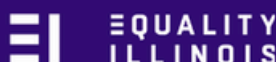


Illinois 'Conversion Therapy' Legal Accountability Guide

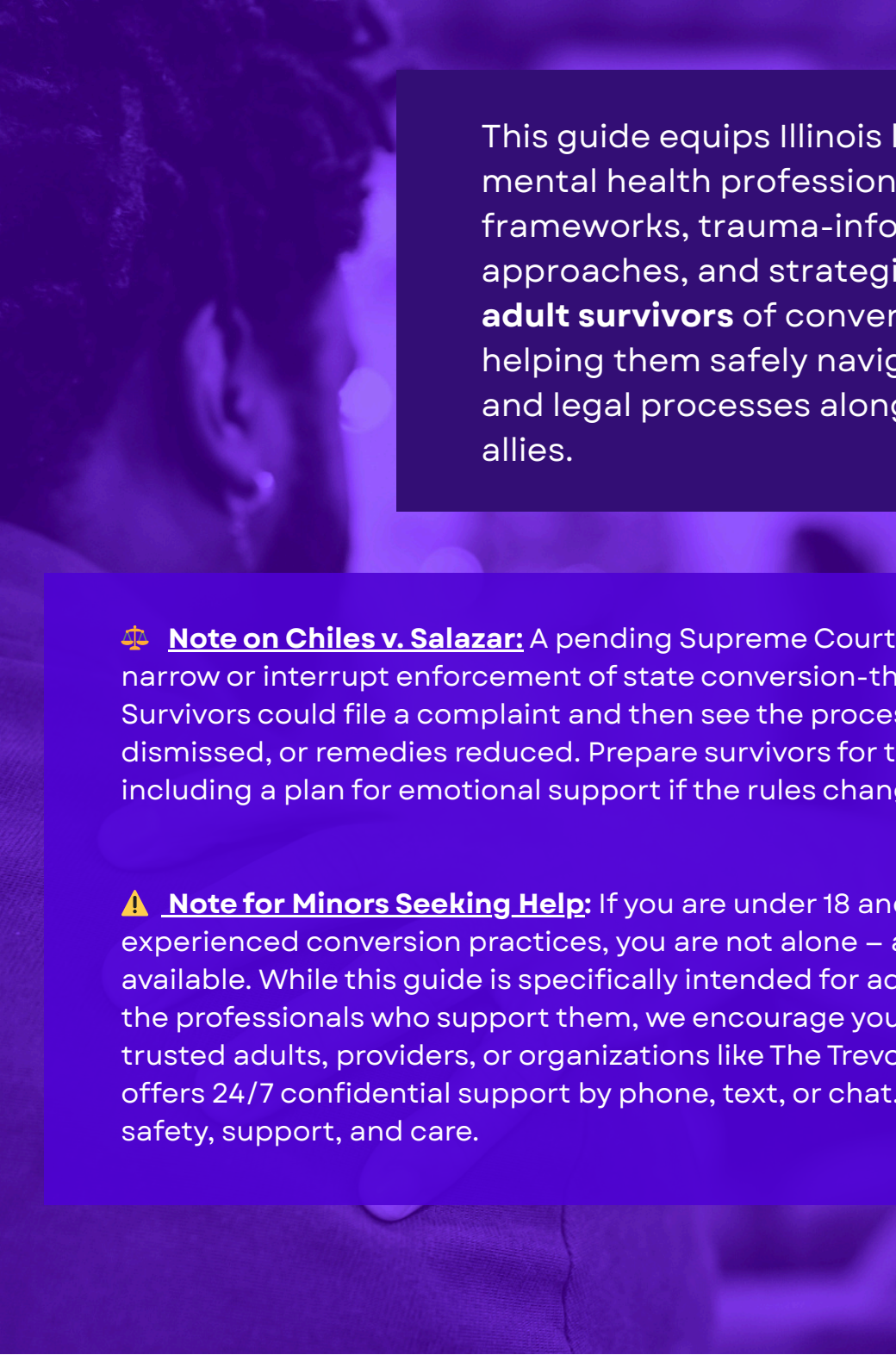
For Attorneys and Mental Health Professionals
Supporting Survivors with Legal Claims and Care



2025



INTRODUCTION



This guide equips Illinois lawyers and mental health professionals with legal frameworks, trauma-informed approaches, and strategies to support **adult survivors** of conversion therapy – helping them safely navigate reporting and legal processes alongside trusted allies.

⚖️ **Note on Chiles v. Salazar:** A pending Supreme Court ruling may narrow or interrupt enforcement of state conversion-therapy laws. Survivors could file a complaint and then see the process paused, dismissed, or remedies reduced. Prepare survivors for this possibility—including a plan for emotional support if the rules change mid-process.

⚠️ **Note for Minors Seeking Help:** If you are under 18 and have experienced conversion practices, you are not alone – and help is available. While this guide is specifically intended for adult survivors and the professionals who support them, we encourage you to reach out to trusted adults, providers, or organizations like The Trevor Project, which offers 24/7 confidential support by phone, text, or chat. You deserve safety, support, and care.

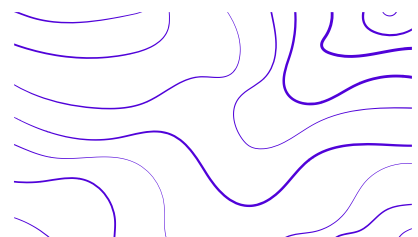


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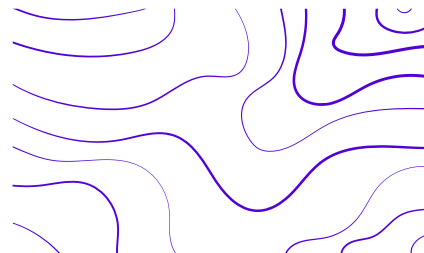
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Emoji Legend

To help you navigate this guide, each section is tagged with an emoji showing who it's for:

 **Lawyers** – Legal frameworks, statutes, filing complaints, civil remedies under Illinois law.

 **Lawyers & Mental Health Practitioners** – Joint strategies, communication tips, and areas where lawyers and clinicians can work together.

WHAT ARE CONVERSION THERAPY PRACTICES? 🤝

1.1 Definition and Practices

“Conversion therapy practices” encompass any actions, therapies, or treatments aimed at changing or suppressing an individual’s sexual orientation or gender identity. These practices can include:

- Talk therapy or psychoanalytic methods aimed at reshaping a person’s identity or linking LGBTQ+ identities with guilt and shame
- Aversion therapies (e.g., electric shock, nausea-inducing drugs)
- Spiritual or religious interventions seeking “repentance” or “purification”

Note: Under Illinois law religious interventions are only prohibited if provided by a licensed mental health professional. Pastoral or spiritual counseling delivered by clergy in a purely religious role is not covered by the law. All major medical organizations (including the [AMA](#), [APA](#), and [AAP](#)) have denounced conversion practices as harmful and ineffective, leading to increased mental health risks such as depression, anxiety, and suicidal ideation.

1.2 Key Distinctions

Practitioners must differentiate between legally prohibited conversion practices and other forms of non-affirming care. Conversion practices often involve explicit attempts to alter or suppress LGBTQ+ identities, whereas non-affirming care may include avoidance of affirming language or refusal to acknowledge a client’s identity. Understanding these distinctions is crucial for identifying actionable claims under Illinois law.

ILLINOIS' CONVERSION THERAPY LAW

Illinois has enacted one of the nation's most comprehensive laws protecting minors from the harms of conversion practices. The [Youth Mental Health Protection Act](#), passed as House Bill 217 and codified at 405 ILCS 48/, prohibits licensed mental health professionals from engaging in any practice or treatment that seeks to change a minor's sexual orientation or gender identity. Enacted as Public Act 99-0411, this law affirms that such practices are not only medically discredited, but also legally impermissible when performed on individuals under the age of 18.

The Act explicitly defines “**sexual orientation change efforts**” as any practice or treatment that seeks to alter an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. It does not, however, include counseling that provides support and identity exploration without seeking to direct the client toward a specific identity outcome.

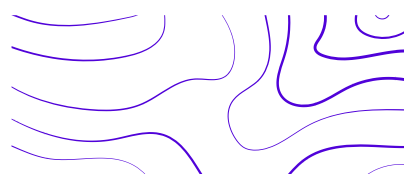
2.1 Key Provisions of the Illinois Law

- **Applies to Licensed Professionals:** Most licensed behavioral health providers (e.g., psychologists, psychiatrists, social workers, counselors, marriage & family therapists) cannot engage in conversion practices with anyone under 18. Some roles (like music therapists, psychiatric nurses, physicians) are not fully covered under current law, though future updates may expand this.

Note: Individuals who are not licensed—such as Certified Alcohol & Other Drug Counselors (CADCs) or peer support staff—cannot engage in conversion practices with anyone under 18 when working under the supervision of a licensed professional.

In limited cases, these consumer protection laws can also reach unlicensed individuals or organizations that deceptively advertise or sell conversion practices.

- **Strong Definition of Conversion Practices:** Covers any attempt to change a person's sexual orientation, gender identity, or gender expression.
- **Religious Exemption (Limited):** Clergy/religious leaders may provide counseling in a spiritual or pastoral role. However, if they are licensed professionals, they are still bound by the law and cannot practice conversion therapy in any capacity.
- **Adults Not Covered by the Ban:** The law does not ban conversion practices for adults. *However, adult survivors may pursue civil remedies under Illinois consumer protection laws if they were misled or harmed.*



2.2 Enforcement Mechanisms 🤝

Illinois enforces its conversion practices ban through two primary channels:

1.) Licensing Regulation: The Illinois Department of Financial and Professional Regulation (IDFPR) oversees all licensed mental health professionals and can discipline those who violate the law. Sanctions may include fines, suspension, revocation of license, hearings, or required remediation, providing a formal avenue for survivors to raise complaints and seek protection.

2.) Consumer Protection Law: The Youth Mental Health Protection Act also amended the [Consumer Fraud and Deceptive Business Practices Act \(815 ILCS 505/2\)](#) to classify advertising or offering conversion therapy as a deceptive business practice. This allows individuals to bring civil claims for fraud or misrepresentation, even in cases where a therapeutic relationship may not have been formally established.

2.3 Process for Reporting violations 🤝

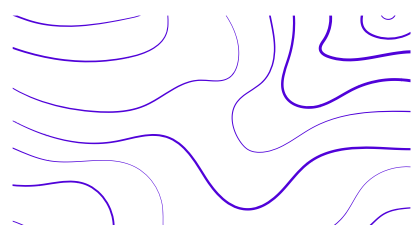
Suspected violations can be reported to:

- **IDFPR** for licensed provider investigations and discipline. [File a Complaint](#)
- **Illinois Attorney General** under consumer protection laws for deceptive advertising or promotion. [File a Complaint](#)
- **Professional Associations** (e.g., [IL Psych Association](#), [National Association of Social Workers - IL Chapter](#)) if the provider is a member. However, these organizations have limited enforcement power.

PROVIDING HOLISTIC SUPPORT 🤝

Practitioners may face a range of barriers when supporting survivors of conversion therapy, including:

- Emotional responses such as fear, shame, confusion, or mistrust
- Concerns about retaliation from family, religious communities, or affiliated institutions
- Legal complexities, lengthy timelines, and uncertainty of outcomes



3.1 Providing Holistic Support Cont. 🍌

- **Managing the Legal Process:** Lawyers should anticipate and compassionately respond to the emotional toll survivors may experience throughout a case. Being clear about timelines, procedures, and possible outcomes can help rebuild trust and autonomy.
- **Trauma-Informed Care:** Lead with empathy, and remember identity-based trauma can shape how folks show up. For an LGBTQ-focused webinar on providing trauma-informed care, check the [LGBTQIA+ Health Education Center](#).
- **Addressing Stigma & Retaliation:** Practitioners must be mindful of the external pressures that can silence survivors, especially in our current political climate. Creating safe, nonjudgmental environments is essential to empower survivors to share their experiences and make informed decisions.

Prioritize survivor autonomy, privacy, and well-being, and acknowledge the harm caused by conversion practices. Key principles:

- **Survivor Autonomy & Consent:** Care is survivor-led, culturally sensitive, and focused on rebuilding trust. Survivors decide if, when, and how to proceed – including whether to report.
- **Development & Identity:** Recognize trauma and support identity integration and reclamation. Mirror the survivor’s own language (i.e. some folks may like the term “survivor,” others may not) and respect pronouns.
- **Safety & Support Systems:** Assess and strengthen support networks; refer to resources like the [Conversion Therapy Survivor Network](#) if helpful. Involve family or faith communities only when survivor-led and safe, without pressure for forgiveness.
- **Collaboration & Communication:** With consent, lawyers and mental health providers should coordinate to avoid retraumatization. Explain processes, timelines, and possible outcomes in clear, empathetic language.
- **Empowering Choice:** Actively invite survivor feedback at each step. Survivors control all decisions.

LEGAL ACCOUNTABILITY PATHS

4.1 Licensing Complaints

When a licensed provider violates the Youth Mental Health Protection Act (YMHPA) by offering conversion practices to minors, survivors can file a complaint directly with IDFPR. In cases involving mental health providers, a signed release from the patient is required for the Department to investigate, which can lead to professional discipline (including, but not limited to fines, suspensions, or license revocations).

1. **Get Guidance:** Survivors or providers can contact [Illinois Pride Connect](#) for help understanding options, emotional support, and what to expect before filing.
2. **Assess Readiness:** Ensure the survivor has emotional support, as the process can surface painful memories.
3. **Gather Evidence:** Collect therapy notes, relevant treatment records, emails, journals, or screenshots of advertising materials showing that the provider offers conversion therapy. Include the URL, the name of the person or organization running the page, and, if possible, the date the screenshot was captured. IDFPR generally prioritizes current or recent advertising, but older materials can still be helpful if they clearly show the provider promoting conversion therapy (**see full checklist at end of guide**).
4. **Write and Submit:** Prepare a clear, chronological complaint with supporting documents. File directly through IDFPR's online complaint portal (not individual boards): idfpr.illinois.gov → “File a Complaint.”
5. **Follow Up:** Each complaint is unique, and timelines vary. Investigations and prosecutions can take several months to over a year. Keep proof of your submission and check for updates.

Important: IDFPR cannot get or review someone's mental health records without that person's signed release. IDFPR can still review public-facing evidence – like screenshots of websites or ads promoting conversion therapy – even if that evidence is submitted by someone other than the survivor.

4.2 Ethical Violations (Unethical Conduct)

IDFPR investigates and prosecutes violations of professional ethics and conduct for licensed providers. Survivors may also choose to file complaints with professional associations (e.g., [Illinois Psychological Association](#), [NASW-IL Chapter](#)), if the provider is a member. These associations can offer guidance, but they have limited enforcement power compared to IDFPR.



4.3 Common Examples of Ethical Violations

- **Coercion or Undue Influence:** Pressuring clients to participate by threatening spiritual, familial, or social consequences.
- **Conducting Treatments Lacking Basis in Evidence:** Offering interventions or therapies with no scientific support or proven efficacy.
- **Breach of Confidentiality:** Disclosing a client's treatment details or personal information to unauthorized third parties (e.g., church leaders, family).
- **Discrimination in Treatment:** Refusing evidence-based mental health care because a client identifies as LGBTQ+, steering them toward conversion instead.
- **Financial exploitation** (e.g., high fees for harmful practices)

Action Step

Reach out to the relevant professional organization for more info on the complaint process.

4.3 Civil Legal Claims vs. Administrative Complaints

Survivors can pursue civil lawsuits against providers or institutions for fraud, malpractice, or other harms.

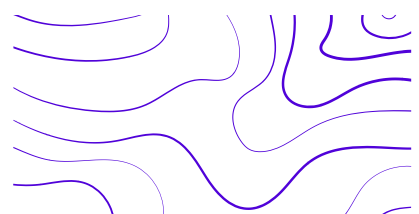
Civil Legal Claims

- **Goal:** Hold bad actors accountable through monetary damages or court orders requiring them to stop harmful practices.
- **Burden of Proof:** Preponderance of the evidence (more likely than not).
- **Privacy:** Court proceedings are typically public.
- **Process:** Practitioners have formal legal rights, including representation, discovery, and a trial.

Admin Complaints

via [IDFPR](#)

- **Goal:** Professional discipline (for example, fines, suspension, or revocation of a license).
- **Burden of Proof:** Clear and convincing evidence (higher than preponderance; below beyond a reasonable doubt).
- **Privacy:** IDFPR complaints and investigations are often more confidential than civil court proceedings.
- **Process:** IDFPR can investigate, bring charges, and pursue discipline through its hearing process, where providers are given an opportunity to respond.



4.4 Professional Malpractice (Professional Negligence)

Professionals may be liable when practices violate accepted standards of care.

Key Legal Elements

- **Duty of Care:** A provider-client relationship existed.
- **Breach:** The provider used practices outside accepted ethical standards.
- **Causation:** The breach led to harm.
- **Damages:** The survivor suffered emotional or financial harm (e.g., worsening mental health, therapy costs).

Examples

- Using harmful or unproven “conversion” methods.
- Ignoring signs of suicidality or self-harm.
- Not disclosing known risks like depression or trauma.

Next Steps

- Collect treatment records and expert statements showing substandard care.
- Consider filing a malpractice claim in Illinois civil court for emotional and financial damages.

Note for Survivors who experienced conversion practices as adults:

Illinois’ Youth Mental Health Protection Act covers minors only, but adults harmed by conversion practices can pursue remedies under the **Consumer Fraud and Deceptive Business Practices Act**—one of the few legal paths available to them.

5.1 Fraud, Misrepresentation, & Professional Misconduct

Fraudulent or unethical practices in conversion therapy may amount to legal or professional misconduct. Professionals should watch for:

False Claims of Effectiveness

- Promising “scientifically proven” results without evidence
- Highlighting isolated “success stories” while ignoring documented harms

Billing Misconduct

- Charging for miscoded care (for example, conversion therapy billed under a different diagnosis)
- Inflating session length, or hiding costs with surprise ‘required’ fees.

Misleading Credentials

- Claiming false licenses or titles (“certified conversion coach”)
- Displaying certificates from fake or unaccredited institutions

Violation of Informed Consent

- Failing to disclose risks like depression, trauma, or suicidality
- Pressuring clients through threats of rejection, spiritual harm, or being “fixed”

Next Steps

- Document flyers, billing records, websites, or intake forms showing deception.
- Refer suspected fraud to state consumer protection or insurance fraud offices.

5.2 Statute of Limitations

Lawyers should explain time limits for filing complaints early on—missing deadlines can prevent survivors from getting relief.

- **Professional Malpractice & Fraud:** Must typically be filed within **2 years** of discovering the harm, and no more than **4 years** from when it happened (medical/healing-arts malpractice). Minors have up to **8 years**, but never past their **22nd birthday**. If the provider fraudulently concealed the misconduct, survivors may have **5 years** from discovery to file. If the provider wasn't licensed, general personal-injury deadlines (**2 years**) usually apply
- **Ethical or Licensing Complaints:** Each profession overseen by IDFPR has its own timelines. As a guide, the Medical Practice Act requires the Department to begin proceedings within 5 years of receiving the complaint and bars actions 10 years after the incident; other professions administered by IDFPR have similar—but not identical—outer limits. **Best practice:** file as soon as possible.

MANAGING EXPECTATIONS

Be honest about emotional risk. Legal action can feel empowering and also emotionally draining. Make sure survivors know they're supported no matter what they choose – and that they can pause, stop, or change course at any time.

Prep for the emotional impact

Giving a statement, sitting for a deposition, or testifying can bring up anxiety, shame, or panic. Help them line up support (trusted person, therapist, advocate) before moving forward.

Explain the process in plain language

Many survivors haven't interacted with legal systems before. Walk through: timeline, burden of proof, cost, and possible outcomes (including that cases can settle, stall, or be dismissed). Be clear about who their main legal contact is and what will remain confidential.

Plan for safety and privacy

Talk through possible risks like media attention, online harassment, or retaliation. Build a basic safety / privacy plan in case the complaint draws attention.

Set realistic timelines

Most IDFPR complaints move through several stages – acknowledgment, review/assignment, investigation, and (if charges are filed) a hearing. The full process can take 12–24 months.

PROVIDING RESOURCES & SUPPORT 🤝

**Building affirming support is key.
Professionals should keep updated
contacts for:**

📞 Crisis Support

- [The Trevor Project](#) – 24/7 crisis support for LGBTQ+ young people (13–24)
- [988 Suicide & Crisis Lifeline](#) – Call or text 988 (all ages)
- [Trans Lifeline](#) – 877-565-8860 (all ages)

💖 Long-term Emotional Support

- [Conversion Therapy Survivor Network](#) – Weekly virtual support group
- [LGBTQIA+ Healthcare Directory](#)– List of affirming therapists
- Ask if your therapist offers sliding scale fees.

⚖️ Legal Guidance

- [National Center for LGBTQ Rights Help Desk](#)
- [Illinois Pride Connect](#) Legal Hotline | Mon – Thurs 9a – 4p

Additional Reading 🤝

- [It's Still Happening: Report on Practitioners of Conversion "Therapy" in the U.S.](#)
- [2024 National Survey on LGBTQ+ Youth Mental Health - Illinois](#)
- [Comprehensive Guide to Conversion "Therapy" Terminology.](#)

EVIDENCE / DOCUMENTATION CHECKLIST

Before filing a complaint, collect any proof that shows the provider is offering or practicing conversion therapy. This should include documentation from your own experience and public materials from the provider.

You don't need every detail below, but including them will make your complaint stronger.

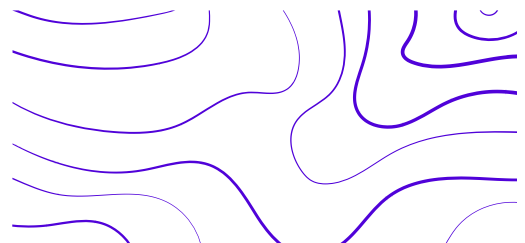
- ☐ **Therapy notes** from sessions
- ☐ Relevant **treatment records** or progress notes
- ☐ **Emails, texts, or messages** from the provider
- ☐ Personal **journal entries** describing what happened

- ☐ **Screenshots** of ads, websites, social media, brochures, etc. where provider promotes “changing” orientation or gender identity

Screenshots should include:

- ☐ The full URL
- ☐ The name of the person or organization running the page (usually on a ‘Staff’ or ‘About’ page)
- ☐ The date you captured the screenshot (keep your phone/computer date visible)
- ☐ Clear language that they offer or support conversion therapy / “change efforts” / “unwanted same-sex attraction counseling,” etc.

Note: vague phrases like “treating sexual disorders” or “faith-based counseling” are usually not enough on their own



Let's put an end to these dangerous and discredited practices in Illinois.

For questions, call NCLR's Help Desk
at 800-528-6257
Mon-Fri, 9a-5p Pacific



AMERICANBARASSOCIATION

Commission on
Sexual Orientation and
Gender Identity

