

## U. S. Joint Statement on Conversion Therapy

### Purpose and Overarching Position

The purpose of this initiative is to protect the public by committing to end the practice of so-called conversion therapy in the US. This joint statement was signed by XX major medical and psychological professional organizations representing more than YY healthcare providers in the U.S. It represents a shared commitment to certain principles and guidelines when addressing the needs of people who are questioning their sexual orientation or gender identity. It is specifically concerned with the practice of so-called conversion therapy, also known as reparative or reorientation therapy, or by the terms of sexual orientation change efforts (SOCE) or gender identity change efforts (GICE).

### Background

Decades of research findings and clinical expertise have revealed that variations in sexual orientation and gender identity are a normal part of human development across race, ethnicity, and socioeconomic status. Virtually all major medical and psychological professional associations have concluded that neither same-gender desire or behavior nor the expression of diverse gender identities or characteristics constitute, per se, a mental illness or pathology. Having same- or multi-gender attractions, behaviors, and desires and transgender, non-binary, and gender diverse identities and expressions are healthy. Most major professional associations already have position statements relative to Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, and Non-binary (LGBTQ+) health and/or the ineffectiveness and potential harms of conversion efforts.<sup>1</sup> Research

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<sup>1</sup> American Academy of Child & Adolescent Psychiatry (2018). *Conversion therapy*.  
[https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx)

American Association for Marriage and Family Therapy (2009). *AAMFT social policies: Reparative/conversion therapy*.  
[https://aamft.org/About\\_AAMFT/Pos\\_on\\_couples.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01](https://aamft.org/About_AAMFT/Pos_on_couples.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01)

American Medical Association (2018). *Health care needs of lesbian, gay, bisexual, transgender and queer populations H-160.991*. American Medical Association, Council on Science and Public Health  
[https://policysearch.ama-assn.org/policyfinder/detail/\\*?uri=%2FAMADoc%2FHOD.xml-0-805.xml](https://policysearch.ama-assn.org/policyfinder/detail/*?uri=%2FAMADoc%2FHOD.xml-0-805.xml)

American Psychoanalytic Association (2012, June). *Position statement on attempts to change sexual orientation, gender identity, or gender expression*.  
<http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>

American Psychological Association (2021). *Resolution on sexual orientation change efforts*.  
<https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>

American Psychological Association (2021). *Resolution on gender identity change efforts*.  
<https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>

and experience shared by scholars, clinicians, and patients have shown conversion efforts to be ineffective and harmful.<sup>2</sup> The International Rehabilitation Council for Torture Victims (IRCT) states that “the act of conversion therapy is cruel, inhuman and degrading and, in many cases, torture” that can often cause “extreme, and often

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Council on Social Work Education (n.d.). *Position statement on conversion/reparative therapy*. Retrieved January 29, 2022, from [https://www.cswe.org/getattachment/Centers-Initiatives/Centers/Center-for-Diversity/About/Stakeholders/Commission-for-Diversity-and-Social-and-Economic-J/Council-on-Sexual-Orientation-and-Gender-Identity/CSOGIE-Resources/CSWEPositionStatementonConversion-ReparativeTherapy\(003\).pdf.aspx](https://www.cswe.org/getattachment/Centers-Initiatives/Centers/Center-for-Diversity/About/Stakeholders/Commission-for-Diversity-and-Social-and-Economic-J/Council-on-Sexual-Orientation-and-Gender-Identity/CSOGIE-Resources/CSWEPositionStatementonConversion-ReparativeTherapy(003).pdf.aspx)

Health and Public Policy Committee of the American College of Physicians. (2015). Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Annals of internal medicine*. <https://doi.org/10.7326/M14-2482>

Human Rights Campaign, American College of Osteopathic Physicians, American Academy of Pediatrics (2016, September). *Supporting & caring for transgender children*. <http://assets2.hrc.org/files/documents/SupportingCaringforTransChildren.pdf>

National Association of School Psychologists. (2017). Safe and supportive schools for LGBTQ+ youth (Position statement). <https://www.nasponline.org/x26826.xml>

National Association of Social Workers (2015). *Sexual orientation change efforts (SOCE) and conversion therapy with lesbians, gay men, bisexuals, and transgender persons*. <https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3d&portalid=0>

Scasta, D., & Bialer, P. (2013, December). *Position statement on issues related to homosexuality*. American Psychiatric Association. <http://www.psychiatry.org/file%20library/about-apa/organization-documents-policies/policies/position-2013-homosexuality.pdf>

Whitman, J.S., Glosoff, H. L., Kocet, M. M., & Tarvydas, V. (2013). Ethical issues related to conversion or reparative therapy. *Latest news from ACA*. <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>

World Psychiatric Association (2017, October). *Gender identity and same-sex orientation, Attraction, and behaviours*. [https://www.wpanet.org/\\_files/ugd/e172f3\\_2842912d737742fdb5d549d2b7ebfc5c.pdf](https://www.wpanet.org/_files/ugd/e172f3_2842912d737742fdb5d549d2b7ebfc5c.pdf)

<sup>2</sup> *Memorandum of understanding on conversion therapy in the UK, Version 2* (2017, October). <https://www.bacp.co.uk/media/2274/memorandum-of-understanding-v2-oct17.pdf>

Pan American Health Organization (n.d.) “Cures” for an Illness that does not exist: Purported therapies aimed at changing sexual orientation lack medical justification and are ethically unacceptable. Retrieved January 29, 2022, from <https://www.paho.org/hq/dmdocuments/2012/Conversion-Therapies-EN.pdf>

Substance Abuse and Mental Health Services Administration (2015, October). *Ending conversion therapy: Supporting and affirming LGBTQ youth*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf>

What We Know Project (2016). *What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?* (online literature review) Cornell University, What We Know Project. <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/>

unimaginable, human suffering.”<sup>3</sup> The United Nations Human Rights Council (UNHRC) has also acknowledged that conversion efforts may be “tantamount to torture.”<sup>4</sup> Thus, it raises profound ethical concerns when individuals are led to believe that they can or should change these aspects of their identity. Assertions that such change efforts are viable or desirable are not based on sound evidence. They can be dangerous by exacerbating harmful stigma already suffered by sexual orientation and gender identity minorities and by framing therapeutic practices in ways that conflict with scientific and ethical principles embraced by the therapeutic professions.

### Conversion Efforts Violate Core Ethical Principles of the Healthcare Professions.

This statement reflects and reinforces some of the core ethical principles of the health professions. Historically, the principle to “do no harm” has been a fundamental practice for healthcare professionals. The ethical principle of “Respect for People’s Rights and Dignity,” including the right of self-determination<sup>5</sup> requires that each individual is seen as a whole person supported in their right to explore, define, articulate, and live out their own identity.<sup>6</sup> For this reason, it is essential for clinicians to acknowledge the broad spectrum in which individuals may live positively and healthfully with their sexual orientation and gender identity/expression. In order to do so, it is important to understand and respect individuals’ sexual orientations and gender identities in the context of their intersectional identities and backgrounds, including socioeconomic statuses, race, ethnicity, culture, religion, spirituality, trauma, and oppression history, and ideological values. The principle of “Integrity”<sup>7</sup> calls on healthcare professionals to ensure accuracy and truthfulness in their work and to avoid making fraudulent, deceptive, or unclear claims or promises to their patients, and the principle of “Justice” invites professionals to be sure that their biases, competence, and limitations do not unjustly interfere in their work. To ensure all healthcare providers adhere to the principle of “Beneficence and Nonmaleficence,” it is essential to recognize that a person is not mentally ill or developmentally delayed because they experience same-sex attractions

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<sup>3</sup> International Rehabilitation Council. (2020, Apr 23) *Conversion therapy is torture*. <https://irct.org/media-and-resources/latest-news/article/1027>

<sup>4</sup> United Nations Human Rights Council. (2013, Feb 1). *Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development*. [https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53\\_english.pdf](https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf)

<sup>5</sup> United Nations General Assembly. (2012, November 6). *Universal recognition of inalienable right to self-determination most effective way of guaranteeing fundamental freedoms, Third committee told*. <https://www.un.org/press/en/2012/gashc4051.doc.htm>

<sup>6</sup> Reconciliation and Growth Project. (2017, May). *Resolving distress between faith-based values and sexual and gender diversity: A guide for mental health professionals*. <https://reconciliationandgrowth.org/wp-content/uploads/2017/04/RPG-Guide-4-26.pdf>

<sup>7</sup> American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <http://www.apa.org/ethics/code>

or transgender, nonbinary, or diverse gender identities or expressions.<sup>8</sup> When an individual experiences an internal conflict with their sexual orientation or gender identity or expression, the recommended focus of intervention (or therapy) is to comprehensively assess the sources of the individual's distress regarding their sexual orientation or gender identity and provide strategies to address such distress, without directly or indirectly pressuring how they identify. Interventions should also focus on creating a healthy, affirming, productive environment for patients to explore potential social or physical identity changes and their relationship to gender, sex, and sexual orientation, and focus on supporting the processes of positive identity development. Exploration of issues pertaining to gender identity and sexual orientation in a way that does not favor or presume a particular identity or experience, would *not* be considered conversion therapy.

Research or treatment approaches that perpetuate stigma or efforts to change minority sexual orientation or gender identity violates the above core ethical principles. We suggest that healthcare providers allow expression of one's authentic identities without fear of stigma, pressure, or reprisal. Providers should strive to acquire a full understanding of and respect for sexual orientation and gender identity minorities and the intersectionality of these and other factors in people's lives, free from the influence of pervasive heterosexism, monosexism, cissexist, bias, discrimination, and prejudice.

### Goals and Objectives

The signatories of this statement share a commitment to protecting the public from the risks and harms of conversion efforts and to ensuring full access to the benefits of ethical, affirmative healthcare for sexual orientation and gender identity minorities using an intersectional lens. Given the fact that sexual orientation and gender identity diversity are not associated with mental disorder, the lack of evidence showing that conversion therapy can effectively change sexual orientation or gender identity, and the strong evidence that such change efforts can increase stigma and cause other harms to patients and their families, we urge all healthcare professionals to commit themselves to ensure that:

- The public is informed about the research on conversion efforts and the risks thereof;
- Affirmative behavioral, psychological, and emotional healthcare interventions are available to reduce the negative effects of stress related to having a minority sexual orientation or gender identity;
- Healthcare professionals are made aware of the ethical issues surrounding conversion efforts, including the acquisition of appropriate training to competently address requests for "conversion therapy" and to provide ethical support to clients in distress over their sexual orientation and/or gender identity;

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<sup>8</sup> Reconciliation and Growth Project (2017).

- Healthcare professionals from various disciplines collaborate to promote individual and public health through education, advocacy, and/or social justice efforts about the risks and harms of conversion efforts.

### Roles and Responsibilities

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

- Review its own codes of ethical conduct for members and consider the need to reevaluate or alter their codes to support the provision of ethical care as discussed herein. Professional associations will ensure that their members have access to the latest information regarding the potential risks and harms of conversion efforts;
- Work together to create a shared information resource on the potential risks and harms of conversion efforts to assist both professionals and members of the public in accessing up-to-date research on the matter;
- Work to ensure that academic, training, and professional development programs provide healthcare providers with a sufficient degree of multicultural intersectional competence to work effectively with sexual orientation and gender identity minority clients, including and especially among marginalized racial and other identities and determine such proficiencies on a regular basis;
- Help clinicians who are not sufficiently trained around issues of sexual orientation and/or gender identity/expression find appropriate training or consultation or to connect patients with clinicians and agencies who are trained to provide culturally competent clinical care;
- Encourage auditing and accrediting organizations to review their current guidelines and policies for practitioners and training organizations to ensure that they promote the development of competence to work effectively with sexual orientation and gender identity minority clients.

We aim to:

- end the use of ineffective, unethical, and harmful practices that attempt to change sexual orientation and gender identity,
- build greater social acceptance of sexual orientation and gender identity minorities of all ages, races, and ethnicities,
- account for developmental and intersectional identity considerations in each stage of life,
- encourage the provision of and access to appropriate culturally-relevant affirmative therapies for all individuals who seek therapeutic interventions,
- and determine professional proficiencies on a regular basis.

Understanding and supporting the experiences of sexual orientation and gender identity minorities will likely reduce health disparities and improve the wellbeing of these individuals, and by extension their families and communities. This joint statement is a collaborative effort that underscores the depth of our commitment to the ethical treatment of those at risk from conversion efforts.

Notes:

(The endnotes will be copied here once the document is ratified. Google Docs only allows footnotes and not endnotes.)