Sexual Orientation Change Efforts (SOCE) and Conversion Therapy with Lesbians, Gay Men, Bisexuals, and Transgender Persons
The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world. NASW works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. NASW also contributes to the well-being of individuals, families and communities through its advocacy.

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Approved by the National Association of Social Workers Board of Directors. May 1, 2015.
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BACKGROUND

In 1992, the NASW National Committee on Lesbian and Gay Issues (NCLGI) issued a ground-breaking document focused on the negative and stigmatizing impact of the use of ‘transformational ministries’ or ‘conversion or reparative therapies’ in an attempt to change or modify a person’s sexual orientation (NASW, 1992). Later that decade, the NASW National Committee on Lesbian, Gay, and Bisexual Issues (NCLGBI) updated the position statement. In 2000 the National NASW Board of Directors passed a ‘motion to adopt’ the Reparative and Conversion Therapies for Lesbians and Gay Men Position Statement (NASW, 2000). As advocacy efforts have grown, both for and against the use of conversion therapy, so has the need to educate clients and communities about the impact of these practices on individuals and families, and the implications for social work practice. In 2015, the NASW National Committee on Lesbian, Gay, Bisexual, and Transgender Issues (NCLGBTI) updated the position statement utilizing the umbrella term sexual orientation change efforts (SOCE).

INTRODUCTION

Reparative therapy, conversion therapy, or transformational ministries (increasingly included within the term sexual orientation change efforts (or SOCE), received wider attention against the backdrop of a growing conservative religious political climate in the 1990s, and through ongoing social media supported by the Focus on the Family and affiliates (NASW, 1992; Johnston, J., 2011). Proponents of reparative therapy and conversion therapy claim that their processes are supported by scientific data. Of note is that an often cited researcher, Robert Spitzer, admitted flaws in his research and in 2012 formally retracted his 2001 study that claimed gay men and lesbians could switch their sexual orientation (Hein, L. & Matthews, A., 2010). Despite the lack of scientific evidence, supporters of these practices continue to believe sexual orientation can be successfully changed (Panozzo, D., 2013). While there is increased effort at the state and local level to pass laws against the use of SOCE, there is a growing movement to pass
legislation that will limit implementation of state law banning the use of SOCE with minors. Under the guise of ‘parental and family rights’, the proposed legislation will limit the ability for state governments to prohibit certain types of counseling for minors, with specific reference to the parental right to access SOCE for ‘counseling’ (Southern Poverty Law Center, 2014; Kern, S., and Brecheen, J., 2015). SOCE, conversion therapy and reparative therapy have been discredited or highly criticized by all major medical, psychiatric, psychological and professional mental health organizations, including the National Association of Social Workers.

What are sexual orientation change efforts?
The term sexual orientation change efforts (or SOCE) include any practice seeking to change a person’s sexual orientation, including, but not limited to, efforts to change behaviors, gender identity, or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward a person of the same gender. Within this position statement, SOCE includes any form of reparative therapy, conversion therapy, and/or transformational ministries that use interventions claiming to “repair” or “convert” a person in order to reduce or eliminate a person’s sexual desire for a member of his or her own gender. The use of SOCE can include use of psychotherapy, medical approaches, aversion therapy, religious and spiritual approaches, as well as the use of sexual violence (referred to as ‘corrective rape). There are no studies of adequate scientific rigor to conclude whether or not SOCE or conversion therapy can modify or change sexual orientation or gender identity or expression (APA, 2009).

What are sexual orientation, sexual identity, gender identity, and gender expression?
According to NASW’s “Definitions: A Primer” (2009), sex is assigned at birth and determined usually by external, physical genitals. Additional sex markers include chromosomes and internal and external reproductive organs. Gender is an ascribed social status assigned at birth, which is
assumed to be congruent with the assigned birth sex, but may or may not be congruent with the anatomical sexual identifiers.

Sexual orientation is defined by whom people are emotionally, romantically, and erotically attracted to, for the most part and over a period of time. It exists on a continuum of feelings and attractions, and is not necessarily congruent with behavior.

Sexual identity refers to a person’s self-perception of his or her sexual orientation, and sexual behavior refers to a person’s sexual activities.

Gender identity refers to the gender with which one identifies regardless of one’s assigned sex at birth. Gender expression is the communication of gender through behaviors (mannerisms, speech patterns, etc.) and appearance (clothing, hair, accessories, etc.) culturally associated with a particular gender.

Can therapy change sexual orientation or gender identity?

People seek mental health services for many reasons. Accordingly, it is fair to assert that people who have same-sex attraction seek therapy for the same reasons that heterosexual people do. However, media campaigns, often coupled with coercive messages from family and community members, can create an environment in which LGBT persons are pressured to seek conversion therapy. The stigmatization of LGBT persons creates a threat to the health and well-being of those affected which, in turn, produces the social climate that pressures some people to seek change in sexual orientation or gender identity (Haldeman, D., 1994; HRC, 2015). However, no data demonstrate that SOCE or reparative therapy or conversion therapy is effective, rather have succeeded only in short term reduction of same-sex sexual behavior and negatively impact the mental health and self-esteem of the individual (Davison, G., 1991; Haldeman, D., 1994, APA, 2009).

The NASW National Committee on Lesbian, Gay, Bisexual, and Transgender Issues believes that SOCE can negatively affect one’s mental health and cannot and will not change sexual orientation or gender identity.
Why is this issue relevant to the social work profession?

Social workers should have a broad-based knowledge about human sexuality, human sexual development across the life cycle, a high degree of comfort and skill in communicating and responding to such issues, and knowledge of appropriate community services (Harrison, D., 1995).

Social workers across fields of practice, including foster care, mental health, corrections, substance abuse, school social work, and prevention education, will encounter lesbian, gay, bisexual and transgender (LGBT) clients. Providing culturally competent services with LGBT youth and adults calls for a shift or transformation from reparative to affirmative practice and interventions (Hunter, S. & Hickerson, J., 2003; Mallon, G., 2009).

What are the value and ethical implications for social workers?

In discussing ethical decisions for social work practice, Loewenberg & Dolgoff (1996) stress “the priority of professional intervention at the individual level will be to help people achieve self-actualization, rather than helping them to learn how to adjust to the existing social order.”

The practice of SOCE violates the very tenets of the social work profession as outlined in the NASW Code of Ethics. The NASW Code of Ethics (1998) enunciates principles that address ethical decision making in social work practice with lesbians, gay men, bisexual, and transgender people; for example: 1) social workers’ commitment to clients’ self-determination and competence, and to achieving cultural competence and understanding social diversity, 2) social workers’ ethical responsibilities to colleagues, their commitment to interdisciplinary collaboration, and their responsibility to report unethical conduct of colleagues, 3) social workers’ ethical responsibilities as professionals—maintaining competence, fighting discrimination, and avoiding misrepresentation, and 4) social workers’ ethical responsibilities to the social work profession, to evaluation, and to research.
The National Committee on LGBT Issues asserts that conversion therapy or SOCE are an infringement of the guiding principles inherent to social worker ethics and values; a position affirmed by the NASW policy statement on “Lesbian, Gay, and Bisexual Issues” (NASW 2014).

How can I practice the nondiscrimination tenets of my profession?

As stated in the original NASW National Committee on Gay and Lesbian Issues - Position Statement on Reparative Therapy, “If a client is uncomfortable about his/her sexual orientation, the sources of discomfort must be explored, but without prior assumption that same-sex attraction is dysfunctional” (1992). Social workers must advocate against policy or practice interventions that create or reinforce the prejudice and discrimination towards gay men, lesbians, bisexual, and transgender persons and their families. Social workers are obligated to use nonjudgmental attitudes and to encourage nurturing practice environments for lesbians, gay men, bisexual, and transgender persons.

What policy exists to help guide social work practice?

The NASW Policy Statement on Lesbian, Gay, and Bisexual (LGB) Issues and the NASW Policy Statement on Transgender and Gender Identity Issues provide a “blueprint” for social work practice with gay, lesbian, bisexual, transgender clients and communities.

The policies state, “NASW supports the adoption of local, state, federal, and international policies and legislation that ban all forms of discrimination based on sexual orientation and gender identity” (NASW 2008), and further adds “NASW condemns the use of SOCE or so-called reparative therapy by any person identifying as a social worker or any agency that identifies as providing social work services. Public dollars should not be spent on programs that support SOCE” (NASW, 2014). The National Association of Social Workers reaffirms its stance against therapies and treatments designed to change sexual orientation or gender identity and against referring clients to practitioners or programs that claim to do so (NASW, 2014).
Position statement authored by members of the National Committee on Lesbian, Gay, Bisexual, and Transgender Issues (NCLGBTI), National Association of Social Workers (NASW) and NASW staff.  

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REFERENCES


Southern Poverty Law Center (SPLC), 2014. Conversion Therapy. [Online]: splcenter.org/conversion-therapy
RESOURCES

Gay and Lesbian Alliance Against Defamation
121 West 27th Street, Suite 804, New York, NY 10001; 212.629.3322 or 212.727.0135; glaad.org

Gay and Lesbian Medical Association
1326 18th Street NW, Washington, DC 20036; 202.600.8037; glma.org

Gay, Lesbian and Straight Education Network
90 Broad St., New York, NY 10004; 212.727.0135; glsen.org

Healthy Lesbian, Gay, and Bisexual Youth Project, American Psychological Association: Public Interest Directorate
750 First Street, NE, Washington, DC 20002-4242; 202.336.5977; apa.org/pi/lgbt/programs/hlgbsp/index.aspx

Human Rights Campaign
1640 Rhode Island Ave., NW, Washington, DC 20036; 202.628.4160; hrc.org

National Association of Social Workers, National Committee on Lesbian, Gay, Bisexual and Transgender Issues
750 First Street, NE, Suite 800, Washington, DC 20002-4241; 202.408.8600; socialworkers.org

National Center for Lesbian Rights
870 Market Street, Suite 370, San Francisco, CA 94102; 415.392.6257; nclrights.org; Born Perfect Project: nclrights.org/explore-the-issues/bornperfect/

Sexuality Information and Education Council of the United States
130 West 42nd Street, Suite 350, New York, NY 10036; 212.819.9770; siecus.org; siecus@siecus.org

World Health Organization (WHO)/Pan American Health Organization (PAHO). (2012). “Therapies” to change sexual orientation lack medical justification and threaten health; paho.org