

HEALTH AND MEDICAL ORGANIZATION STATEMENTS ON SEXUAL ORIENTATION, GENDER IDENTITY/EXPRESSION AND “REPARATIVE THERAPY”

AMERICAN MEDICAL ASSOCIATION

Policy Number H-160.991, *Health Care Needs of Homosexual Population*

www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advocacy-committee/ama-policy-regarding-sexual-orientation.shtml

“[B]elieves that the physician’s nonjudgmental recognition of sexual orientation and behavior enhances the ability to render optimal patient care in health as well as in illness[,]” and “opposes the use of ‘reparative’ or ‘conversion’ therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation.”

AMERICAN ACADEMY OF PEDIATRICS

Barbara L. Frankowski et al., Clinical Report: Guidance for the Clinician in Rendering Pediatric Care, *Sexual Orientation and Adolescents*, Pediatrics, Vol. 113, No. 6 (June 2004)

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;113/6/1827.pdf>

Believes “[i]t is important that pediatricians be able to discuss the range of sexual orientation with all adolescents and be competent in dealing with the needs of patients who are gay, lesbian, bisexual, or transgendered or who may not identify themselves as such but who are experiencing confusion with regard to their sexual orientation... Because self awareness of sexual orientation commonly occurs during adolescence, the pediatrician should be available to youth who are struggling with sexual orientation issues and support a healthy passage through the special challenges of the adolescent years.” (p. 1827)

Notes approvingly that the American Psychiatric Association reclassified homosexuality in 1973 to state that “homosexuality [is] a sexual orientation or expression and not a mental disorder” (p. 1828).

States that “the current literature and most scholars in the field state that one’s sexual orientation is not a choice; that is, individuals do not choose to be homosexual or heterosexual.... Current knowledge suggests that sexual orientation is usually established during early childhood” (p. 1828).

Counsels pediatricians to “raise issues of sexual orientation and sexual behavior with all adolescent patients or refer them to a colleague who can. Such discussions normalize the notion that there is a range of sexual orientation” (p. 1829).

Encourages pediatricians to “[b]e supportive of parents of adolescents who have disclosed that they are not heterosexual” and “remind parents and adolescents that gay and lesbian individuals can be successful parents themselves” (p. 1830-31).

Notes that Pediatricians may wish to “[h]elp the discussion of when and how factual materials about sexual orientation should be included in school curricula and in school and community libraries” (p. 1831).

AMERICAN COUNSELING ASSOCIATION

Joy S. Whitman et al., ACA Ethics Committee Opinion, *Ethical issues related to conversion or reparative therapy*

<http://www.counseling.org/PressRoom/NewsReleases.aspx?AGuid=b68aba97-2f08-40c2-a400-0630765f72f4>

The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation... In 1999, the Governing Council adopted a statement ‘opposing the promotion of reparative therapy

as a cure for individuals who are homosexual.’ In fact, according to the DSM-IV-TR [the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association], homosexuality is not a mental disorder in need of being changed.”

“[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA’s position and the Ethics Committee’s statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics.”

Written informed consent material must include, for example that: “Conversion therapy assumes that a person who has same-sex attractions and behaviors is mentally disordered and that this belief contradicts positions held by the American Counseling Association and other mental health and biomedical professional associations[;]” “Conversion therapy as a practice is a religious, not psychologically-based, practice[;]” “Research does not support conversion therapy as an effective treatment modality[;]” “There is potential for harm when clients participate in conversion therapy.”

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling

(a division of the American Counseling Association), *Competencies for Counseling with Transgender Clients*, (Approved by American Counseling Association Governing Council - November 7, 2000)

http://www.counseling.org/Resources/Competencies/ALGBTIC_Competerencies.pdf

“Competent counselors will:

- C. 1. Understand that attempts by the counselor to alter or change gender identities and/or the sexual orientation of transgender clients across the lifespan may be detrimental, life-threatening, and are not empirically supported; whereas counseling approaches that are affirmative of these identities are supported by research, best practices, and professional organizations – such as the American Counseling Association. American Psychological Association).”

“Competent counselors will:

- E. 1. Understand and be aware that there has been a history of heterosexism and gender bias in the Diagnostic and Statistical Manual (DSM). For instance, counselors should have knowledge that homosexuality was previously categorized as a mental disorder and that currently “Gender Identity Disorder” remains in the DSM.

- Know the history of how the helping professions have negatively influenced service delivery to transgender individuals, their families and significant others through heterosexism and gender bias, and specifically know the history of when “Gender Identity Disorder” was inserted into the Diagnostic and Statistical Manual (DSM) and when homosexuality was removed as a mental health disorder.”

AMERICAN PSYCHOLOGICAL ASSOCIATION

APA Policy Resolutions Related to Lesbian, Gay, Bisexual and Transgender Issues

Resolution on Discrimination Against Homosexuals

<http://www.apa.org/about/governance/council/policy/discrimination.aspx>

In the Resolution on Discrimination Against Homosexuals, APA states that “[h]omosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities: Further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.”

Resolution on Lesbian, Gay and Bisexual Youths in the School

<http://www.apa.org/about/governance/council/policy/lgb-youth.aspx>

In the Resolution on Lesbian, Gay and Bisexual Youths in the School, APA “support[s] providing a safe and secure educational atmosphere in which all youths, including lesbian, gay and bisexual youths, may obtain an education free from discrimination, harassment, violence, and abuse, and promotes an understanding and acceptance of self.”

Policy on Appropriate Therapeutic Responses to Sexual Orientation

<http://www.apa.org/about/governance/council/policy/appropriate.aspx>

In the Policy on Appropriate Therapeutic Responses to Sexual Orientation, the APA affirms several principles that imply the APA's opposition to conversion or reparative therapy, before noting that the APA "opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation, and mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation."

Policy on Transgender, Gender Identity & Gender Expression Non-Discrimination

<http://www.apa.org/about/governance/council/policy/transgender.aspx>

As stated in the Policy on Transgender, Gender Identity & Gender Expression Non-Discrimination, the APA "opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies" and "calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals[.]"

Sexual Orientation and Homosexuality

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

States that: "psychologists do not consider sexual orientation to be a conscious choice that can be voluntarily changed[;]" "homosexuality is not an illness[, i]t does not require treatment and is not changeable[;]" "psychiatrists, and other mental health professionals agree that homosexuality is not an illness, a mental disorder, or an emotional problem[;]" and re-affirms the APA's stance against conversion therapies.

AMERICAN SCHOOL HEALTH ASSOCIATION

ASHA Resolutions, *Sexual Minority Youth In School*

http://www.ashaweb.org/files/public/Resolutions/Sexual_Minority_Youth_In_Schools_2009.pdf

ASHA believes "all school personnel should demonstrate respect for the dignity and worth of all students by . . . [u]tilizing curriculum materials, teaching strategies, and school policies that do not discriminate on the basis of sexual orientation and gender identity or expression" and "[include] sexual orientation and gender identity in the sexuality education component of a comprehensive health education curriculum [.]"

ASHA Resolutions, *Quality Comprehensive Sexuality Education*

http://www.ashaweb.org/files/public/Resolutions/Quality_Comprehensive_Sexuality_Education_2007.pdf

ASHA "expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research" and recommends "that teachers be well-trained [to demonstrate]...insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience[.]"

AMERICAN PSYCHIATRIC ASSOCIATION

Position Statement and Supplement, *Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)*, 2000

<http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200001.aspx>

<http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200001a.aspx>

Augmenting a similar 1998 position statement (below), the Association strongly criticizes proponents of conversion therapies, noting that "[t]o date, there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of 'reparative' treatments."

"Even though there are little data about patients [who have undergone these treatments], it is still possible to evaluate the theories, which rationalize the conduct of 'reparative' and conversion therapies. Firstly, they are at odds with the scientific position of the American Psychiatric Association which has maintained, since 1973, that homosexuality per se, is not a mental disorder."

"Recent publicized efforts to repathologize homosexuality by claiming that it can be cured are often guided not by rigorous scientific or psychiatric research, but sometimes by religious and political forces opposed to full civil rights for gay men and lesbians. APA recommends

that the APA respond quickly and appropriately as a scientific organization when claims that homosexuality is a curable illness are made by political or religious groups.”

The APA further notes that “‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, APA recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to First, do no harm.”

Position Statement, *Psychiatric Treatment and Sexual Orientation*, 1998

<http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/199820.aspx>

“The potential risks of ‘reparative therapy’ are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone ‘reparative therapy’ relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian are not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.”

Position Statement, *Homosexuality*, 1992

<http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/199216.aspx>

States that “homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities,” and “calls on all international health organizations, psychiatric organizations, and individual psychiatrists in other countries to . . . do all that is possible to decrease the stigma related to homosexuality wherever and whenever it may occur.”

See also Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published by the American Psychiatric Association, which does not list homosexuality as a mental disorder.

<http://allpsych.com/disorders/dsm.html>

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Catherine Crisp and Yolanda Padilla, *Lesbian, Gay, and Bisexual Issues Policy*

<http://www.socialworkers.org/da/da2005/policies0505/documents/lgbissues.pdf>

“Taken to the extreme, homophobia in social workers and other practitioners can lead to the use of conversion or reparative therapies, which are explicitly condemned by NASW, the American Psychological Association (APA), the American Counseling Association (ACA), and the American Psychiatric Association” (citation omitted), and NASW further “reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so” (citation omitted).

“NASW encourages the development of programs to increase public awareness of the violence and social injustice experienced by lesbian, gay, and bisexual people. Public awareness and education in schools should include information on the contributions made to society by lesbian, gay, and bisexual people.”

National Committee on Lesbian, Gay, and Bisexual Issues, NASW, Position Statement, “*Reparative*” or “*Conversion*” Therapies for Lesbians and Gay Men

<http://www.socialworkers.org/diversity/lgb/reparative.asp>

Calls such therapies “misleading” and advanced through “propaganda,” and notes that “proponents of reparative and conversion therapies, such as the most commonly cited group NARTH, claim that their processes are supported by scientific data; however, such scientific support is replete with confounded research methodologies.” (citation omitted)

“[R]eparative or conversion therapies . . . cannot and will not change sexual orientation. Aligned with the American Psychological Association’s (1997) position, NCLGB believes that such treatment potentially can lead to severe emotional damage. Specifically, transformational ministries are fueled by stigmatization of lesbians and gay men, which in turn produces the social climate that pressures some people to seek change in sexual orientation. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful” (emphasis in original) (citation omitted).

Committee on Lesbian, Gay, Bisexual, and Transgender Issues, NASW, Position Statement, *Gender Identity Disorder and the DSM*

<http://www.socialworkers.org/diversity/new/lgbtq/51810.asp>

“Respectfully, the National Association of Social Workers (NASW) National Committee on Lesbian, Gay, Bisexual, and Transgender Issues (NCLGBTI) holds a position that Gender Identity Disorder, Gender Incongruence, Gender Dysphoria, Transvestic Fetishism and, Transvestic Disorder should not be considered as mental health diagnosis and therefore should be eliminated from the Diagnostic Statistical Manual (DSM). . . . Including Gender Identity Disorder, Gender Incongruence and Gender Dysphoria in the DSM and assigning a mental diagnosis to individuals with these conditions is misguided and harmful. More appropriate is a medical diagnosis and support for mental health and life coping issues related to the diagnosis. Also appropriate are efforts to address ignorance, intolerance, discrimination and oppression related to gender identity and expression.”

NATIONAL EDUCATION ASSOCIATION

Teaching Manual (not policy), *Strengthening the Learning Environment: A School Employee’s Guide to Gay, Lesbian, Bisexual, and Transgender Issues, 2nd Edition*

http://www.nea.org/assets/docs/mf_glbguide.pdf

Notes that “[t]he issue of GLBT content in school curricula or libraries has caused controversy and, in some cases, parental desire to opt their children out of particular courses. Schools have a great deal of discretion to control curricular content, and the courts generally have upheld schools’ refusal to allow parents to excuse their children from classes they find objectionable” (p. 18).

Additionally, “[m]ost schools do not have policies in place to address transgender or gender nonconforming youth and pursue policies or training only after a transgender student or employee enrolls or “transitions” unexpectedly. The result is often disastrous. Because of the many practical concerns that arise when accommodating gender nonconforming youth or faculty, administrators and school boards should consider the following issues in advance. . . . **Education:** Sensitivity training is indispensable to address ignorance and fears around gender nonconformity. **Policy Reform:** School discrimination and harassment policies should protect people on the basis of gender identity and expression. **Names/Pronouns:** Schools should honor the request of a member of the school community to be called by a different name and pronoun (he vs. she) . . . For school purposes, the requester should not be required to obtain a court order or legal gender change in advance. Steps should be taken to inform staff of the requested name, which should be placed alongside the student or employee’s legal name in school records.”

Brochure (not policy), *Focus On: Gays, Lesbians, Bisexuals, and Transgendered Persons*, September 2006

http://www.nea.org/assets/docs/HE/mf_glbtfocus06.pdf

In addressing GLBT-issues that educators face, the brochure notes that “[a]lthough it is never appropriate to discuss same gender sexuality with young children, it is suitable to discuss biases, discrimination, sexual orientation, gender identity, and diverse communities without approaching topics related to human sexuality.” (p. 1).

AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS

Alan L. Storm, *Developing Tolerance for Gay, Lesbian Students*, *The School Administrator* (Feb. 2000)

<http://www.aasa.org/SchoolAdministratorArticle.aspx?id=14198>

In tips section, recommends using “the words gay and lesbian in positive ways[,]” challenging “homophobic remarks everywhere and all the time[,]” and supporting “the creation of a gay/straight alliance . . .”

Last reviewed 1/2011

Compiled by Lambda Legal

For more information, contact:

Hayley Gorenberg, Deputy Legal Director

(212) 809-8585 (telephone)

(212) 809-0055 (fax)

hgorenberg@lambdalegal.org