexual Orientation Change Efforts (SOCE), **Sexual Attraction Fluidity Exploration in Therapy (SAFE-T)**, eliminating, reducing or decreasing frequency or intensity of **unwanted Same-Sex Attraction (SSA)**, **reparative therapy**, **sexual reorientation efforts**, **ex-gay ministry**, **promoting healthy sexuality**, addressing sexual addictions and disorders, sexuality counseling, encouraging relational and sexual wholeness, healing sexual brokenness, and **gender critical therapy**

(Gassgold et al., 2009, Mallory, et al., 2019, GLAAD, n.d., & The Trevor Project, n.d.).

Conversion Therapy by Other Names:

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(Gassgold et al., 2009, Mallory, et al., 2019, GLAAD, n.d., & The Trevor Project, n.d.).

Harms of Conversion Therapy

Increased Risk of Suicidality

According to a study from 2020, compared 25,791 youth via survey (ages 13-24) who self reported either having underwent conversion therapy or not.

Those who underwent conversion therapy were:

- **Twice as likely** to report having **servious considered suicide** in the last year
- **More than twice as likely** to have made a **suicide attempt** in the past year
- **More than 3 times as likely** to have had **multiple suicide attempts**

(Green, et al., 2020).

Conversion Therapy & Increased Suicide Attempts

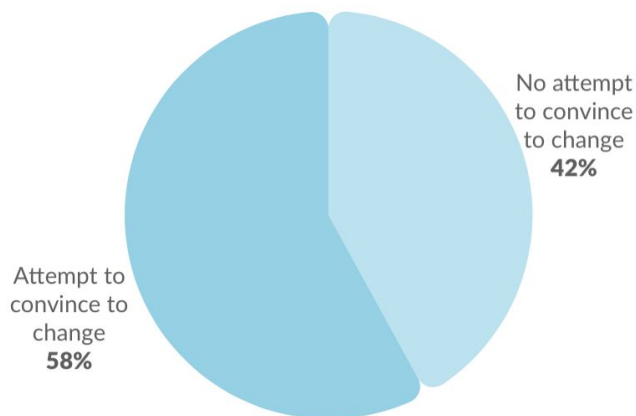
42% of LGBTQ youth who have experienced conversion therapy said they had a suicide attempt in the last 12 months.

When we asked **just trans and non-binary youth**, the number rises to **57%**.

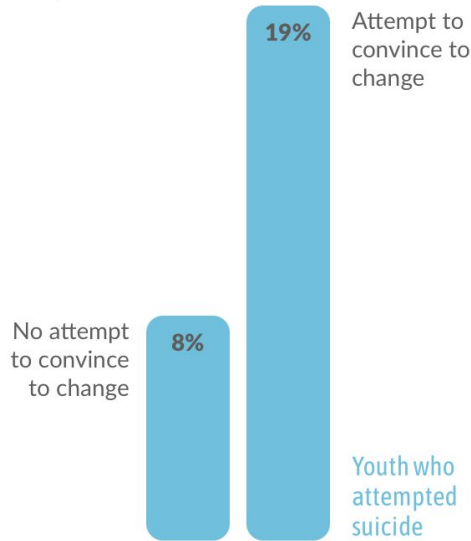
(The Trevor Project, 2019).

Statistics About LGBTQ+ Youth and Change Efforts

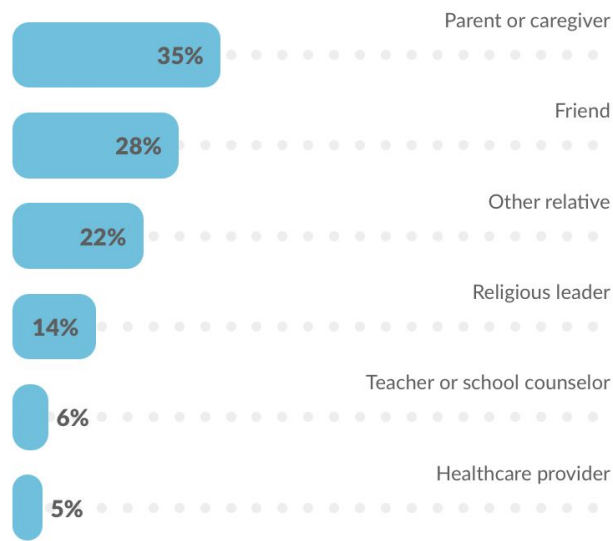
LGBTQ youth who reported someone attempted to convince them to change their sexual orientation or gender identity:



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



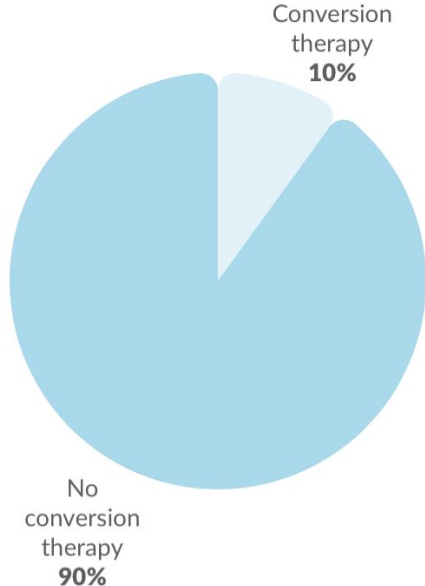
Who attempted to convince you to change your sexual orientation or gender identity?



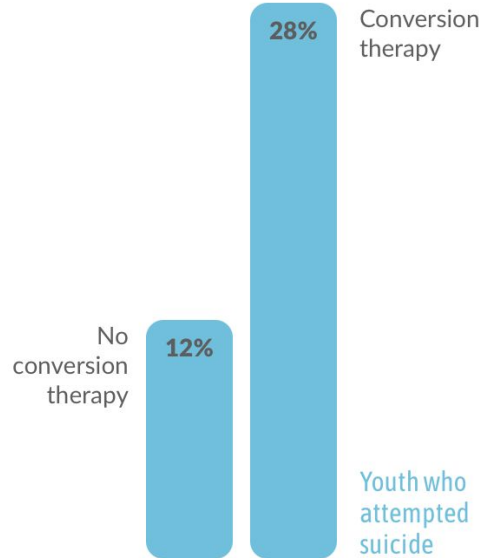
(The Trevor Project, 2020).

Statistics About LGBTQ+ Youth and Conversion Therapy

LGBTQ youth who reported undergoing conversion therapy:



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



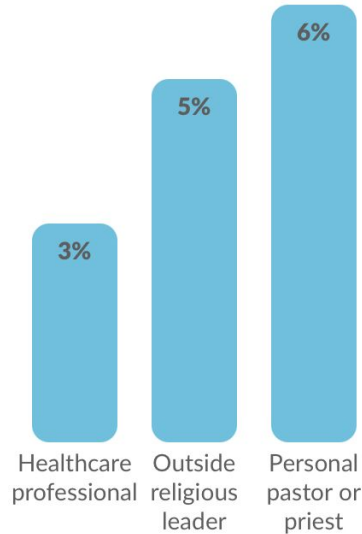
78% of youth who underwent conversion therapy reported that it was when they were **under the age of 18**.

(The Trevor Project, 2020).

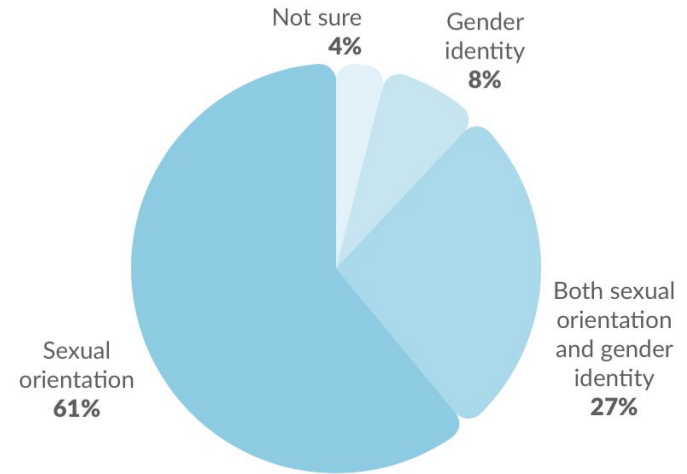
Statistics About LGBTQ+ Youth and Conversion Therapy

3% of youth reported undergoing conversion therapy by a healthcare professional.

LGBTQ youth underwent conversion therapy led by the following individuals:



Types of formal conversion efforts reported by LGBTQ youth who underwent conversion therapy:



(The Trevor Project, 2020).

Statistical Estimates About Conversion Therapy

- **698,000 LGBTQ+ adults** (ages 18-59) in the U.S. **have received conversion therapy**, including about **350,000 LGBTQ+ adults who were subjected to the practice as adolescents**.
- **16,000 LGBTQ+ youth** (ages 13-17) **will receive conversion therapy from a licensed health care professional** before they reach the age of 18 in the 32 states that currently do not ban the practice.
- **10,000 LGBTQ+ youth** (ages 13-17) **live in states that ban conversion therapy** and have been protected from receiving conversion therapy from a licensed health care professional before age 18.
- An estimated **57,000 LGBTQ+ youth** (ages 13-17) across all states **will receive conversion therapy from religious or spiritual advisors before they reach the age of 18**.

(Mallory, et al., 2019)

Statistical Estimates About Conversion Therapy

48% of the adult LGBTQ+ population **lives in states covered by conversion therapy bans** for minors.

11% of the adult LGBTQ+ population lives in states where federal judicial circuit courts have issued a **preliminary injunction to prevent the enforcement of conversion therapy bans**.

(Mallory, et al., 2019)

The Story of a Survivor



Ethical Considerations

Ethical Considerations: ACA Code of Ethics Values

Nonmaleficence

- “Avoiding actions that cause harm.”
- Conversion therapy causes harm.

Beneficence

- “Working for the good of the individual and society by promoting mental health and well-being.”
- Conversion therapy does not promote mental health or well-being.

Justice

- “Treating individuals equitably and fostering fairness and equality.”
- Conversion therapy is based on injustice: an idea that being LGBTQ+ is a mental health disorder or the cause of a disorder.

Fidelity

- “Honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships”
- Conversion therapy practices do not meet counselors’ professional responsibilities (e.g., to be evidence-based) and the practices betray the trust of the counseling profession.

Veracity

- “Dealing truthfully with individuals with whom counselors come into professional contact.”
- Counselors must be truthful about the harms and ineffectiveness of conversion therapy and change efforts practices, theories, and methods.

(American Counseling Association, 2014).

ACA Statement on Conversion Therapy

In 2017, the ACA Governing Council passed a resolution stating,

“This motion makes it clear to members, the profession, and the public that promoting, conducting, engaging in, or referring for reparative therapy/conversion therapy/SOCE is a significant and serious violation of the ACA Code of Ethics. While this has been ACA’s position for some time, it has not yet been codified in writing.”

ACA Statements on Conversion Therapy

In 2018, then ACA president Gerard Lawson, Ph.D., gave testimony to Virginia House of Delegates Committee on Health, Welfare, and Institutions stating,

“Conversion therapy is not congruent with the American Counseling Association Code of Ethics because the effects of efforts to change sexual orientation have been found to cause damage to individuals who have been exposed to them.”

Action: Contact ACA leadership to make similar testimony to states' legislative houses and to court cases seeking to repeal conversion therapy bans

<https://www.counseling.org/about-us/contact-us>

Clinical Significance of Clients with Conversion Therapy Exposure

Long-lasting harms of conversion therapy

- Increases suicidality and risk for depression and anxiety
- Negative impact on self-concept, relationships, and intimacy
- Conversion therapy and other GISOCE experiences are traumatic
- Can impact therapeutic relationship

Best Practices ...

- Routinely assess for suicidality. Build a suicide safety plan with the client.
- Ensure your counseling theoretical frameworks and therapies are **trauma-informed**.
- Include skills and information to protect from active sources of change efforts (e.g., family and community).
- Connect clients with LGBTQ+ affirming media. Clients may have been told they are alone or no future.
 - If such media is unsafe at home, find ways to include in session.
- Seek training on trauma-informed counseling theories and therapies.
- Seek LGBTQ+ counseling training and related scientist-practitioner literature.
- Integrate processing the trauma of conversion therapy and GISOCE into the therapeutic process.
- Assess for sources of support, build new levels of support, and advocate for the client in their community.
- Do not disclose information without consent!

LGBTQ+ Counseling Theory Resources

General LGBTQ+ Counseling Topics:

Eliason, M. J., & Chinn, P. L. (2018). *Lgbtq cultures: what health care professionals need to know about sexual and gender diversity* (3rd ed.). Wolters Kluwer.

<https://tcsedsystem.idm.oclc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=2013152&site=ehost-live>

National Academies of Sciences, Engineering, and Medicine (U.S.). Committee on Understanding the Well-Being of Sexual and Gender Diverse Populations. (2020). *Understanding the well-being of lgbtqi populations*. (J. White, Sepúlveda Martín-José, & C. Patterson, Eds.) (Ser. A consensus study report of the national academies of sciences, engineering, medicine). National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK563325/>

<https://www.nap.edu/catalog/25877/understanding-the-well-being-of-lgbtqi-populations>

Transgender and Gender Nonconforming Counseling Topics:

Brooker, A.-S., Loshak, H., Canadian Agency for Drugs and Technologies in Health, & Canadian Agency for Drugs and Technologies in Health. Rapid Response Service. (2020). *Gender affirming therapy for gender dysphoria : a rapid qualitative review* (Ser. Cadth rapid response report). CADTH. <http://www.ncbi.nlm.nih.gov/books/NBK564233/>.

Singh, A. A., & Dickey, Lore M. (2017). *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (First, Ser. Perspectives on sexual orientation and diversity). American Psychological Association. <https://thechicagoschool-CHI.on.worldcat.org/oclc/957132012>

Case Study

Conversion Therapy Topics: The Case of Julie

Julie is 13 years old, White, male-assigned-at-birth, and a transgender girl. Julie is not out as transgender to anyone other than you, her mental health counselor. Everyone else in her life calls her by the boy-name she was given at birth and refers to Julie as a boy.

Julie was referred to you by her school social worker for diagnosis and treatment. The school social worker stated, “[Julie] struggles to make friends, does not participate in class, has recently been skipping classes and not turning in homework. Julie does not engage in the counseling process and requires a higher level of care.” After a few months working with Julie, you have some more information.

Julie lives with her mom, dad, and three younger siblings. Julie shared how she’s always felt different, and by the age of 5 knew that she wasn’t a boy. She felt like a girl trapped in a boy’s body. She shares how she always sees herself in the girls and women characters in TV shows and movies, how she would draw herself as a girl when doodling or doing art class from a young age, and how she once asked a friend to call her Julie instead of the boy-name her parents gave her. Julie talked about how she hates her body hair and gets very anxious when she looks in a mirror or has to take her clothes off and she then sees how her body is changing with puberty. She said she feels like her body is rebelling against her and doesn’t understand why she doesn’t have a girl’s body. Julie showed you a scar on her leg where she recently tried to shave with her mom’s body razor but cut herself very deep. Julie said her parents and uncle are very conservative and do not understand her. She said she has not come out to her parents as transgender because her parents punish her when she tries to borrow her younger sister’s clothes or “acts too girly.” Julie also says she hears her parents say bad things about LGBTQ+ people and that she hears similar messages at church and Sunday school.

Julie's parents are Baptist missionaries. Julie's uncle is a pastor, and the family attends weekly Sunday service at his church. Julie shared that she was diagnosed with depression when she was about 10-years old and she had a mental health counselor around then. Julie started to cry as she tells you what it was like seeing that first counselor. She said that counselor told her that her parents need her to act normal, to toughen up, and to act like a boy. Julie said the counselor told her no one else is like her, that something is wrong with her, that God made her a boy, so she needs to act like one, and that boys like girls. Julie said her counselor often said, "God made Adam and Eve, man and woman, husband and wife. God made you a boy and God doesn't make mistakes." Julie said the counselor would start and finish each session reading from the Bible about "abominations." Julie said this counselor had her wear a rubber band on her wrist and every time she felt like she wanted to do something "girly" or anytime she started to think about wanting to kiss a boy, she was to snap the rubber band hard on her wrist, so it hurt and to then pray to God to forgive her for her "deviant" thoughts. Her parents sent her to this counselor, and she felt like they think she is broken. Julie said that the counselor's attempts to make her normal didn't work, she just learned how to hide herself from other people to avoid punishment and so her parents wouldn't make her go see that counselor anymore.

Julie said that she thought she was all alone in the world and wondered how she could keep going on like this. She said how she doesn't see the point of going to school anymore or doing homework; she said she's broken and doesn't see herself living long enough to go to high school. She shared that while the past counseling stopped when she started acting more boyish, her parents still bully her whenever she "slips up." Julie tells you a story about her uncle's church, and how her uncle singled her out during a Sunday service to "cast the demons out of her." Julie shared another story of an older boy at her church who came out as gay and was disowned and kicked out of the house when he "didn't turn back to Jesus and the Bible."

In the past two months, Julie consistently starts each session saying she wants to socially and medically transition, but she has not told her parents and is afraid of “going against God and creation.” After doing multiple informal assessments, you are confident Julie is presenting signs and symptoms of Gender Dysphoria (302.6; DSM-5 pp. 452-459). When you’ve asked Julie about what she wants, Julie states she wants to live as a girl, play sports on girls’ teams, use the girls’ restroom, look like a girl and have a girl’s body, and be called Julie by everyone. Julie gets fidgety when she talks about not being able to tell any of this to her parents. She said she’s too afraid to tell this to her parents because she “knows living that way is against God” and her parents are “close to God.” When she talks about wanting to be a girl, she often says, “But that isn’t what Jesus wants for me” or a similar comment. She shares that these thoughts and her worries of being kicked out of the house often keep her up at night.

In the midst of your last session with Julie, you grow concerned as she expressed thoughts about what it would be like if she didn’t wake up the next day. You guide Julie through making a suicide safety plan, but she has already told you she doesn’t have any friends she could talk to about this and all the adults in her life “don’t want me to be Julie.” Julie shared that she can’t sleep, she can’t focus, and she doesn’t feel like eating. She is worried about her parents finding out she is transgender and at the end of each session tells you, “You can’t tell my parents any of this! They’d kick me out!”

Additionally, the next session will be the beginning of her seventh month seeing you. Until now, you have coded Julie’s diagnosis as “Adjustment Disorder (309.0) with depressed mood.” Julie is seeing you through her parent’s insurance.

Case Study -- Julie

Please open the “Conversion Therapy Case Study” document and scroll down to the last page for the questions.

In your small groups, discuss your response to the questions and reference the case study.

We will reconvene in about 10 minutes for a group discussion.

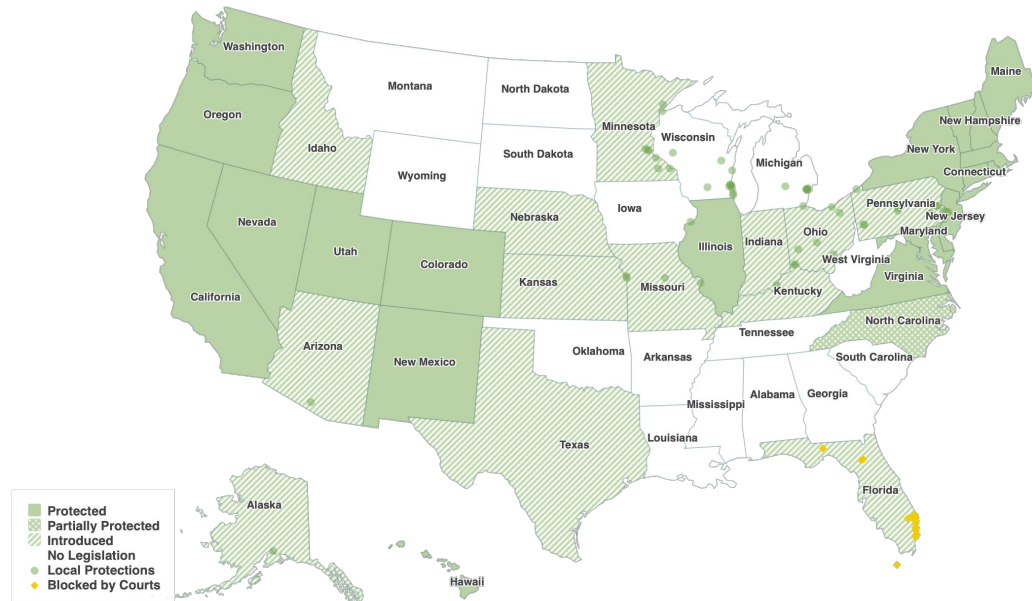
Case Study -- Julie

1. Identify Julie's sources of identity.
2. Using a bio-psycho-social model, identify Julie's primary concerns in counseling.
3. How would you account for Julie's previous experiences of conversion therapy and GISOCE when...
 - a. developing a therapeutic relationship with Julie?
 - b. forming treatment goals?
 - c. creating a case conceptualization?
 - d. consulting with Julie's family?
4. Identify ethical concerns in the case regarding Julie's treatment goals, her relationship with her parents, and Julie's community.
5. What counseling theories would you use when working with Julie, and how would you ensure the theories and techniques are culturally competent and trauma informed?

Current Policies on Conversion Therapy

Current Policy State Legislation

As of March 2021, 20 states and the District of Columbia ban the use of conversion therapy on minors from licensed health and mental health professionals (The Trevor Project, 2021).



Current Appeals in the Courts

Some courts are preventing the enforcement of conversion therapy bans or hearing arguments for such bans' repeal.

In November 2020, the 11th Circuit Court of Appeals issued a ruling preventing the enforcement of conversion therapy bans in that circuit (Alabama, Florida, and Georgia).

The court opinion, as it stands, argues that mental health providers have the “constitutional right to speak freely with clients” and that this protects conversion therapy practices (Robert W. Otto & Julie H. Hamilton v. City of Boca Raton, Florida, and County of Palm Beach, Florida, No. 19-10604, as cited in Movement Advancement Project, n.d.).

How to Get Involved in Policy Work

How to Get Involved

- Educate yourselves and others: #ActiveAllyship
- Watch *Boy Erased* or *Saving Alex*.
- Host a community conversation on the harms of conversion therapy.
- Care for survivors, in all their forms, because as a community we all need a little help.



How to Get Involved on Policy Work

1. Know if there is a bill in your state or city. Has it passed? Is it in effect?
2. Testify in support of local or state legislation banning the practice. (We have sample testimony for you.)
3. Provide mental health support to survivors and families who testify. Build trauma resilience in preparation for testimony. *Reality in practice*

How to Get Involved with The Trevor Project

Visit...

Trevor's 50 bills 50 States: Conversion Therapy Ban Initiative

<https://www.thetrevorproject.org/get-involved/trevor-advocacy/50-bills-50-states/>

Trevor Advocacy:

<https://www.thetrevorproject.org/get-involved/trevor-advocacy/>

The Trevor Project Crisis Services:

<https://www.thetrevorproject.org/help>



AMERICAN COUNSELING ASSOCIATION

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Government Affairs and Public Policy

Join ACA Government Affairs to:

- Push ACA leadership to testify at legislative sessions
 - Push for conversion therapy bans
 - Refute efforts to protect conversion therapy
 - Protect transgender and gender diverse children from transgender healthcare bans

Go to www.counseling.org/government-affairs/state-issues

Stories of Conversion Therapy Survivors

Sam Brinton

As a Conversion Therapy Survivor, I Come Out So That Others Won't Ever Feel Alone

By Sam Brinton, Oct. 9, 2020

<https://www.them.us/story/coming-out-day-2020-sam-brinton-conversion-therapy>

“I don't tell my story publicly because I enjoy revisiting the painful memories that led to where I am now. I do it so that LGBTQ+ youth can know there are others out there like them.”

I Was Tortured in Gay Conversion Therapy. And It's Still Legal in 41 States.

By Sam Brinton, Jan. 24, 2018

<https://www.nytimes.com/2018/01/24/opinion/gay-conversion-therapy-torture.html>

Alex Cooper

Powerful New Lifetime Film Showcases the Dangers of So-Called “Conversion Therapy”

By HRC Staff, Sept 19, 2019

<https://www.hrc.org/news/powerful-new-lifetime-film-showcases-the-dangers-of-so-called-conversion-therapy>

“Coming out as a lesbian to a devout, traditional Mormon family was never going to be easy for Alex Cooper.”

“I came out to my parents, and my mom was hysterical, but my dad didn’t say anything. ... They told me to get out of the house, so I stayed with a friend for a couple weeks. From there I was sent to conversion therapy.”

Darren Calhoun

How I Survived 'Ex-Gay' Conversion Therapy

By Darren Calhoun, June 12, 2018

<https://www.colorlines.com/articles/how-i-survived-ex-gay-conversion-therapy>

“At age 17, Darren Calhoun was manipulated into conversion therapy by a pastor. Here, he reflects on his path from confused teen to advocate for the hundreds of thousands of LGBTQ people in the United States who are subjected to the same treatment.”

Matthew Shurka

The Forgiveness Project: Mathew Shurka

<https://www.theforgivenessproject.com/our-purpose/>

“In 2004, when Mathew Shurka was 16 his father took him to a licensed therapist who claimed he could make gay people straight.”

LGBTQ+ Counseling Resources

Read About LGBTQ+ Legal Issues

<https://www.aclu.org/issues/lgbt-rights>

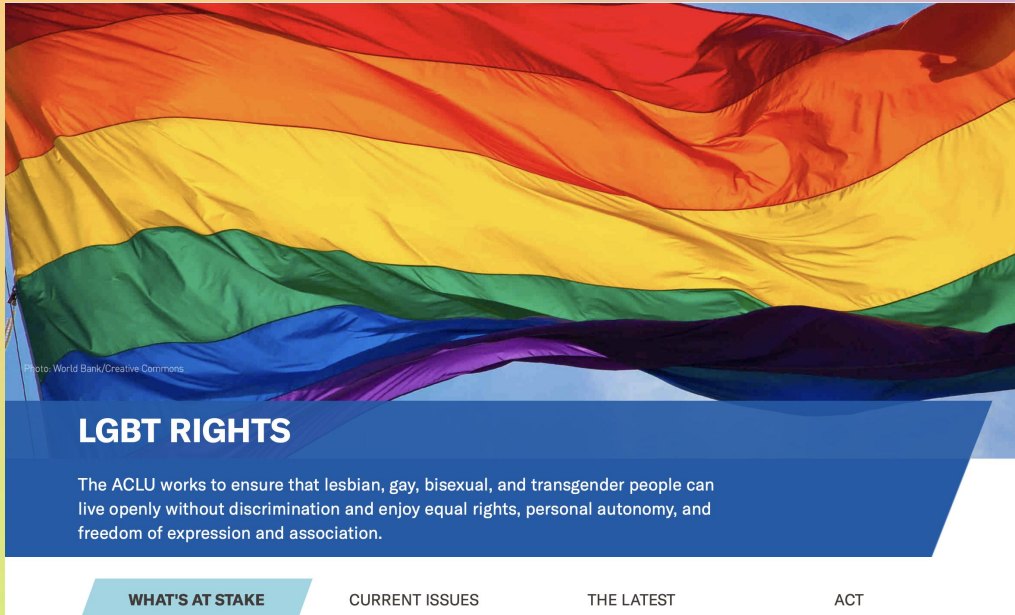


Photo: World Bank/Creative Commons

LGBT RIGHTS

The ACLU works to ensure that lesbian, gay, bisexual, and transgender people can live openly without discrimination and enjoy equal rights, personal autonomy, and freedom of expression and association.

WHAT'S AT STAKE

CURRENT ISSUES

THE LATEST

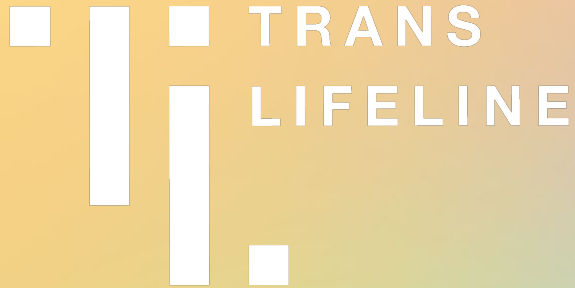
ACT

Learn About Current Transgender Rights

<https://transequality.org/know-your-rights>



Transgender Crisis Support Hotline



**US (English & Spanish):
1-877-565-8860
Canada: 1-877-330-6366**

10am-4am EST
9am-3am CST
7am-1am PST

<https://translifeline.org>

Microgrants available for name change and
updating government identification

The Trevor Project Crisis Hotlines for LGBTQ+ Youth

Trevor Lifeline (24/7 phone hotline)
1-866-488-7386

Trevor Text (24/7 texting hotline)
Text START to 678-678

Trevor Chat (24/7 online chat hotline)
[Go to TrevorChat](#)

Trevor Space
TrevorSpace is a social networking site for lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) youth under 25 and their friends and allies.
[Go to TrevorSpace](#)

Trevor Support Center
Where LGBTQ youth and allies can find answers to FAQs and explore resources related to sexual orientation, gender identity and more!
[Go to Trevor Support Center](#)



The Trevor Project's National Survey on LGBTQ Youth Mental Health 2020

<https://www.thetrevorproject.org/survey-2020/?section=Introduction>

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

- 40% of LGBTQ respondents seriously considered attempting suicide in the past twelve months, with more than half of transgender and nonbinary youth having seriously considered suicide
- 68% of LGBTQ youth reported symptoms of generalized anxiety disorder in the past two weeks, including more than 3 in 4 transgender and nonbinary youth
- 48% of LGBTQ youth reported engaging in self-harm in the past twelve months, including over 60% of transgender and nonbinary youth
- 46% of LGBTQ youth report they wanted psychological or emotional counseling from a mental health professional but were unable to receive it in the past 12 months
- 10% of LGBTQ youth reported undergoing conversion therapy, with 78% reporting it occurred when they were under age 18
- 29% of LGBTQ youth have experienced homelessness, been kicked out, or run away
- 1 in 3 LGBTQ youth reported that they had been physically threatened or harmed in their lifetime due to their LGBTQ identity
- 61% of transgender and nonbinary youth reported being prevented or discouraged from using a bathroom that corresponds with their gender identity
- 86% of LGBTQ youth said that recent politics have negatively impacted their well-being
- Transgender and nonbinary youth who reported having pronouns respected by all or most people in their lives attempted suicide at half the rate of those who did not have their pronouns respected

Other Important LGBTQ+ Websites

National LGBTQ Task Force <https://www.thetaskforce.org>

Human Rights Campaign <https://www.hrc.org>

GLAAD <https://www.glaad.org>

PFLAG <https://pflag.org>

GLSEN <https://www.glsen.org>

Transgender Law Center <https://transgenderlawcenter.org>

Lambda Legal <https://www.lambdalegal.org>

SAGE (Services & Advocacy for GLBT Elders) <https://www.sageusa.org>

ACA SAIGE Website and Resources



Society for Sexual, Affectional, Intersex, and Gender Expansive Identities

Counselors and Related Professionals Serving Sexual, Affectional, Intersex, and Gender Expansive Communities

<https://saigecounseling.org>



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Visit the Journal of LGBT Issues in Counseling

<https://www.tandfonline.com/toc/wlco20/current>

<https://saigecounseling.org/journal/>



Questions?

Download the slide deck.
Contact us for speaking engagements.

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