

Does Conversion Therapy Work?

By A.C. Riffer

Conversion therapy refers to a range of practices that attempt to change or suppress an individual's sexual orientation or gender identity.¹ These practices can take many forms, including talk therapy, behavioral interventions, or religious counseling, but generally aim to discourage LGBTQIA+ identities and encourage heterosexual and cisgender identities, thoughts, or behaviors.^{2 3} Notably, conversion therapy often occurs outside of licensed clinical settings where oversight is limited or nonexistent.⁴

Conversion therapy continues to be practiced in the United States despite widespread condemnation from major medical and mental health organizations, including the American Academy of Pediatrics (AAP), American Psychological Association (APA), American Medical Association (AMA), and the World Health Organization (WHO).^{5 6 7 8 9} It often occurs outside of licensed clinical settings, where there are no standardized training requirements, professional licensing standards, or evidence-based guidelines governing practice.¹⁰ Trevor Project research conducted from 2018 through 2023 identified 1,320 conversion therapy practitioners across 48 states and the District of Columbia, underscoring that these practices remain a contemporary issue in the United States.¹¹

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), 2023

² SAMHSA, 2023

³ Williams Institute, 2021

⁴ APA, 2026

⁵ Rafferty, 2018

⁶ APA, 2024

⁷ AMA, n.d

⁸ HRC, 2024

⁹ Pega, 2015

¹⁰ APA, 2026

¹¹ Trevor Project, July 2025

Substantial evidence linking conversion therapy to serious psychological harm, including depression and suicidality, has led to the enactment of laws in many states that prohibit licensed mental health professionals from engaging in conversion therapy with minors.^{12 13} As of 2024-2025, 23 states and Washington, DC, have banned conversion therapy for minors when performed by licensed mental health professionals.¹⁴¹⁵ These laws offer important protections for youth, but they vary widely in scope and enforcement.¹⁶ Many also focus primarily on protecting minors, even though adults can also experience significant harm from conversion therapy.¹⁷ However, legal challenges continue. In 2026, the U.S. Supreme Court ruled in *Chiles v. Salazar* that a state ban on conversion therapy was unconstitutional on First Amendment grounds.^{18 19} The decision reflects ongoing legal debates about how conversion therapy can be regulated, rather than a determination that conversion therapy is safe, effective, or ethical.²⁰

This fact check examines what conversion therapy is, what research says about whether it works, and what evidence reveals about its documented harms.

Myth #1: Does Conversion Therapy Work?

No. There is no credible scientific evidence that conversion therapy can change a person's sexual orientation or gender identity.^{21 22 23 24}

¹² APA, 2026

¹³ Trevor Project, April 2025

¹⁴ KFF, 2026

¹⁵ Grant, 2026

¹⁶ *Conversion Therapy Laws Dataset*, 2025

¹⁷ “*Reparative Therapy*” is Legal for Adults. Here’s Why it Shouldn’t Be, 2020

¹⁸ Trevor Project, 2026

¹⁹ *Chiles v. Salazar*, 607 U.S. ____ (2026)

²⁰ Trevor Project, 2026

²¹ Rafferty, 2018

²² APA, 2024

²³ AMA, n.d.

²⁴ Pega, 2015

Major medical and mental health organizations have consistently concluded that conversion therapy is ineffective and lacks a sound scientific basis.^{25 26 27 28} These organizations affirm that sexual orientation and gender identity are not disorders and therefore do not require treatment or correction.

Claims that conversion therapy “works” are often based on anecdotal accounts or methodologically limited studies suggesting that some individuals have experienced changes in their sexual orientation or gender identity.^{29 30} However, these claims have not been supported by rigorous scientific evidence. Many of the studies cited rely on small sample sizes, lack control groups, depend on self-reported outcomes, and fail to account for social pressure or coercion.^{31 32} They also frequently lack long-term follow-up, making it difficult to assess whether any reported changes are lasting.^{33 34} As a result, major medical and mental health organizations have concluded that these claims do not demonstrate that conversion therapy is effective.³⁵

The broader scientific consensus shows that attempts to change or suppress a person’s identity do not produce meaningful or lasting change.

²⁵ Rafferty, 2018

²⁶ APA, 2024

²⁷ AMA, n.d.

²⁸ Pega, 2015

²⁹ HRC, 2024

³⁰ Williams Institute, 2021

³¹ Trevor Project, April 2025

³² APA, 2021

³³ Davison & Walden, 2024

³⁴ SAMHSA, 2023

³⁵ APA, 2026

Myth #2: Is Conversion Therapy Harmless?

No. Conversion therapy has been consistently linked to serious psychological harm.^{36 37 38}

Although some forms of conversion therapy have included aversive or physically coercive practices, many contemporary forms are framed as talk-based or counseling approaches.³⁹ Proponents sometimes present these approaches as harmless because they do not involve physical force, but research shows that these practices are still associated with significant negative mental health outcomes.^{40 41 42}

Studies have found that individuals who experience conversion therapy are at increased risk of depression, anxiety, trauma, and suicidality.^{43 44} For example, research from The Trevor Project (2025) found that even non-physical forms of conversion therapy, including religious or counseling-based interventions, are associated with higher rates of suicide attempts and psychological distress.⁴⁵

These harms are compounded by the fact that conversion therapy often occurs outside of licensed mental health settings. While many states restrict licensed professionals from performing conversion therapy on minors, those laws typically do not apply to unlicensed individuals or religious providers.^{46 47} As a result, conversion therapy can continue in

³⁶ HRC, 2024

³⁷ Trevor Project, 2025

³⁸ Williams Institute, 2021

³⁹ Madrigal-Borloz, 2020

⁴⁰ Henson & Wesolowski, 2026

⁴¹ HRC, 2024

⁴² Trevor Project, April 2025

⁴³ HRC, 2024

⁴⁴ Trevor Project, April 2025

⁴⁵ IBID

⁴⁶ HRC, 2024

⁴⁷ APA, 2026

settings such as religious ministries, informal counseling environments, or peer-led programs, where oversight is limited or nonexistent.⁴⁸

Conversion therapy is also often not fully voluntary.^{49 50} Minors may be required or pressured to participate in these practices by parents, guardians, or religious communities, exposing them to efforts to change or suppress their identity. Even when individuals appear to seek out conversion therapy themselves, these decisions are frequently shaped by intense social, cultural, or religious pressures.^{51 52 53} Research shows that harm can occur regardless of whether a person participates willingly.^{54 55}

Conversion therapy should not be confused with affirming spiritual or religious counseling sought by LGBTQIA+ individuals. Affirming approaches support individuals in integrating their identities with their beliefs, rather than attempting to change or suppress them.⁵⁶

Policy Recommendations

To address the ongoing harms associated with conversion therapy, policymakers and advocates can take the following steps:

- **Expand access to affirming, evidence-based mental health care.**

Increase funding for and access to mental health services that affirm LGBTQIA+ identities, particularly for youth.^{57 58} This includes supporting providers trained in culturally

⁴⁸ Trevor Project, July 2025

⁴⁹ Trevor Project, April 2025

⁵⁰ Kintz et al, 2022

⁵¹ APA, 2021

⁵² *“Reparative Therapy” is Legal for Adults. Here’s Why it Shouldn’t Be. (2020)*

⁵³ Trispiotis & Purshouse, 2021

⁵⁴ APA, 2021

⁵⁵ Trevor Project, April 2025

⁵⁶ Rosenkrantz et al., 2016

⁵⁷ APA, 2024

⁵⁸ SAMHSA, 2023

competent, evidence-based care and ensuring that services are accessible regardless of geographic location, insurance status, or income.

- **Strengthen public education and awareness efforts.**

Invest in public education campaigns that clearly communicate the risks and lack of effectiveness of conversion therapy. These efforts should include amplifying survivor experiences, increasing awareness of available support resources, and helping families, educators, and communities recognize and respond to harmful practices.

- **Improve data collection and research.**

Support more comprehensive data collection on the prevalence, methods, and impacts of conversion therapy. Improved data can help policymakers better understand how and where these practices occur, identify gaps in existing protections, and design more effective interventions.

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