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3 **U. S. Joint Statement on Conversion Therapy**

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5 This joint statement on efforts to change sexual orientation or gender identity was
6 signed by XX major medical and psychological professional organizations representing
7 more than YY healthcare providers in the U.S. It represents a shared commitment to
8 certain principles and guidelines when addressing the needs of people who are
9 questioning their sexual orientation or gender identity. It is specifically concerned with
10 the practice of so-called conversion therapy, also known as reparative or reorientation
11 therapy, or by the scientific terms of sexual orientation change efforts (SOCE) or gender
12 identity change efforts (GICE).

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14 Background

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16 Decades of research findings and clinical expertise have revealed that variations in
17 sexual orientation and gender identity are a normal part of human development.
18 Virtually all major medical and psychological professional associations have concluded
19 that neither same-sex desire or behavior nor the expression of atypical gender identities
20 or characteristics constitute, per se, a mental illness or pathology. Most major
21 professional associations already have position statements relative to Lesbian, Gay,
22 Bisexual, Transgender, Questioning, or Gender NonConforming (LGBTQ/GNC) health
23 and/or the ineffectiveness and potential harms of efforts to change sexual orientation.¹
24 Research and experience shared by scholars, clinicians, and patients have shown such
25 efforts to be ineffective and harmful.² Thus, it raises profound ethical concerns when
26 individuals are led to believe that they can or should change these aspects of their
27 identity. Assertions that such change efforts are viable or desirable are not based on
28 sound evidence. They can themselves be dangerous by exacerbating harmful stigma
29 already suffered by sexual and gender minorities and by framing therapeutic practices
30 in ways that conflict with scientific and ethical principles embraced by the therapeutic
31 professions.

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33 Conversion Therapy May Violate Core Ethical Principles of the Healthcare Professions.

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35 This statement reflects and reinforces some of the core ethical principles of the health
36 professions. The ethical principle of “Respect for People’s Rights and Dignity,” including
37 the right of self-determination³ requires that each individual is seen as a whole person
38 supported in their right to explore, define, articulate, and live out their own identity.⁴ For
39 this reason, it is essential for clinicians to acknowledge the broad spectrum in which
40 individuals may live positively and healthfully with their sexual orientation and gender
41 identity/expression. In order to do so, it is necessary to have an equal understanding of
42 and respect for sexual and gender minorities as well as the religious, spiritual, and other
43 ideological values of individuals, families, and communities. The principle of “Integrity”⁵
44 calls on healthcare professionals to ensure accuracy and truthfulness in their work and
45 to avoid making fraudulent, deceptive, or unclear claims or promises to their patients,
46 while the principle of “Justice” invites professionals to be sure that their biases,
47 competence, and limitations do not unjustly interfere in their work. To ensure all
48 healthcare providers adhere to the principle of “Beneficence and Nonmaleficence,” it is

49 essential to recognize that a person is not mentally ill or developmentally delayed
50 because they experience same-sex attractions or a nonconforming gender identity or
51 expression.⁶ The focus of treatment should be to comprehensively assess the sources
52 of distress for the individual about their sexual orientation or gender identity and provide
53 interventions to address such distress, without directly or indirectly pressuring the
54 individual to identify one way or another.

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56 Research or treatment approaches based on stigmatization of or efforts to change
57 sexual orientation or gender identity may violate the above core ethical principles. The
58 focus of treatment when such individuals seek therapeutic assistance should be to
59 reduce the distress such individuals experience regarding their sexual orientation or
60 gender identity,⁷ and healthcare providers should seek to grant those in their care the
61 liberty to express their true identity without fear of stigma, pressure, or reprisal.
62 Healthcare professionals should strive to acquire a full understanding of and respect for
63 sexual and gender minorities at the same time and in the same ways as they appreciate
64 the full range of people's religious, spiritual, ideological and other values and
65 experiences forged in families and communities around the world.

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68 Goals and Objectives

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70 The signatories of this statement share a commitment to protecting the public from the
71 risks and harms of conversion therapy and to ensuring full access to the benefits of
72 ethical, affirmative healthcare for sexual and gender minorities. Given the fact that
73 same-sex desire and behavior and gender-variant identity and expression are not
74 mental disorders, and given the lack of evidence showing that conversion therapy can
75 effectively change sexual orientation or gender identity, and given the strong indications
76 that such change efforts can increase stigma and cause other harms to patients and
77 their families, we urge all healthcare professionals to commit themselves to ensure that:

- 78 ● The public is informed about the research on conversion therapy and the risks
79 thereof;
- 80 ● Affirmative behavioral, psychological and emotional healthcare interventions are
81 available to reduce the negative effects of minority stress for those experiencing
82 individual or family distress associated with sexual orientation or gender identity;
- 83 ● Healthcare professionals are made aware of the ethical issues surrounding
84 conversion therapy, including acquiring appropriate training to competently deal
85 with requests for conversion therapy and to provide ethical support to clients in
86 distress over their sexual orientation and/or gender identity;
- 87 ● Healthcare professionals from various disciplines work together to promote
88 individual and public health through education about the risks and harms of
89 conversion therapy.

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91 A Note about Research

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93 Nothing in this statement is intended to preclude ethical research relative to gender
94 identity or sexual orientation. Nonetheless, research on the effectiveness of conversion
95 therapy presents with significant ethical concerns for the following reasons: (1) It is
96 ethically problematic to subject research participants to practices that are potentially

97 harmful and whose effectiveness has been repeatedly questioned⁸; (2) conversion
98 therapy theories and interventions are based on inaccuracies that pathologize being
99 lesbian, gay, bisexual⁹ or transgender¹⁰ and reinforce minority stress while neglecting
100 any potential risks; and (3) research or treatment approaches based on stigmatization of
101 gender identity or sexual orientation are not compatible with the ethical principle of
102 Fidelity and Responsibility, which affirms that treatment be competent, accurate, and
103 based on scientific and professional judgments.¹¹

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105 Roles and Responsibilities

106 This statement does not define a specific list of actions that every organization will carry
107 out. Instead, it sets out a framework by which organizations may be guided in
108 responding to the challenges of treating individuals who present with concerns about
109 their sexual orientation or gender identity. In general, the statement's signatories agree
110 to accept the following roles and responsibilities:

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- 112 ● Each organization will review its codes of ethical conduct for members and
113 consider the need for the creation of specific amendments to those codes;
- 114 ● Professional associations will ensure that their members have access to the
115 latest information regarding the potential risks and harms of conversion therapy;
- 116 ● Organizations will work together to create a shared information resource on the
117 potential risks and harms of conversion therapy to assist both professionals and
118 members of the public in accessing up-to-date research on the matter;
- 119 ● Those with a responsibility for clinical and academic training, and those
120 responsible for continuing professional development, will work to ensure that
121 such programs provide healthcare providers with a sufficient degree of cultural
122 competence to work effectively with sexual and gender minority clients;
- 123 ● Clinicians who are not sufficiently trained around issues of sexual orientation
124 and/or gender identity/expression will make every effort to seek appropriate
125 training or consultation or to connect patients with clinicians and agencies who
126 are trained to provide culturally competent clinical care;
- 127 ● Auditing and accrediting organizations will review their current guidelines and
128 policies for practitioners and training organizations to assess the need for more
129 specific standards to demonstrate awareness of and compliance with policies
130 regarding conversion therapy.

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132 We aim to end the use of ineffective and harmful mental health practices; build greater
133 social acceptance of sexual and gender minorities of all ages; account for
134 developmental considerations in each stage of life; and encourage the provision of, and
135 access to, appropriate, affirmative therapies for all individuals who seek treatment.
136 Understanding and supporting the experiences of sexual and gender minorities will help
137 reduce health disparities and improve the health and wellbeing of these individuals, their
138 families and their communities. This joint statement is a collaborative effort that
139 underscores the depth of our commitment to the ethical treatment of those at risk from
140 conversion therapy.

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143 Review

144 The undersigned organizations will review the statement 12 months after publication.

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Notes:

¹ https://policysearch.ama-assn.org/policyfinder/detail/*?uri=%2FAMADoc%2FHOD.xml-0-805.xml

<http://www.apa.org/about/policy/sexual-orientation.aspx>

http://www.socialworkers.org/diversity/new/documents/hria_pro_18315_soco_june_2015.pdf

<http://www.psychiatry.org/file%20library/about-apa/organization-documents-policies/policies/position-2013-homosexuality.pdf>

<http://www.guideline.gov/content.aspx?id=38417#Section420>

http://www.aamft.org/iMIS15/AAMFT/Content/about_aamft/position_on_couples.aspx

<http://annals.org/article.aspx?articleid=2292051>

<http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>

<http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>

http://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf

<http://www.cswe.org/File.aspx?id=85010>

http://www.wpanet.org/detail.php?section_id=7&content_id=1807

<http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/documents/SupportingCaringforTransChildren.pdf>

https://www.aacap.org/AACAP/Policy_Statements/2009/Sexual_Orientation_Gender_Identity_and_Civil_Rights.aspx

[http://www.jaacap.com/article/S0890-8567\(12\)00500-X/pdf](http://www.jaacap.com/article/S0890-8567(12)00500-X/pdf)

²http://www.psychotherapy.org.uk/UKCP_Documents/policy/MoU-conversiontherapy.pdf

<http://store.samhsa.gov/product/Ending-Conversion-Therapy-Supporting-and-Affirming-LGBTQ-Youth/All-New-Products/SMA15-4928>

http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&catid=740%3Anews-press-releases&Itemid=1926&lang=en

<http://whatweknow.law.columbia.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/>

³ American Psychiatric Association (2000). *Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies): COPP Position Statement*. Retrieved July 10, 2016 from <https://www.psychiatry.org/file%20library/about-apa/organization-documents-policies/policies/position-2000-therapies-change-sexual-orientation.pdf>

⁴ Reconciliation and Growth Project (2017). Resolving Distress Between Faith-Based Values and Sexual and Gender Diversity: A Guide for Mental Health Professionals. Retrieved February 21, 2017, from <http://www.reconciliationandgrowth.com/>

⁵ American Psychological Association (2010). *Ethical Principles of Psychologists and Code of Conduct*. Retrieved July 2, 2016, from <http://www.apa.org/ethics/code>

⁶ Reconciliation and Growth Project (2017).

⁷ Ibid.

⁸ Anton, B. S. (2010). Proceedings of the American Psychological Association for the legislative year 2009: Minutes of the annual meeting of the Council of Representatives and minutes of the meetings of the Board of Directors. *American Psychologist*, 65, 385–475. doi:10.1037/a0019553

⁹ American Psychiatric Association, 2000.

¹⁰ World Professional Association for Transgender Health (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Retrieved April 21, 2017, from [https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf)

¹¹ American Psychological Association, 2010.