

The Science Behind Conversion Therapy: What You Need To Know

NORMAL SPECTRUM OF HUMAN DIVERSITY

There exists a clear consensus among mental health experts on the following:

- Same-gender-sexual orientation (including identity, behavior, and attraction) and variations in gender identity and gender expression are a part of the normal spectrum of human diversity and do not constitute a mental disorder.
- Current research supports the idea that enduring change to a person's sexual orientation is uncommon.

SCIENTIFIC BASED RESEARCH

There is limited research on conversion therapy efforts among children and adolescents; however, none of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation. Current science based research shows that there is:

- No evidence that conversion therapy works
- No evidence that treatment or intervention in childhood can effect adult sexual orientation
- No evidence that adult treatment or intervention can change sexual orientation.

Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. We reviewed the limited research on child and adolescent issues and drew the following conclusions:

There is no research demonstrating that providing SOCE to children or adolescents has an impact on adult sexual orientation. The few studies of children with gender identity disorder found no evidence that psychotherapy provided to those children had an impact on adult sexual orientation (R. Green, 1986, 1987; Zucker, 2008; Zucker & Bradley, 1995). There is currently no evidence that teaching or reinforcing stereotyped gender-normative behavior in childhood or adolescence can alter sexual orientation (Mathy & Drescher, 2008). We are concerned that such interventions may increase the self-stigma, minority stress, and ultimately the distress of children and adolescents. We have serious concerns that the coercive or involuntary treatment of children or adolescents has the potential to be harmful and may potentially violate current clinical and practice guidelines, standards for ethical practice, and human rights.

HARMFUL FIXED OUTCOME INTERVENTIONS

Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment.* Damage can include increased stigma for those individuals experiencing the treatment, increased feelings of depression, suicidal thoughts, and a withholding of accurate information which can be helpful to treated individuals.

BENEFICIAL INTERVENTIONS

Individuals who experience distress due to unwanted feelings of same sex attraction will likely benefit from other, proven, interventions which aim to provide accurate information about LGBT individuals, increase social support, and assist with resolving conflict between feelings of same sex attraction and religious or moral values.

* American Psychiatric Association, 2013b; American Psychological Association, 2010; National Association of Social Workers, 2008

SPEAKER BIOGRAPHY

Jim Broyles, PhD has been a psychologist in private practice since 1990 in Central Ohio. He specializes in working with children, adolescents, and families. He has extensive training and experience working with LGBT youth and their families. Dr. Broyles received his doctorate from the Ohio State University and is past President of the Ohio Psychological Association.

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