

Position Statement on Issues Related to Homosexuality

Approved by the Board of Trustees, December 2013

Approved by the Assembly, November 2013

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

While recognizing that the scientific understanding is incomplete and often distorted because of societal stigma, the American Psychiatric Association holds the following positions regarding same-sex attraction and associated issues. It is the American Psychiatric Association's position that same-sex attraction, whether expressed in action, fantasy, or identity, implies no impairment per se in judgment, stability, reliability, or general social or vocational capabilities. The American Psychiatric Association believes that the causes of sexual orientation (whether homosexual or heterosexual) are not known at this time and likely are multifactorial including biological and behavioral roots which may vary between different individuals and may even vary over time. The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to

change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.

The American Psychiatric Association opposes discrimination against individuals with same-sex attraction whether it be in education, employment, military service, immigration and naturalization status, housing, income, government services, retirement benefits, ability to inherit property, rights of survivorship, spousal rights, family status, and access to health services. The American Psychiatric Association recognizes that such discriminations, as well as societal, religious, and family stigma, may adversely affect the mental health of individuals with same-sex attraction necessitating intervention by mental health professionals, for which, the American Psychiatric Association supports the provision of adequate mental health resources to provide that intervention. The American Psychiatric Association supports same-sex marriage as being advantageous to the mental health of same-sex couples and supports legal recognition of the right for same-sex couples to marry, adopt and co-parent.

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NOTE: This statement combines into one document APA policies previously expressed in twelve separate position statements adopted between 1973 and 2011.

APA Official Actions

Position Statement on Conversion Therapy and LGBTQ Patients

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Issue:

Since 1998, the American Psychiatric Association has opposed any psychiatric treatment, such as "reparative" or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder or that a patient should change his/her homosexual orientation¹. This position statement updates and replaces previous position statements about conversion therapy regarding sexual orientation, furthermore it also comments on conversion therapy with gender diverse patients in an attempt to prevent harm to any lesbian, gay, bisexual, transgender, or queer person.

In the past, diversity of sexual orientation and gender identity (e.g. homosexuality, bisexuality, and transgender identities) were seen as a mental illness. This changed in 1973 when the American Psychiatric Association stated that homosexuality per se is not a mental disorder². While Gender Dysphoria remains a part of the DSM-5, there is growing social acceptance that human sexuality and gender identity can present in a variety of ways as part of the human condition^{3,4,5,6,7,8,9,10,11,12,13}.

The validity, efficacy, and ethics of clinical attempts to change an individual's sexual orientation have been challenged^{14,15,16,17,18}. The literature also consists of anecdotal reports of people who claim that attempts to change were harmful to them, and others who claimed to have changed and then later recanted those claims^{19,20,21,22,23,24,25,26,27,28,29,30,31}. Along a similar vein, gender diverse patients have been shown to benefit from gender-affirming therapies^{32,33,34,35,36,37,38,39,40}, and given the documented harm of "reparative" or conversion therapies regarding sexual orientation, it would likely be seen as unethical to research reparative therapy outcomes with gender diverse populations.

While many might identify as questioning, queer, or a variety of other identities, "reparative" or conversion therapy is based on the a priori assumption that diverse sexual orientations and gender identities are mentally ill and should change.

POSITION:

1. **APA reaffirms its recommendation that ethical practitioners refrain from attempts to change individuals' sexual orientation.**
2. **APA recommends that ethical practitioners respect the identities for those with diverse gender expressions.**

3. **APA encourages psychotherapies which affirm individuals' sexual orientations and gender identities.**
4. **APA encourages legislation which would prohibit the practice of "reparative" or conversion therapies that are based on the a priori assumption that diverse sexual orientations and gender identities are mentally ill.**

Authors:

Council on Minority Mental Health and Health Disparities

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2012 - Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression

The American Psychoanalytic Association affirms the right of all people to their sexual orientation, gender identity and gender expression without interference or coercive interventions attempting to change sexual orientation, gender identity or gender expression.

As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to “convert,” “repair,” change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.

Adopted June 2012. This position statement replaces APsaA’s December 1999 position statement on reparative therapy

Excerpted from the American College of Physicians' Position Paper on
Lesbian, Gay, Bisexual, and Transgender Health Disparities (21 JULY
2015) (Full paper at <https://annals.org/aim/fullarticle/2292051/lesbian-gay-bisexual-transgender-health-disparities-executive-summary-policy-position>)

8. *The College opposes the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBT persons.*

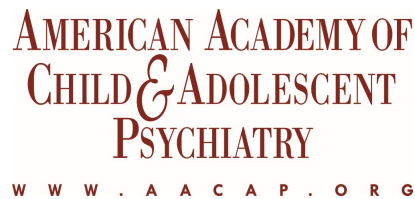
Since 1973, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* has not considered homosexuality an illness (66). All major medical and mental health organizations do not consider homosexuality as an illness but as a variation of human sexuality, and they denounce the practice of reparative therapy for treatment of LGBT persons (67). The core basis for "conversion," "reorientation," or "reparative" therapy, which is generally defined as therapy aiming at changing the sexual orientation of lesbian women and gay men, is mostly based on religious or moral objections to homosexuality or the belief that a homosexual person can be "cured" of their presumed illness.

In 2007, the American Psychological Association conducted a literature review of 83 studies on the efficacy of efforts to change sexual orientation. It found serious flaws in the research methods of most of the studies and identified only 1 study that met research standards for establishing safety or efficacy of conversion therapy and also compared persons who received a treatment with those who did not. In that study, intervention had no effect on the rates of same-sex behavior, so it is widely believed that there is no scientific evidence to support the use of reparative therapy (68). The Pan American Health Organization, the regional office for the Americas of the larger World Health Organization, also supports the position that there is no medical basis for reparative therapy and that the practice may pose a threat to the overall health and well-being of an individual (69). Dr. Robert Spitzer, the author of a 2003 research study often cited by supporters of the reparative therapy movement to purport that persons may choose to change their sexual orientation, has denounced the research as flawed and apologized to the LGBT community in a letter for misinterpretations or misrepresentations that arose from the study (70).

Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons. Research done at San Francisco State University on the effect of familial attitudes and acceptance found that LGBT youth who were rejected by their families because of their identity were more likely than their LGBT peers who were not rejected or only mildly rejected by their families to attempt suicide, report high levels of depression, use illegal

drugs, or be at risk for HIV and sexually transmitted illnesses (71). The American Psychological Association literature review found that reparative therapy is associated with the loss of sexual feeling, depression, anxiety, and suicidality (68).

States have delved into the debate over the use of reparative therapy for minor children given the potential for harm. California; New Jersey; and Washington, DC, have enacted laws banning the practice. Several other state legislatures, such as those in Washington state, Massachusetts, New York, and Oregon, have introduced or passed legislation through one chamber but failed to pass the bill into law (72). The New Jersey law was challenged on the grounds that the ban limited the free speech of mental health professionals, but the law was upheld by the Third U.S. Circuit Court of Appeals (73). In May 2015, the U.S. Supreme Court declined to hear a challenge to the law (74).



Conversion Therapy

Variations in sexual orientation and gender expression represent normal and expectable dimensions of human development. They are not considered to be pathological; therefore, they are not included in the Diagnostic and Statistical Manual of Mental Disorders, and other accepted nosological systems (1). Health promotion for all youth encourages open exploration of all identity issues, including sexual orientation, gender identity, and/or gender expression according to recognized practice guidelines (2). This fosters healthy development, especially for sexual and gender diverse youth, as they integrate their sexual orientation, gender identity, and/or gender expression, into their overall identity without any pre-determined outcome.

“Conversion therapies” (or “reparative therapies”) are interventions purported to alter same-sex attractions or an individual’s gender expression with the specific aim to promote heterosexuality as a preferable outcome (3, 4). Similarly, for youth whose gender identity is incongruent with their sex anatomy, efforts to change their core gender identity have also been described and more recently subsumed under the conversion therapy rubric (5). These interventions are provided under the false premise that homosexuality and gender diverse identities are pathological. They are not; the absence of pathology means there is no need for conversion or any other like intervention. Further, there is evidence that “conversion therapies” increase risk of causing or exacerbating mental health conditions in the very youth they purport to treat (2-5).

Comprehensive assessment and treatment of youth that includes exploration of all aspects of identity, including sexual orientation, gender identity, and/or gender expression is not “conversion therapy” (2). This applies whether or not there are unwanted sexual attractions and when the gender role consistent with the youth’s assigned sex at birth is non-coercively explored as a means of helping the youth understand their authentic gender identity. In the presence of gender dysphoria (distress related to the incongruence between gender identity and sex assigned at birth), the standard of care may involve exploration of living in a different gender role (appropriate to the child or adolescent’s developmental understanding of gender) and/or potential use of affirming gender transition interventions to align anatomical features with one’s gender identity for appropriately assessed pubertal adolescents (6, 7). This follows recognized standards of care and is not considered “conversion therapy.”

The AACAP Policy on “Conversion Therapies”

The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents. However, this in no way detracts from the standard of care which requires

that clinicians facilitate the developmentally appropriate, open exploration of sexual orientation, gender identity, and/or gender expression, without any pre-determined outcome.

Developed by AACAP's Sexual Orientation and Gender Identity Issues Committee

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

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