



FREQUENTLY ASKED QUESTIONS REPARATIVE OR CONVERSION THERAPY

IMPORTANT DEFINITIONS:

LGBTQ2S+ - (Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning, Two-Spirit, + to include other identities within the community)- a common acronym that is used when referring to members of the sexual and gender diverse community.

Cisgender - a person whose gender identity corresponds with the sex the person had or was identified as having at birth (Merriam-Webster, 2020). For example, being born with female genitalia and identifying as female.

Transgender - a person whose [gender identity](#) differs from the sex the person had or was identified as having at birth (Merriam-Webster, 2020). For example, being born with female genitalia and identifying as male.

Sexual Orientation - a person's sexual identity or self-identification as bisexual, heterosexual, homosexual, pansexual, etc. (Merriam- Webster, 2020).

Gender Identity - a person's internal sense of being male, female, some combination of male and female, or neither male nor female (Merriam- Webster, 2020).

Gender Expression - the physical and behavioral manifestations of one's [gender identity](#)... through mannerisms, behaviours, and expressions (Merriam-Webster, 2020).

1. WHAT IS REPARATIVE OR CONVERSION THERAPY?

According to the National Association of Social Worker's (NASW), 2015 Position Statement "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. 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 as cited by NASW, p. 3).

2. WHAT ARE THE REASONS FOR THE ACSW POSITION STATEMENT ON REPARATIVE THERAPY?

The Alberta College of Social Workers emphasizes the fundamental duty of health care professionals to employ validated theories and evidence-based practices in all aspects of their work. The ACSW recognizes that the approaches collectively known as reparative or conversion therapy are not based in current scientific understanding of human sexuality and gender and offer no credible evidence of their validity or efficacy. In addition, these efforts to change sexual orientation, gender identity or gender expression have been found to cause immediate, short-term and long-term harm to clients. As such, the ACSW stands with many other professional associations in opposing reparative therapy and banning the practice amongst its members. As per the CASW Code of Ethics and the ACSW Standards of Practice, practices that might be described as *conversion or reparative therapy* fall outside of what is deemed to be strong professional practice given our obligation to ensure everyone’s right to be free from violence or threat of violence, to the pursuit of social justice, and to promote conditions that encourage respect for diversity.

In addition, the ACSW recognizes the stigma and discrimination perpetuated by the notion that diverse sexual orientations and gender identities and expressions need to be changed or “repaired” to better resemble heteronormative and cisgender belief systems. The ACSW stands with the LGBTQ2S+ communities to oppose any effort to label sexual and gender minority clients as abnormal, dysfunctional, or broken.

3. I HAVE A CLIENT WHO WISHES TO RECONCILE THEIR RELIGIOUS BELIEFS WITH THEIR SEXUAL ORIENTATION AND WANTS TO EXPLORE REPARATIVE THERAPY. WHAT SHOULD I DO?

As with any client encounter, the therapeutic relationship operates best when it is built on respect, trust and honesty. Clients can, and do, make requests, and ask for interventions that fall outside the practical, professional or ethical limits of that relationship. An integral part of managing those requests in a client encounter is to explain those practical, professional and ethical limits and boundaries, why they exist, and how the therapeutic relationship can progress after such requests.

In this case, the social worker can most certainly engage the client in a dialogue about their motivations for wanting reparative therapy and what outcomes they are hoping for. An important part of that dialogue would include an explanation of the practical, professional, and ethical limits involving social workers and reparative therapy. It is important to remember that not offering reparative therapy or a referral for same does not equal abandonment of the client. If the client and the social worker cannot negotiate mutually agreeable therapeutic goals and outcomes, then the social worker should shift the encounter towards an exploration



of possible solutions and next steps that may include professional termination of the therapeutic relationship at that juncture.

4. I HAVE A CLIENT WHO PREVIOUSLY IDENTIFIED AS A TRANS PERSON AND WHO HAD BEEN EXPLORING GENDER AFFIRMING TREATMENT FOR SEVERAL MONTHS. THEY HAVE NOW INFORMED ME THAT THEY NO LONGER IDENTIFY AS A TRANS PERSON AND INSTEAD THEY WANT TO PURSUE A CISGENDER IDENTITY. DOES A THERAPEUTIC EXPLORATION OF THIS CLIENT'S STATED GOAL CONSTITUTE CONVERSION THERAPY?

There is not a simple answer to this scenario. A client's journey through any therapeutic process is often not simple or straightforward. As social workers, we strive to align ourselves and our interventions to the client's desired goals and outcomes as a reflection of our ethical commitment to client autonomy and self-determination. We balance this with our ongoing dedication to evidence-based assessment and interventions. Thorough and thoughtful exploration of the client's experience is a fundamental component of any therapeutic process. Ask the client to help you better understand this apparent shift. What is motivating or driving this new direction? What internal and external factors are influencing the desire for change? What does the client's agenda hope to achieve? Based on the client's answers, a social worker can better assess the situation and determine a way forward.

It is our utmost responsibility to ensure that we are using our professional judgement in our client interactions. Social workers should ensure that they have basic competencies when working with this community and where we are unsure, we should always consult with someone who has the knowledge, training and background working with this community.

The best care we can provide to our clients is that which is affirming and client-centered and allows for client autonomy and self-determination.

REFERENCES:

Merriam-Webster. (2020). Cisgender. Retrieved on May 14, 2020 from <https://www.merriam-webster.com/dictionary/cisgender>

Merriam- Webster. (2020). Gender expression. Retrieved on May 19, 2020 from <https://www.merriam-webster.com/dictionary/gender%20expression>

Merriam- Webster. (2020). Gender identity. Retrieved on May 14, 2020 from <https://www.merriam-webster.com/dictionary/gender%20identity>

Merriam- Webster. (2020). Sexual orientation. Retrieved on May 19, 2020 from <https://www.merriam-webster.com/dictionary/sexual%20orientation>



Merriam- Webster. (2020). Transgender. Retrieved on May 14, 2020 from
<https://www.merriam-webster.com/dictionary/transgender>

National Association of Social Workers. (2015). National committee on lesbian, gay, bisexual, and transgender issues position statement. Retrieved on May 19, 2020 from
<https://www.socialworkers.org/LinkClick.aspx?fileticket=yH3UsGQQmYI%3d&portalid=0>