

# United States Joint Statement Against Conversion Efforts

(Completed August 23, 2023)

## Purpose and Overarching Position

The purpose of the United States Joint Statement (USJS) is to protect the public by committing to end the practice of so-called conversion therapy<sup>1</sup> in the US, which could have a spillover effect in other countries as well. Thus far the USJS has been signed by 28 major US medical and psychological professional associations representing more than 1.3 million healthcare providers<sup>2</sup>. It represents a shared framework of 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 sexual orientation change efforts (SOCE) or gender identity change efforts (GICE).

## Background

GICE “refer to a range of techniques used by mental health professionals and non-professionals with the goal of changing gender identity, gender expression, or associated components of these to be in alignment with gender role behaviors that are stereotypically associated with sex assigned at birth (Hill et al., 2010; SAMHSA, 2015). In addition to explicit attempts to change individuals’ gender according to cisnormative pressures, GICE has also been a component of sexual orientation change efforts (SOCE).”<sup>3</sup> SOCE “include a range of techniques used by a variety of mental health professionals and non-professionals with the goal of changing sexual orientation (APA, 2009) or any of its parts.”<sup>4</sup> Conversion efforts include both GICE and SOCE.

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.<sup>5 6 7</sup> Having same- or multi-gender attractions, behaviors, and desires and transgender, non-binary, and gender diverse identities and expressions, far from being a pathology, is a healthy feature found in every society and culture. In agreement with the USJS, 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. Most major professional associations already have position statements about Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, and Non-binary (LGBTQ+) health and/or the ineffectiveness and potential harms of conversion efforts.<sup>8 9 10 11 12 13 14 15 16 17 18 19 20 21</sup> Research and experience shared by scholars, clinicians, and patients have shown conversion efforts have not changed sexual orientation or gender identity/expression (SOGIE) and are harmful.<sup>22 23 24 25 26 27</sup>

Research provides the scientific theories and evidence to understand that conversion efforts are a form of stigma or discrimination.<sup>28 29</sup> Numerous studies have established that conversion efforts put individuals at significant risk of harm.<sup>30 31 32 33 34</sup> More human rights organizations are recognizing the harm and danger of conversion efforts. 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 unimaginable, human suffering.”<sup>35</sup> The United Nations Human Rights Council (UNHRC) has also acknowledged that conversion efforts may be “tantamount to torture.”<sup>36</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.

The USJS 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, 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>37 38</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 status, race, ethnicity, culture, religion, spirituality, trauma, oppression history, and ideological values. The principle of “Integrity”<sup>39</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 or transgender, nonbinary, or diverse gender identities or expressions.<sup>40</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. (Please refer to the guidelines for practice with individuals from diverse sexual orientations and gender identities and expressions from relevant professions.<sup>41 42 43</sup>)

### Goals and Objectives

The USJS signatories share a framework for protecting the public from the risks and harms of conversion efforts. The signatories further share a dedication 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;
- 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

The USJS does not define a specific list of actions that every organization will carry out. Instead, it sets out a framework by which professional associations may be guided in ethically treating 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 practices that attempt to change sexual orientation or 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.

### USJS Signatory Associations

As of August 23, 2023, the associations partnering with the USJS are:

- American Academy of Child and Adolescent Psychiatry;
- American Academy of Family Physicians;
- American Academy of Nursing;
- American Academy of Pediatrics;
- American Academy of Physician Associates;
- American Association for Marriage and Family Therapy;
- American Association for Marriage and Family Therapy's Queer and Trans Advocacy Network;
- American Association for Psychoanalysis in Clinical Social Work;
- American Association of Sexuality Educators, Counselors and Therapists;
- American College of Physicians;
- American Counseling Association;

- American Medical Association;
- American Medical Student Association;
- American Psychiatric Association;
- American Psychoanalytic Association;
- American Psychological Association;
- Association for Behavioral and Cognitive Therapies;
- Association of Black Psychologists;
- Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies;
- Association of LGBTQ Psychiatrists;
- Association of Psychology Training Clinics;
- Clinical Social Work Association;
- GLMA: Health Professionals Advancing LGBTQ Equality;
- LGBT PA (Physician Associates) Caucus;
- National Association of Social Workers;
- National Latinx Psychological Association;
- Society of Sexual, Affectional, Intersex, and Gender Expansive Identities;
- United States Professional Association for Transgender Health.

## Endnotes

1. Although the word "therapy" is often associated with these efforts, none of them constitute any psychotherapy or mental health treatment and "to refer to these methods as therapy in any form elevates them to a status of which they are undeserving" (Haldeman, 2022, p. 4).
2. The number of providers listed is an approximation based on internet searches of each association. This approximation factors in that some healthcare providers are members of more than one association, and some associations do not list their membership numbers publicly.
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16. Human Rights Campaign, American College of Osteopathic Physicians, American Academy of Pediatrics (2016, September). Supporting & caring for transgender children.
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