

No. 25-1105

**IN THE UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT**

**CATHOLIC CHARITIES OF JACKSON, LENAWEE, AND
HILLSDALE COUNTIES, *et al.*,**
Plaintiffs-Appellants,

v.

**GRETCHEN WHITMER, Governor of Michigan, in her official
capacity, *et al.*,**
Defendants-Appellees.

On Appeal from the United States District Court
for the Western District of Michigan at Grand Rapids, Southern
Division, Honorable Jane M. Beckering, No. 1:24-cv-718

**BRIEF OF AMICUS CURIAE THE TREVOR PROJECT, INC.,
IN SUPPORT OF DEFENDANTS-APPELLEES**

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UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

Disclosure of Corporate Affiliations and Financial Interest

Sixth Circuit

Case Number: 25-1105

Case Name: Catholic Charities v. Whitmer

Name of counsel: Abbey Hudson

Pursuant to 6th Cir. R. 26.1, The Trevor Project, Inc.
Name of Party

makes the following disclosure:

1. Is said party a subsidiary or affiliate of a publicly owned corporation? If Yes, list below the identity of the parent corporation or affiliate and the relationship between it and the named party:

No

2. Is there a publicly owned corporation, not a party to the appeal, that has a financial interest in the outcome? If yes, list the identity of such corporation and the nature of the financial interest:

No

CERTIFICATE OF SERVICE

I certify that on June 3, 2025 the foregoing document was served on all parties or their counsel of record through the CM/ECF system if they are registered users or, if they are not, by placing a true and correct copy in the United States mail, postage prepaid, to their address of record.

s/Abbey Hudson

This statement is filed twice: when the appeal is initially opened and later, in the principal briefs, immediately preceding the table of contents. See 6th Cir. R. 26.1 on page 2 of this form.

**6th Cir. R. 26.1
DISCLOSURE OF CORPORATE AFFILIATIONS
AND FINANCIAL INTEREST**

(a) **Parties Required to Make Disclosure.** With the exception of the United States government or agencies thereof or a state government or agencies or political subdivisions thereof, all parties and amici curiae to a civil or bankruptcy case, agency review proceeding, or original proceedings, and all corporate defendants in a criminal case shall file a corporate affiliate/financial interest disclosure statement. A negative report is required except in the case of individual criminal defendants.

(b) **Financial Interest to Be Disclosed.**

(1) Whenever a corporation that is a party to an appeal, or which appears as amicus curiae, is a subsidiary or affiliate of any publicly owned corporation not named in the appeal, counsel for the corporation that is a party or amicus shall advise the clerk in the manner provided by subdivision (c) of this rule of the identity of the parent corporation or affiliate and the relationship between it and the corporation that is a party or amicus to the appeal. A corporation shall be considered an affiliate of a publicly owned corporation for purposes of this rule if it controls, is controlled by, or is under common control with a publicly owned corporation.

(2) Whenever, by reason of insurance, a franchise agreement, or indemnity agreement, a publicly owned corporation or its affiliate, not a party to the appeal, nor an amicus, has a substantial financial interest in the outcome of litigation, counsel for the party or amicus whose interest is aligned with that of the publicly owned corporation or its affiliate shall advise the clerk in the manner provided by subdivision (c) of this rule of the identity of the publicly owned corporation and the nature of its or its affiliate's substantial financial interest in the outcome of the litigation.

(c) **Form and Time of Disclosure.** The disclosure statement shall be made on a form provided by the clerk and filed with the brief of a party or amicus or upon filing a motion, response, petition, or answer in this Court, whichever first occurs.

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STATEMENT OF INTEREST

The Trevor Project, Inc. (“The Trevor Project”) respectfully submits this brief to summarize the overwhelming evidence linking conversion therapy to a significantly heightened risk of suicidality and other serious harms.

The Trevor Project is the nation’s leading lesbian, gay, bisexual, transgender, queer, and questioning (“LGBTQ”) youth crisis intervention and suicide prevention organization. The Trevor Project offers the only nationwide accredited, free, and confidential phone, instant message, and text messaging crisis intervention services for LGBTQ youth. These services are used by tens of thousands of youth each month. Through analyzing and evaluating data obtained from these services and national surveys, The Trevor Project produces innovative research that brings new knowledge, with clinical implications, to issues affecting LGBTQ youth.

Amicus Curiae has a special interest in this litigation along with familiarity and knowledge of the significant harms that LGBTQ youth endure due to conversion therapy. *Amicus Curiae* are deeply concerned a preliminary injunction will expose LGBTQ minors to a heightened and

substantial risk of suicidality. The Trevor Project works firsthand with LGBTQ youth who have endured conversion therapy—and understands the devastating impacts these practices inflict. Due to the increased and substantial risks of suicidality, *Amicus Curiae* advocate to end the practice of conversion therapy against minors through public policy. For these reasons, *Amicus Curiae* has a substantial interest in supporting laws prohibiting the practice of conversion therapy against minors.¹

Amicus Curiae have obtained consent to file this brief from both parties and therefore may file it pursuant to Federal Rule of Appellate Procedure 29(a)(2).

SUMMARY OF THE ARGUMENT

A substantial body of empirical evidence demonstrates LGBTQ youth subjected to conversion therapy face a significantly heightened risk of depression, anxiety, and suicidality, which has resulted in an overwhelming medical consensus that minor patients must not be subjected to conversion therapy under the imprimatur of the mental

¹ No party or party's counsel authored or contributed money intended to fund preparing or submitting this brief. No person other than *amicus curiae*, its members, or its counsel contributed money intended to fund preparing or submitting this brief. Fed. R. App. P. 29(a)(4)(E).

health profession. Every mainstream medical and mental health organization has uniformly rejected the practice as harmful and ineffective. Conversion therapy providers exploit and exacerbate the fears of concerned parents while simultaneously misleading them with false assurances about the efficacy of their purported treatments. Patients experience shame, anger, anxiety, and depression and some engage in self-harm and even suicide.²

Given this well-established medical consensus, the Michigan legislature—like the legislatures of 22 other states, plus the District of Columbia, Puerto Rico, and over 100 municipalities, and the executive and administrative actions of an additional five states—enacted HB 4616, a bipartisan law prohibiting the practice.³ Its authority and compelling interest to regulate unsafe medical treatments and protect minor children from harmful medical treatments that put them at an increased risk of suicidality and other serious harms is well settled. *Nat’l Inst. Of Family & Life Advocates v. Becerra*, 585 U.S. 755, 769 (2018)

² See *infra* Sections I.A–C.

³ Mich. Comp. Laws §§ 330.1901a, 330.1100a(20) (2023). For ease, this amicus brief refers to HB 4616 and HB 4617 collectively as “HB 4616.”

(noting the First Amendment does not prevent incidental burdens on professionals’ speech including regulating medical practices where established documented harms exist). HB 4616 specifically addresses the scientifically established harms of conversion therapy, including heightened risks of suicide and depression in LGBTQ minors. For decades, every major medical and mental health organization has rejected conversion therapy—in all its forms—as unsafe, unsound, and ineffective.⁴ That medical consensus rests on extensive, empirical, evidence-based, and rigorous peer-reviewed studies.

Further, it is dangerous to conflate Michigan’s narrowly tailored ban on conversion therapy with the issue of medical care for transgender people involving puberty blockers, hormones, and surgeries. Multiple states have enacted legislation specifically regulating such medical care for youth—measures that are currently the subject of separate legal challenges. However, that is not the legislation before the Court in this case. Relevant here, HB 4616 addresses the well-documented and severe harms that conversion therapy—not transgender medical care—inflicts

⁴ *Tingley v. Ferguson*, 47 F.4th 1055, 1078 (9th Cir. 2022), *cert. denied*, 144 S. Ct. 33 (2023); *see infra* Section I.B.

on children, particularly its devastating impact on the mental health of LGBTQ youth, including significantly elevated risks of suicide, depression, and other mental health crises.⁵ Invalidating HB 4616 would remove a critical safeguard for LGBTQ youth and place minors in Michigan at increased risk of well-documented, severe and potentially life-threatening harms. As one survivor of conversion therapy explained, conversion therapy “didn’t change anything about me. The only thing it did was make me ashamed of who I was and what I wanted.”⁶

Amicus Curiae urge this Court to affirm the district court’s decision and recognize the state’s broad authority—indeed, responsibility—to regulate medical practitioners and protect children from being subjected to this dangerous abuse by state-licensed mental health professionals.

ARGUMENT

I. Michigan’s Statute Redresses Significant Harms to the Health and Safety of Minors.

The challenged statute, HB 4616, prohibits the practice of

⁵ See *infra* Sections I.A–C.

⁶ See *infra* p. 19.

conversion therapy on minors.⁷ The Michigan statute implicates a compelling state interest as it seeks to regulate professional conduct by state-licensed therapists to protect minors from the severe harms of conversion therapy, which can be a matter of life and death.⁸ The Supreme Court has recognized states' authority to regulate the practice of medicine and mitigate malpractice by imposing reasonable regulatory

⁷ See Mich. Comp. Laws § 330.1100a(20) (defining conversion therapy as “any practice or treatment ... that seeks to change an individual’s sexual orientation or gender identify, including ... efforts to change behavior or gender expression or to reduce or eliminate sexual or romantic attractions or feelings toward an individual of the same gender”). The law excludes “counseling that does not seek to change an individual’s sexual orientation or gender identity.” *Id.*

⁸ See *New York v. Ferber*, 458 U.S. 747, 756–57 (1982) (holding “a State’s interest in safeguarding the physical and psychological well-being of a minor is compelling”) (quotation marks omitted); *Ohralik v. Ohio State Bar Ass’n*, 436 U.S. 447, 456 (1978) (“it has never been deemed an abridgement of freedom of speech ... to make a course of conduct illegal merely because the conduct was in part initiated, evidenced, or carried out by means of language, either spoken, written, or printed”) (citation omitted); cf. *Brown v. Entm’t Merchs. Ass’n*, 564 U.S. 786, 799–801 (2011) (invalidating a law prohibiting the sale or rental of violent video games to minors where the government’s research, largely relying on one researcher, showed a weak correlation between violent video games and purported harm, and the law restricted speech portrayed by video games, rather than “its objective effects”).

standards.⁹

An ever-growing body of rigorous, peer-reviewed studies spanning decades uniformly shows that conversion therapy is closely correlated with an elevated risk of suicide in minors and other serious harms. The Trevor Project’s own data reinforces the overwhelming medical consensus that licensed mental health providers must not subject minor patients to conversion therapy under any circumstance. Under the baseline principle that a treatment “is unsafe if its potential for inflicting death or physical injury is not offset by the possibility of therapeutic benefit,”¹⁰ conversion therapy is unsafe. This is why the Michigan legislature enacted HB 4616,¹¹ and why every leading medical and

⁹ See, e.g., *Dent v. West Virginia*, 129 U.S. 114, 122 (1889); *Watson v. Maryland*, 218 U.S. 173, 176 (1910); *Lambert v. Yellowley*, 272 U.S. 581, 596 (1926); *Crane v. Johnson*, 242 U.S. 339, 344 (1917) (application to other practitioners); see also, *infra* Section I.D.

¹⁰ *United States v. Rutherford*, 442 U.S. 544, 556 (1979).

¹¹ Governor Gretchin Whitmer explained, “we are banning the horrific practice of conversion therapy in Michigan and ensuring this is a state where you can be who you are.” Mich. Exec. Office of the Governor, *Gov. Whitmer Signs Legislation to Protect LGBTQ+ Youth, Ban Conversion Therapy* (July 26, 2023), <https://www.michigan.gov/whitmer/news/press-releases/2023/07/26/whitmer-signs-legislation-to-protect-lgbtq-youth-ban-conversion-therapy>; see also Br. of Appellees at 8–11. Bill sponsor

mental health organization for more than 20 years has warned that conversion therapy is unsafe and should not be performed on minors.

A. The Trevor Project’s Data Confirms That Conversion Therapy Causes Significant Harm to LGBTQ Youth.

The Trevor Project is uniquely positioned to understand the significant dangers of conversion therapy. It has communicated with many individuals about their experiences undergoing conversion therapy or their credible fear of being subjected to it. In 2022 alone, youth from 49 states or territories, and more than 500 different cities and towns, raised the issue of conversion therapy in over 1,200 conversations with The Trevor Project.¹² The rate at which LGBTQ youth mention conversion therapy to The Trevor Project remains steady. In 2025, youth

Rep. Felicia Brabec explained “this law will help to ensure that therapists like myself continue to do no harm in our practices, while protecting the LGBTQ youth in our state.” Jon King et al., *Here’s your guide on what Whitmer and the Democratic-led Legislature got done in 2023*, Mich. Advance (Dec. 26, 2023), <https://michiganadvance.com/2023/12/26/heres-your-guide-on-what-whitmer-and-the-democratic-led-legislature-got-done-in-2023/>.

¹² This information is derived from anonymized data that The Trevor Project has collected, compiled, and reviewed on its telephone, text, and chat platforms pertaining to conversion therapy in 2022. It does not make this data publicly available to protect the privacy of the youth using its services.

from 39 states or territories, and more than 100 different cities and towns, raised the issue of conversion therapy in at least 530 conversations with The Trevor Project.¹³

In May 2024, The Trevor Project released the results of a nationwide cross-sectional survey of more than 18,500 LGBTQ individuals between the ages of 13 and 24 with representation from all 50 states and the District of Columbia.¹⁴ The survey demonstrates that exposure to conversion therapy is a significant risk factor for suicidality. Thirteen percent of LGBTQ young people reported being threatened with or subjected to conversion therapy, including approximately one in six transgender and nonbinary young people (16%) and nearly one in ten cisgender young people (9%).¹⁵ Among those subjected to or threatened with conversion therapy, 27% reported attempting suicide in the prior 12

¹³ This information is derived from anonymized data that The Trevor Project collected in 2025 as described in note 12, *supra*.

¹⁴ The Trevor Project, *2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People*, 1 (May 2024), https://www.thetrevorproject.org/survey-2024/assets/static/TTP_2024_National_Survey.pdf [hereinafter “2024 National Survey”].

¹⁵ *Id.* at 17.

months.¹⁶ These individuals reported attempting suicide in the prior 12 months at three times the rate of their LGBTQ peers who did not report undergoing or being threatened with conversion therapy (27% vs. 9%).¹⁷

The data on conversion therapy's impact on LGBTQ youth is alarming and unequivocal. Among those subjected to or threatened with conversion therapy, 56.6% reported considering suicide in the past 12 months, 75.6% experienced recent anxiety, and 65.2% experienced recent depression.¹⁸ These effects are even more severe for transgender and nonbinary youth who were subjected to or threatened with conversion therapy; transgender and nonbinary youth reported significantly higher rates of anxiety (79.7%), depression (68.8%), suicidal ideation (61%), and suicide attempts (29.2%) in the past year compared to their cisgender peers (66.1%, 56.9%, 45.2%, and 21.1%, respectively).¹⁹ These practices often target youth at a vulnerable age, with the average age that an

¹⁶ *Id.* at 19.

¹⁷ *Id.*

¹⁸ This information is derived from anonymized internal data that The Trevor Project collected, compiled, and reviewed as part of its 2024 National Survey.

¹⁹ *Id.*

LGBTQ young person reported first being subjected to conversion therapy being just 13.²⁰

Other key findings from the 2024 National Survey are:

- Thirty-nine percent of LGBTQ youth seriously considered attempting suicide in the past year, with about half of transgender and nonbinary youth having seriously considered suicide in the past year.²¹ Twelve percent of LGBTQ youth attempted suicide within the past year.²²
- Sixty-six percent of LGBTQ youth reported experiencing symptoms of anxiety, and 53% of LGBTQ youth reported experiencing symptoms of depression.²³ Symptoms of both were higher among transgender and nonbinary youth.²⁴

The 2024 Survey's findings reinforce research conducted by The Trevor Project in prior years. In May 2023, The Trevor Project released the results of a nationwide cross-sectional survey of over 28,000 LGBTQ individuals between the ages of 13 and 24.²⁵ Five percent of LGBTQ

²⁰ *Id.*

²¹ 2024 National Survey at 3.

²² *Id.*

²³ *Id.* at 6.

²⁴ *Id.*

²⁵ The Trevor Project, *2023 U.S. National Survey on the Mental Health of LGBTQ Young People*, 3 (May 2023), https://www.thetrevorproject.org/survey-2023/assets/static/05_TREVOR05_2023survey.pdf.

youth reported having undergone conversion therapy and 10% reported being threatened with conversion therapy.²⁶ Among those subjected to or threatened with conversion therapy, 28% reported attempting suicide in the past year.²⁷ These individuals reported attempting suicide in the past year at more than twice the rate of LGBTQ peers who did not report undergoing or being threatened with conversion therapy (28% vs. 11%).²⁸

In May 2022, The Trevor Project released results of a nationwide cross-sectional survey of nearly 34,000 LGBTQ individuals between the ages of 13 and 24.²⁹ Six percent of LGBTQ youth reported having undergone conversion therapy and 11% reported being threatened with it.³⁰ Among those subjected to conversion therapy, 28% reported attempting suicide in the past year.³¹ Likewise, among those threatened

²⁶ *Id.* at 18.

²⁷ *Id.* at 20.

²⁸ *Id.*

²⁹ The Trevor Project, *2022 National Survey on LGBTQ Youth Mental Health*, 3 (May 2022), https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf.

³⁰ *Id.* at 19.

³¹ *Id.*

with conversion therapy, 27% reported attempting suicide in the past year—this is more than twice the rate of their LGBTQ peers who did not report undergoing or being threatened with conversion therapy (28% and 27% vs. 11%).³²

In June 2019, The Trevor Project released the results of another nationwide cross-sectional survey with over 34,000 LGBTQ individuals between the ages of 13 and 24.³³ Forty-two percent of LGBTQ youth who underwent conversion therapy reported attempting suicide in the past year.³⁴ These individuals reported attempting suicide in the past year at more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy (42% vs. 17%).³⁵ The highest rate of attempted suicide (57%) was among transgender and nonbinary individuals who were subjected to conversion therapy.³⁶ The Trevor Project likewise documented the harmful impacts of conversion therapy

³² *Id.*

³³ The Trevor Project, *National Survey on LGBTQ Youth Mental Health*, 1 (June 2019), <https://www.thetrevorproject.org/wp-content/uploads/2019/06/The-Trevor-Project-National-Survey-Results-2019.pdf>.

³⁴ *Id.* at 3.

³⁵ *Id.*

³⁶ *Id.*

in a 2020 peer-reviewed article, reporting that LGBTQ youth who underwent conversion therapy were “more than twice as likely to report having attempted suicide” and more than two times as likely to report multiple suicide attempts in the past year compared to those who did not.³⁷

According to The Trevor Project’s 2024 state-level data, 37% of LGBTQ youth surveyed in Michigan reported seriously considering suicide in the past year—a figure that rises to 42% among transgender and nonbinary youth.³⁸ Alarming, a total of 11% of LGBTQ youth in Michigan reported attempting suicide during the same time period, with the rate increasing to 14% among transgender and nonbinary youth.³⁹ These findings underscore the disproportionate mental health risks faced by LGBTQ youth, particularly those with marginalized gender identities,

³⁷ Amy E. Green et al., *Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018*, 110 Am. J. Pub. Health 1221, 1223 (2020).

³⁸ The Trevor Project, *2024 Survey on the Mental Health of LGBTQ+ Young People in Michigan*, 2 (2025), <https://www.thetrevorproject.org/state-reports-michigan-2024/>.

³⁹ *Id.*

and highlight the urgent need to protect youth from discredited and harmful purported medical practices.

Access to supportive mental health professionals is a key concern for LGBTQ youth experiencing these issues. Eighty-four percent of LGBTQ youth surveyed indicated a desire for mental health care.⁴⁰ Despite this, only 50% of those who wanted such care received it.⁴¹ Many barriers prevent LGBTQ youth from accessing critical mental health services they need. A significant number of LGBTQ youth surveyed reported not seeking mental health support due to a fear of conversion therapy. Just over 23% of cisgender LGBTQ youth and 37% of transgender youth who wanted mental health care but refrained from seeking it identified the fear of being subjected to conversion therapy as a reason for not seeking mental health support.⁴² In line with these findings, 2023 data shows that 15% of LGBTQ youth who wanted but did not receive mental health care cited fear of conversion therapy as the

⁴⁰ 2024 National Survey at 9.

⁴¹ *Id.*

⁴² This information is derived from anonymized internal data that The Trevor Project collected, compiled, and reviewed as part of its 2024 National Survey.

reason.⁴³ LGBTQ youth who feared conversion therapy as a barrier to mental health care were significantly more likely to have experienced it (11%) or been threatened with it (25%).⁴⁴ They also reported markedly higher rates of anxiety (83%), depression (73%), suicidal ideation (60%), and suicide attempts (22%) compared to peers without such fears (71%, 59%, 42%, and 12%, respectively).⁴⁵ This suggests that this group is experiencing an elevated need for the exact services which they are fearful of accessing. Mental health professionals are a crucial resource for LGBTQ youth, but only when they provide supportive care in alignment with the rigorous standards set forth by major medical and mental health organizations—and only when LGBTQ youth trust they will be safe when seeking treatment.

The Trevor Project also maintains data regarding the people who use its crisis and suicide prevention services. Many LGBTQ youth who contact The Trevor Project in moments of crisis describe concerns or fears

⁴³ This information is derived from anonymized internal data that The Trevor Project collected, compiled, and reviewed as part of its 2023 National Survey.

⁴⁴ *Id.*

⁴⁵ *Id.*

associated with conversion therapy.⁴⁶ Youth who raised conversion therapy as a topic in 2022 were more than twice as likely to report suicidal ideation compared to other youth. Transgender and nonbinary youth were twice as likely to mention conversion therapy compared to other youth. Across The Trevor Project's platforms, terms like "conversion therapy," "reparative therapy," and "ex-gay" appear hundreds of times. This data highlights that many LGBTQ youth who reach out to The Trevor Project in crisis often discuss conversion therapy as a source of distress, underscoring its harmful impact on LGBTQ youth mental health.

While each LGBTQ youth might have a unique way of describing their experience with conversion therapy, the experiences are uniformly difficult. For many, conversion therapy is a source of deep anxiety. Some LGBTQ individuals contact The Trevor Project afraid because their families are threatening to send them to conversion therapy. Others are

⁴⁶ The information in this paragraph and section is derived from anonymized data that The Trevor Project collected, compiled, and reviewed on its telephone, text, and chat platforms. To protect the privacy of the youth using its services, it does not make this data publicly available.

frightened that their families will force them into conversion therapy if they come out. Some youth report this fear is reinforced by derogatory remarks regularly made by family members—for instance, that being LGBTQ “is a choice” or “demonic,” or that conversion therapy is necessary to “fix” them. Still other youth contact The Trevor Project because they are in conversion therapy, it is harming rather than helping them, and their feelings of isolation and failure contribute to suicidal thoughts and behaviors.

The harm caused by conversion therapy is not limited to the child subjected to it. LGBTQ youth regularly contact The Trevor Project because they worry for and want to help friends and loved ones who are being subjected to conversion therapy. LGBTQ youth have also contacted The Trevor Project in distress because a loved one has committed suicide during or after being subjected to conversion therapy. The Trevor Project has collected stories of conversion therapy survivors and allies over the years for purposes of creating educational resources and materials.⁴⁷

⁴⁷ The information in this paragraph is derived from information that The Trevor Project has collected from volunteers and members of the public for educational purposes.

These stories illustrate the deep pain and trauma that conversion therapy can cause:

- “[F]or six months, I sat in a room with a therapist where the goal was to help me see ... what the problem was with who I was attracted to and what I wanted in life ... that was really scarring and very difficult I think conversion therapy is dangerous because it takes something inherent in who a person is and tells them ... that’s wrong and it needs to be fixed I went through conversion therapy myself and I can say it didn’t change anything about me. The only thing it did was make me ashamed of who I was and what I wanted.”
- “I was in conversion therapy for five years of my early childhood, between the ages of 5–10. And I didn’t know that was conversion therapy. I didn’t have that language at the time It wasn’t until I was about 14–15 when I realized that I was a survivor of conversion therapy ... [a]nd so I think it’s been a process for me to ... heal, as I move through depression, and rage, and doubt, and denial, and so much confusion. I’m still healing from that and so much more And I don’t ever know if there will be a moment that it just suddenly miraculously, poof, disappears, but it’s a daily struggle.”
- “[S]o we even developed a fund from our church to send people to conversion therapy, hoping they’ll change. And through the course of time, I realized that people weren’t changing And in fact, [] we’re not only seeing people not change, but people are actually getting worse. We saw like noticeable increase[s] [in] people’s depression and suicidal ideation and people [] doing self-harm I remember one conversation I had with a friend who confided to me that she was lesbian.... And she, like, pointed to a man that was sitting close by and she said [], imagine if I told you to look at that man and somehow figure out how to be attracted to him And I remember, like when she [] kind of illustrate[d] for me how

impossible the situation was and made me realize, well, we're asking people to do something that is beyond people's capabilities of who they are."⁴⁸

The legal availability of conversion therapy exists as a coercive force in the lives of too many LGBTQ minors. Some who have contacted The Trevor Project have explained that, after coming out to their parents as LGBTQ, their unaccepting family members threatened to cut off contact and support unless they agreed to conversion therapy. Others have been estranged from family, with the restoration of relationships conditioned on consent to conversion therapy. This rejection caused these individuals considerable distress, and they felt like conversion therapy might be their "only" alternative.

B. Social Science Overwhelmingly Confirms the Significant Harm of Conversion Therapy on LGBTQ Youth.

Decades of peer-reviewed, retrospective, case-control studies confirm the clear consensus that conversion therapy inflicts devastating harms upon LGBTQ people, especially LGBTQ youth.⁴⁹ Conversion

⁴⁸ See also, The Trevor Project, *Learn With Love: Episode 1*, YouTube (Jan. 31, 2023), <https://www.youtube.com/watch?v=Yf8uH-GOQzc>.

⁴⁹ See Amy Przeworski et al., *A Systematic Review of the Efficacy, Harmful Effects, and Ethical Issues Related to Sexual Orientation*

therapy harms LGBTQ youth “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.”⁵⁰ For that reason, “[n]o available research supports the claim that” conversion therapy efforts “are beneficial to children, adolescents, or families.”⁵¹

The substantial body of rigorous, peer-reviewed research on the detrimental impacts of conversion therapy on LGBTQ youth is consistent with The Trevor Project’s data, discussed above.⁵² A 2020 study found

Change Efforts, 28(1) *Clinical Psych.: Sci. & Prac.* 81, 81 (2021), <https://psycnet.apa.org/fulltext/2021-45656-010.pdf>.

⁵⁰ Am. Found. for Suicide Prevention, *Policy Priority: LGBTQ Individuals & Communities*, 2 (2023), <https://www.datocms-assets.com/12810/1677790627-lgbtq-individuals-populations-issue-brief-1-20-2023.pdf>.

⁵¹ Substance Abuse & Mental Health Servs. Admin. (“SAMHSA”), *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*, 9 (2023), <https://www.cmhnetwork.org/wp-content/uploads/2023/06/Moving-Beyond-Change-Efforts.pdf>.

⁵² See, e.g., Am. Ass’n of Suicidology, *Suicidal Behavior Among Lesbian, Gay, Bisexual, and Transgender Youth Fact Sheet*, (2019), <https://web.archive.org/web/20210816003226/https://suicidology.org/wp-content/uploads/2019/07/Updated-LGBT-Fact-Sheet.pdf> (“[Y]outh who have undergone conversion therapy [are] more than twice as likely to attempt suicide as those who did not.”).

that exposure to conversion therapy doubled the odds of lifetime suicidal ideation, increased the odds of planning to attempt suicide by 75%, and increased the odds of a suicide attempt by 88% compared with those who had not undergone conversion therapy.⁵³ A November 2018 study found that the rates of attempted suicide by LGBTQ young adults whose parents tried to change their sexual orientation during adolescence were more than double (48%) the rate of LGBTQ young adults who reported no conversion therapy experience (22%).⁵⁴ More recent data shows the same increased risk: “Around 27 percent of U.S. LGBTQ youth who had experienced conversion therapy had attempted suicide within the previous [year] as of 2023, compared to 9% of LGBTQ youth who had not experienced conversion therapy.”⁵⁵ A 2023 study found that transgender

⁵³ John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018*, 110 *Am. J. Pub. Health* 1024, 1027 (2020), https://dworakpeck.usc.edu/sites/default/files/2020-10/Blosnich%20Henderson%20Coulter_0.pdf.

⁵⁴ Caitlin Ryan et al., *Parent-Initiated Sexual Orientation Change Efforts with LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment*, *J. Homosexuality*, 10 (Nov. 2018), <https://www.utah.gov/pmn/files/513643.pdf>.

⁵⁵ Statista Rsch. Dep’t, *U.S. LGBTQ Youth Who Experienced Conversion Therapy and Attempted Suicide 2023*, Statista (July 2, 2024),

adolescents subjected to conversion therapy faced a 55% higher risk of attempting suicide, with the most severe effects observed among youth aged 11 to 14.⁵⁶

Efforts to change the sexual orientation of LGBTQ people have also been shown to increase the prevalence of depression. A 2018 study showed that rates of depression were more than double for LGBTQ young adults whose parents tried to change their sexual orientation compared with those who reported no change efforts (33% vs. 16%).⁵⁷

C. Every Major Medical and Mental Health Organization Has Rejected Conversion Therapy as Scientifically Unsound, Harmful to the Recipient, and Ineffective at Changing Sexual Orientation or Gender Identity.

For decades, every major medical and mental health organization has uniformly rejected conversion therapy as unsafe for minors and

<https://www.statista.com/statistics/1053024/lgbtq-youth-in-us-attempted-suicide-conversion-therapy-experience/>.

⁵⁶ Travis Campbell & Yana van der Meulen Rodgers, *Conversion therapy, suicidality, and running away: An analysis of transgender youth in the U.S.*, J. Health Econ., 89 (May 2023), <https://www.sciencedirect.com/science/article/abs/pii/S0167629623000279>.

⁵⁷ Ryan, *supra* note 54, at 10.

devoid of any scientific merit.”⁵⁸ The American Medical Association, the American Psychiatric Association, the American Academy of Pediatrics, the American Counseling Association, the American Psychological Association, the American Psychoanalytic Association, the American College of Physicians, the American School Counselor Association, the National Association of Social Workers, the American Academy of Nursing, the American Academy of Child and Adolescent Psychiatry, and the American Academy of Family Physicians have all denounced conversion therapy.⁵⁹ The consensus is clear: conversion therapy “put[s]

⁵⁸ Am. Med. Ass’n, *Sexual orientation and gender identity change efforts (so-called “conversion therapy”)*, 3 (2022), <https://www.ama-assn.org/system/files/conversion-therapy-issue-brief.pdf> (“All leading professional medical and mental health associations reject ‘conversion therapy’ as a legitimate medical treatment.”).

⁵⁹ See U.S. Joint Statement, *United States Joint Statement Against Conversion Efforts* (2023), <https://usjs.org/usjs-final-version/>; Am. Psychol. Ass’n, *Just the Facts About Sexual Orientation and Youth*, 6–9 (2008), <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>; Am. Med. Ass’n, *Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991*, § 1(c), <https://policysearch.ama-assn.org/policyfinder/detail/H-160.991?uri=%2FAMADoc%2FHOD.xml-0-805.xml>; Am. Acad. of Nursing, *American Academy of Nursing Position Statement on Reparative Therapy*, 63 *Nursing Outlook* 368, 368–69 (May 2015), [https://www.nursingoutlook.org/article/S0029-6554\(15\)00125-6/pdf](https://www.nursingoutlook.org/article/S0029-6554(15)00125-6/pdf).

individuals at significant risk of harm,”⁶⁰ and cannot “cure” someone of their sexual orientation, gender identity, or gender expression.⁶¹ Indeed, there is nothing to “cure.”⁶²

The harms of conversion therapy are severe and widely recognized. In 2023, SAMHSA published a report explaining that conversion therapy is a “dangerous, discredited, and ineffective” practice linked to “significant harms such as increased risk of suicidality and suicide attempts, as well as ... severe psychological distress and depression.”⁶³ SAMHSA’s report notes that, in light of these risks, “every major medical, psychiatric, psychological, and professional mental health organization has taken measures to end sexual orientation change efforts and gender identity change efforts.”⁶⁴

⁶⁰ See U.S. Joint Statement, *supra* note 59.

⁶¹ See Am. Psychol. Ass’n, *supra* note 59, at 6–9.

⁶² *Id.*

⁶³ SAMHSA, *supra* note 51, at 8.

⁶⁴ *Id.* at 30. In May 2025, the Department of Health and Human Services released a report on medical treatment for gender dysphoria in children. See U.S. Dep’t of Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* (2025), <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>. That report seeks to distinguish certain psychotherapeutic

The American Foundation for Suicide Prevention likewise supports “efforts to ban conversion therapy” because it “subject[s] clients to serious risks, [is] ineffective, and [is] scientifically invalid.”⁶⁵ The U.S. Surgeon General has warned that “[c]onversion therapy is not sound medical practice.”⁶⁶ The American Academy of Child and Adolescent Psychiatry has noted that “‘conversion therapies’ should not be part of any behavioral health treatment of children and adolescents” because such

approaches from conversion therapy, *id.* at 247–60. Setting aside the findings of the report, under Michigan’s law “[c]onversion therapy does not include” counseling that “facilitates an individual’s coping, social support, or identity exploration and development.” Mich. Comp. Laws § 330.1100a(20).

⁶⁵ Am. Found. for Suicide Prevention, *supra* note 50, at 3, 5, 10; Am. Found. for Suicide Prevention, *Recent Legislation Targeting the Rights of Trans Individuals Deepens Concerns Around the Mental Health of LGBTQ Communities: Leading Suicide Prevention Organization Strongly Opposes Bills that Can Harm the Mental Health and Wellbeing of LGBTQ People*, (Apr. 26, 2023), <https://afsp.org/story/recent-legislation-targeting-the-rights-of-trans-individuals-deepens-concerns-aro>.

⁶⁶ Sunnivie Brydum, *WATCH: U.S. Surgeon General Opposes Conversion Therapy* (Apr. 10, 2015), <https://www.advocate.com/ex-gay-therapy/2015/04/10/watch-us-surgeon-general-opposes-conversion-therapy>.

practices “lack scientific credibility and clinical utility” and “are harmful.”⁶⁷

The professional consensus rejecting conversion therapy has been well established for decades. As early as 1993, the American Academy of Pediatrics rejected conversion therapy, taking the position that “[t]herapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”⁶⁸ In 1998, the American Psychiatric Association denounced “‘reparative’ or conversion therapy.”⁶⁹

⁶⁷ Am. Ass’n Child & Adolescent Psychiatry, *Fact Sheet—Conversion Therapy*, 3 (Sept. 2019), https://www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/AACAP-conversion-therapy-issue-brief.pdf.

⁶⁸ Am. Acad. of Pediatrics, *Homosexuality and Adolescence*, 92 *Pediatrics* 631, 633 (1993); see also Jason Rafferty et al., *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 *Pediatrics* 4, 4, <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>.

⁶⁹ Am. Psychiatric Ass’n, *Position Statement on Conversion Therapy and LGBTQ Patients*, (Dec. 2018), https://www.akleg.gov/basis/get_documents.asp?session=33&docid=789.

The American Psychological Association (“APA”) has opposed conversion therapy for decades. In 2009, a task force of the APA found “no research demonstrating that providing [conversion therapy] to children or adolescents has an impact on adult sexual orientation” but did find significant evidence that it “has the potential to be harmful.”⁷⁰ In 2020, the APA published a review of sexual orientation change efforts, including conversion therapy.⁷¹ It found that “[p]articipation in [conversion therapy] is associated with numerous negative effects, including depression, suicidality, decreased self-esteem, and self-hatred as well as negative views of homosexuality, internalized homonegativity, sexual dysfunction, impaired familial and romantic relationships and decreased overall sexual attraction.”⁷² In 2021, the APA published updated policy statements on sexual orientation and gender identity change efforts, condemning conversion therapy and reaffirming that “sexual minority youth and adults who have undergone” efforts to change

⁷⁰ Am. Psychol. Ass’n, *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, 4, 6 (2009), <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

⁷¹ Przeworski, *supra* note 49, at 81.

⁷² *Id.* at 90 (citations omitted).

their sexual orientation “are significantly more likely to experience suicidality and depression than those who have not,” and that “minors who have been subjected to [this practice] have reported more suicide attempts than those who have not.”⁷³

The consensus among American medical and mental health organizations is echoed internationally. The World Health Organization’s Pan American Health Organization,⁷⁴ the European Psychiatric Association,⁷⁵ and the World Medical Association have all denounced conversion therapy.⁷⁶ The Pan American Health

⁷³ Am. Psychol. Ass’n, *APA Resolution on Sexual Orientation Change Efforts*, 5, 7 (Feb. 2021), <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>; accord Am. Psychol. Ass’n, *APA Resolution on Gender Identity Change Efforts*, 3 (Feb. 2021), <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>.

⁷⁴ Pan Am. Health Org., “*Cures*” for an Illness that Does Not Exist, 55 (2012), <https://www3.paho.org/hq/dmdocuments/2012/Conversion-Therapies-EN.pdf>.

⁷⁵ European Psychiatric Ass’n, *EPA Statement on Conversion “Therapies” and LGBTQ Patients* (Jan. 2022), <https://www.europsy.net/app/uploads/2022/01/EPA-statement-on-ban-on-conversion-therapy.pdf>.

⁷⁶ World Med. Ass’n, *WMA Statement on Natural Variations of Human Sexuality* (Oct. 2023), <https://www.wma.net/policies-post/wma-statement-on-natural-variations-of-human-sexuality/>.

Organization and European Psychiatric Association have not only called for a ban of conversion therapy as an “unjustifiable practice,” but have made clear that such practices should “be subject to adequate sanctions and penalties.”⁷⁷ And the Cass Review, commissioned by NHS England—which Appellants repeatedly cite for claims about the efficacy of *medical intervention*, a subject entirely outside the purview of Michigan’s law—in fact states that “no LGBTQ+ group should be subjected to conversion practice.”⁷⁸ Indeed, the Cass Review explains that “[n]o formal science-based training in psychotherapy, psychology or psychiatry teaches or advocates conversion therapy,” and that “[i]f an individual were to carry out such practices they would be acting outside of professional guidance, and this would be a matter for the relevant regulator.”⁷⁹

⁷⁷ Pan Am. Health Org., *supra* note 74; *see also* European Psychiatric Ass’n, *supra* note 75.

⁷⁸ Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People*, NHS, 150 (Apr. 2024), <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>.

⁷⁹ *Id.* at 151.

There is, in short, universal consensus among leading medical and mental health organizations that conversion therapy is unsafe for minors and devoid of any scientific merit.

D. Uninterrupted Enforcement of Michigan’s Law Is Crucial to Preventing this Significant Harm to LGBTQ Youth.

Michigan’s law is the state’s sole legal safeguard prohibiting health care practitioners from employing conversion therapy in a professional context. As such, the law furthers the public’s interest by protecting Michigan’s minors from conversion therapy—a dangerous, discredited, and ineffective practice that is linked to significant harms. A preliminary injunction would, at minimum, disrupt the enforcement of Michigan’s conversion therapy ban, immediately handing conversion therapy practitioners free reign to perpetrate life-threatening harms on Michigan’s LGBTQ youth under the guise of state-licensed health care.

Many federal courts considering similar conversion therapy bans have denied preliminary injunctions because the practice poses grave risks to targeted youth and therefore jeopardizes the public interest. For example, in upholding Washington state’s conversion therapy ban, the Ninth Circuit explained that “[a]s of 2015, every major medical, psychiatric, psychological, and professional mental health organization

opposes the use of conversion therapy.” *Tingley*, 47 F.4th at 1064. Similarly, in *Chiles v. Salazar*, the Tenth Circuit upheld Colorado’s nearly identical ban on conversion therapy, concluding that the law regulates professional conduct—specifically, health care treatment—and only “incidentally involve[d] speech.” 116 F.4th 1178, 1210 (10th Cir. 2024), *cert. granted*, 145 S. Ct. 1328 (2025). Likewise, in *Doyle v. Hogan*, the court upheld Maryland’s ban on conversion therapy, pointing to the practice’s “negative effects” and “proven” harm to minors, and the lack of “scientific evidence supporting the success of these interventions.” 411 F. Supp. 3d 337, 346–47 (D. Md. 2019) (quotation marks omitted).⁸⁰

Furthermore, the Supreme Court has routinely upheld reasonable regulations targeting the professional conduct of medical and other licensed professionals, even when the regulated conduct involves speech. *See Goldfarb v. Va. State Bar*, 421 U.S. 773, 792 (1975) (noting states have a compelling interest in regulating professions to “protect the public health, safety, and other valid interests,” including by establishing standards “for licensing practitioners and regulating the practice of

⁸⁰ *Rev’d and vacated on other grounds*, 1 F.4th 249 (4th Cir. 2021).

professions”); *Ohralik*, 436 U.S. at 456, 446 (finding state has a strong interest in regulating conduct of a profession, including “maintaining standards among members of the licensed professions,” even where that conduct involves speech). That Appellants describe their conduct as “speech” does not immunize it from regulation. See *Nat’l Ass’n for Advancement of Psychoanalysis v. Cal. Bd. Of Psych.*, 228 F.3d 1043, 1054 (9th Cir. 2000) (holding that just because “psychoanalysts employ speech to treat their clients does not entitle them, or their profession, to special First Amendment protection” and finding the state’s “interest in regulating mental health is even more compelling than a state’s interest in regulating in-person solicitation by attorneys”) (quotation marks omitted);⁸¹ see also *Powell v. Texas*, 392 U.S. 514, 527–28 (1968) (“psychotherapy” is part of “the medical profession”).

Michigan’s law is a critical safeguard protecting the state’s children from the significant—even life-threatening—harms posed by conversion therapy. This Court should deny Appellants’ request for a preliminary injunction that would directly undercut the state’s capacity to regulate

⁸¹ *Cert. denied*, 532 U.S. 972 (2001).

the provision of medical care to ensure the health and safety of its most vulnerable residents.

CONCLUSION

This Court should affirm the district court's decision denying a preliminary injunction.

Dated: June 3, 2023

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CERTIFICATE OF COMPLIANCE

Pursuant to Federal Rule of Appellate Procedure 32(g)(1), I certify that this brief complies with the applicable typeface, type style, and type-volume limitations. This brief complies with Federal Rules of Appellate Procedure 32(a)(5) and 32(a)(6) because it was prepared using a proportionally spaced type (New Century Schoolbook, 14 point). Exclusive of the portions exempted by Federal Rule of Appellate Procedure 32(f) and Sixth Circuit Rule 32(b), this brief contains 6,154 words. This certificate was prepared in reliance on the word-count function of the Microsoft Word for Microsoft 365 software used to prepare this brief.

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CERTIFICATE OF SERVICE

I hereby certify that, on June 3, 2025, I electronically filed the foregoing brief with the Clerk for the United States Court of Appeals for the Sixth Circuit using the appellate CM/ECF system. Participants in the case who are registered CM/ECF users will be served by the appellate CM/ECF system.

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