

What do America's major health and mental health associations say about homosexuality, same-sex parenting, and attempts to change a person's sexual orientation?

Studies comparing groups of children raised by homosexual and by heterosexual parents find no developmental differences between the two groups of children in four critical areas: their intelligence, psychological adjustment, social adjustment, and popularity with friends. It is also important to realize that a parent's sexual orientation does not dictate his or her children's.

Another myth about homosexuality is the mistaken belief that gay men have more of a tendency than heterosexual men to sexually molest children. There is no evidence to suggest that homosexuals are more likely than heterosexuals to molest children.

**American Psychological Association
Answers to Your Questions About Sexual
Orientation and Homosexuality
www.apa.org/pubinfo/answers.html**

Research has indicated no significant differences between the capabilities of lesbian, gay, and bisexual parents when compared to heterosexual parents (Allen & Burrell, 1996; Bigner & Bozett, 1990; Bozett, 1989; Cramer, 1986; Falk, 1989; Gibbs, 1988; Kveskin & Cook, 1982; Patterson, 1996a). However, lesbian, gay, and bisexual parents face challenges not encountered by most heterosexual parents because of the stigma associated with homosexuality and bisexuality. Prejudice has led to institutional discrimination by the legal, educational, and social welfare systems. In a number of instances, lesbian, gay, and bisexual parents have lost custody of their children, have been restricted in visiting their children, have been prohibited from living with their domestic partners, and/or have been prevented from adopting or being foster parents, on the basis of their sexual orientation (Editors of the Harvard Law Review, 1990; Falk, 1989; Patterson, 1996).

**American Psychological Association
Guidelines For Psychotherapy With Lesbian, Gay,
And Bisexual Clients
www.apa.org/pi/lgbc/guidelines.html**

Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, the American Psychiatric Association calls on all international health organizations, and individual psychiatrists in other countries, to urge the repeal in their own country of legislation that penalizes homosexual acts by consenting adults in private. And further, the APA calls on these organizations and individuals to do all that is possible to decrease the stigma related to homosexuality wherever and whenever it may occur.

**American Psychiatric Association
December 1992
www.psych.org**

The research on homosexuality is very clear. Homosexuality is neither mental illness nor moral depravity. It is simply the way a minority of our population expresses human love and sexuality. Study after study documents the mental health of gay men and lesbians. Studies of judgment, stability, reliability, and social and vocational adaptiveness all show that gay men and lesbians function every bit as well as heterosexuals . . . Research findings suggest that efforts to repair homosexuals are nothing more than social prejudice garbed in psychological accouterments.

**American Psychological Association
Statement On Homosexuality
July 1994**

The American Psychological Association 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.

**American Psychological Association,
Resolution on Appropriate Therapeutic
Responses to Sexual Orientation (also
adopted by the American Counseling
Association)**

The literature that classifies homosexuality and bisexuality as mental illness has been found to be methodologically unsound. Gonsiorek (1991) reviewed this literature and found serious methodological flaws including unclear definition of terms, inaccurate classification of subjects, inappropriate comparison of groups, discrepant sampling procedures, an ignorance of confounding social factors, and questionable outcome measures. The results from these flawed studies have been used to support theories of homosexuality as mental illness and/or arrested psychosexual development. Although these studies concluded that homosexuality is a mental illness, they have no valid empirical support and serve as the foundation for beliefs that lead to inaccurate representations of lesbian, gay, and bisexual people.

**American Psychological Association
Guidelines For Psychotherapy With Lesbian, Gay,
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Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.

**American Academy of Pediatrics
Division of Child and Adolescent Health
www.aap.org/policy/05072.html**

The American Counseling Association adopted a position opposing the promotion of "reparative therapy" as a "cure" for individuals who are homosexual.

**American Counseling Association
1999 World Conference
www.counseling.org**

The potential risks of "reparative therapy" are great, including 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 is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

**American Psychiatric Association, May 2000
www.psych.org/practofpsych/copptherapyaddendum83100.cfm**

Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful. NASW believes social workers have the responsibility to clients to explain the prevailing knowledge concerning sexual orientation and the lack of data reporting positive outcomes with reparative therapy. NASW discourages social workers from providing treatments designed to change sexual orientation or from referring practitioners or programs that claim to do so.

**National Association of Social Workers
www.socialworkers.org**

Even though homosexual orientation is not a mental illness and there is no scientific reason to attempt conversion of lesbians or gays to heterosexual orientation, some individuals may seek to change their own sexual orientation or that of another individual (for example, parents seeking therapy for their child). Some therapists who undertake this kind of therapy report that they have changed their client's sexual orientation (from homosexual to heterosexual) in treatment. Close scrutiny of their reports indicates several factors that cast doubt: many of the claims come from organizations with an ideological perspective on sexual orientation, rather than from mental health researchers; the treatments and their outcomes are poorly documented; and the length of time that clients are followed up after the treatment is too short.

American Psychological Association

"Aversion therapy...is not recommended for gay men and lesbians. Gay men and lesbians can become comfortable with their sexual orientation and understand the societal responses to it."

American Medical Association, 1996

We do not engage in harassment, abusive words or actions, or exploitative coercion of clients or former clients. *We do not support or condone the use of "reparative" or "conversion" therapies, nor any practice which seeks to alter a person's sexual orientation.*

**Theological and Social Concerns Committee,
American Association of Pastoral Counselors
(AAPC).** The italicized sentence was
recommended as an addition to the code of ethics,
Principle III- Client Relationships