

## Resolution on Gender Identity Change Efforts

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### Introduction

*Gender identity* refers to “a person's deep felt, inherent sense of being a girl, woman, or female; a boy, a man, or male; a blend of male or female; or an alternative gender” (APA, 2015, p. 862). While gender refers to the trait characteristics and behaviors culturally associated with one’s biological sex, in some cases, gender may be distinct from the physical markers of biological sex (e.g., genitals, chromosomes). Gender identity is also distinct from gender expression, which refers to “the presentation of an individual including physical appearance, clothing choice and accessories, and behaviors that express aspects of gender identity” (APA, 2015, p. 861). Cisgender refers to “a person whose gender identity aligns with sex assigned at birth” (e.g., an individual assigned female at birth who identifies as a woman; APA, 2015, p. 861). Transgender is “an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth” (APA, 2015, p. 863). For the purpose of this resolution, we are using a broad definition of transgender to include transgender women, transgender men, nonbinary individuals (i.e., people who may identify as a gender other than a woman or a man), and any individual who articulates a gender identity different from societal expectations based on their sex assigned at birth.

Some transgender individuals seek gender-affirming medical care (e.g., hormone therapy, surgery) while others do not. Similarly, some transgender individuals seek to change their gender marker and/or their name on legal documents, while others do not. In this resolution, we strive to be inclusive of all transgender people regardless of the nature of their social, medical, or legal transition.

The fields of psychiatry and psychology have a long history of pathologizing transgender individuals and those who question their gender identity (Barkai, 2017; Benson, 2013; Bouman et al, 2014; Burke, 2011; Drescher, 2010; Nadal et al., 2010; Riggs et al.i, 2019). This history is informed by, and parallels, the larger Western and United States-based, medical-model, narratives that 1) define gender as binary and conflate it with physical markers, 2) define

29 masculinity, and characteristics historically attributed to men, as superior to femininity and  
30 characteristics historically attributed to women, 3) create systems that confer privilege to  
31 cisgender people and label cisgender identities and expressions as normative, 4) discriminates  
32 against transgender individuals (Stryker, 2017).

33 Gender identity change efforts (GICE) refer to a range of techniques practiced by mental health  
34 professionals and non-professionals with the goal of changing gender identity, gender  
35 expression, or associated components of these to be in alignment with gender role behaviors  
36 that are stereotypically associated with sex assigned at birth, (Hill et al., 2010; SAMHSA, 2015).  
37 In addition to explicit attempts to change individuals' gender according to cisnormative  
38 pressures, GICE has also been a component of sexual orientation change efforts (SOCE). As  
39 intense focus on cisnormative conformity is a frequent characteristic of SOCE it is possible that  
40 authors in the literature describing sexual orientation change efforts misgendered their  
41 participants (Hipp et al., 2019). Moreover, "ex-gay" literature and discourse conceptualize  
42 gender diversity as sin, mental illness, and harmful, perpetuating cisgenderism and  
43 transmisogyny (Robinson & Spivey, 2019). Finally, Hipp et al. (2019) identified forms of GICE  
44 that are often not discussed in the psychological literature but that appear to  
45 disproportionately affect Black transgender and gender nonbinary individuals including  
46 violence, church hurt, and gatekeeping from gender affirming care. These efforts may be  
47 referred to as "conversion" therapies", "corrective" treatments, or "normalizing" therapies (Hill  
48 et al., 2010). However, to consider these techniques as therapies or treatments is inaccurate  
49 and misleading because, sex-gender incongruence in and of itself is not a mental disorder  
50 (World Health Organization, n.d.) so, any behavioral health technique or treatment that seeks  
51 to change an individual's gender identity or expression is not indicated; thus, any behavioral  
52 health effort that attempts to change an individual's gender identity or expression is  
53 inappropriate (Hill et al. 2010; SAMHSA, 2015).

54 With roots in this history, GICE are founded on the notion that any gender identity that is not  
55 concordant with sex assigned at birth is disordered, and that a cisgender identity is healthier,

56 preferable, and superior to a transgender identity (Ansara & Hegarty, 2011; Hill et al., 2010;  
57 Robinson & Spivey, 2019).

58 GICE cause harm by reinforcing anti-transgender stigma and discrimination (Turban et al.,  
59 2020); and by creating social pressure on an individual to conform to an identity and/or  
60 presentation that may not be consistent with their sense of self (e.g., Bockting et al., 2013; Egan  
61 & Perry, 2001; Meyer, 2003; Nadal et al., 2012; Russell et al., 2012; Toomey et al., 2010;  
62 Sandfort et al., 2007). Furthermore, GICE are not supported by empirical evidence as effective  
63 practices for changing gender identity and may cause psychological and social harm (Brinkman  
64 et al., 2014; Carr, 1998; Gagné & Tewksbury, 1998; Horn, 2007; Price et al., 2019; Smith &  
65 Leaper, 2006). The American Psychological Association (APA), as well as other healthcare  
66 organizations, (e.g., American Counseling Association, World Professional Association for  
67 Transgender Health) have established empirically-supported practice guidelines that encourage  
68 clinicians to use gender-affirming practices when addressing gender identity issues (ACA, 2010;  
69 APA, 2015; Coleman et al., 2012). Additionally, a number of national and international  
70 professional healthcare organizations have publicly warned against the harmful effects of GICE  
71 by endorsing the U.S. Joint Statement by Professional Organizations Warning Against So-Called  
72 Conversion Therapy (Gaylesta, 2017), including the American Academy of Family Physicians,  
73 American Academy of Nursing, American Association of Sexual Educators, Counselors and  
74 Therapists, American Counseling Association, American Medical Association, American Medical  
75 Student Association, American Psychoanalytic Association, The Association of LGBTQ  
76 Psychiatrists, Association of LGBT Issues in Counseling, Clinical Social Work Association, GLMA:  
77 Health Professionals Advancing LGBTQ Equality, The Association of Lesbian, Gay, Bisexual,  
78 Transgender Addiction Professionals and their Allies, and the World Professional Association for  
79 Transgender Health. A growing number of states and municipalities have enacted laws that  
80 prohibit licensed mental health professionals from engaging in sexual orientation and gender  
81 identity change efforts with minors (Movement Advancement Project, n.d.)

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83 **Gender Diversity, Stigma, & Discrimination**

84 WHEREAS diversity in gender identity and expression is normal within the human experience  
85 and a transgender or gender nonbinary identity or expression is not unhealthy, pathological,  
86 nor a mental health disorder (APA, 2009, 2015; SAMHSA, 2015).

87 WHEREAS gender diverse individuals experience cissexist discrimination and prejudice  
88 throughout the lifespan and life domains (APA, 2009) including significant discrimination in  
89 healthcare settings (Burnes et al., 2016; Fredriksen-Goldsen et al., 2014; Grant et al., 2011;  
90 James et al., 2016; Johns et al., 2017; Lambda Legal, 2010; Macapagal et al., 2016; Reisner et al.,  
91 2015; White Hughto et al., 2015).

92 WHEREAS the practice of GICE reinforces stigma and discrimination against transgender and  
93 gender diverse people (Turban et al., 2020).

94 WHEREAS gender-related bias, victimization, discrimination, criminalization, and forced-gender  
95 conformity experienced by transgender people are associated with poor psychosocial  
96 outcomes, such as heightened psychological distress, compromised overall wellbeing, and  
97 disparities across various contexts (e.g., healthcare, education, workplace, law) (Bockting et al.,  
98 2013; Dickey et al., 2016; Egan & Perry, 2001; Meyer, 2003; Nadal et al., 2012; Russell et al.,  
99 2012; Hendricks & Testa, 2012; Toomey et al., 2010; Sandfort et al., 2007).

100 WHEREAS invalidation and rejection of transgender identity and diverse gender expressions by  
101 others (e.g., families, therapists) are forms of discrimination, stigma, and victimization, which  
102 result in psychological distress (Bockting et al., 2013; D'Augelli et al., 2006; Egan & Perry, 2001;  
103 Hendricks & Testa, 2012; Hidalgo et al., 2015; Landolt et al., 2004; Meyer, 2003; Nadal et al.,  
104 2012; Price, et al., 2019; Roberts et al., 2012; Sandfort et al., 2007; Stotzer, 2012; Russell et al.,  
105 2012; Toomey et al., 2010).

#### 106 **Harm Associated with GICE**

107 WHEREAS individuals who have experienced pressure or coercion to conform to their sex  
108 assigned at birth or therapy that was biased toward conformity to one's assigned sex at birth  
109 have reported harm resulting from these experience such as emotional distress, loss of

110 relationships, and low self-worth (Brinkman et al., 2014; Carr, 1998; Gagné & Tewksbury, 1998;  
111 Horn, 2007; Price et al., 2019; Smith & Leaper, 2006).

112 WHEREAS GICE have not been shown to alleviate or resolve gender dysphoria (Bradley &  
113 Zucker, 1997; Cohen-Kettenis & Kuiper, 1984; Gelder & Marks, 1969; Greenson, 1964; Pauly,  
114 1965, SAMHSA, 2015).

115 WHEREAS, GICE can cause undue stress and suffering and interfere with healthy sexual and  
116 gender identity development (Hiestand & Levitt, 2005; SAMHSA, 2015).

117 WHEREAS, GICE can reduce one's willingness to pursue future mental health treatment (Craig  
118 et al., 2017).

119 WHEREAS, GICE often involves the promotion of stereotyped gender behaviors consistent with  
120 cultural expectations (Coleman et al., 2012; Hill et al., 2010);

121 WHEREAS GICE are associated with harmful social and emotional effects for many individuals,  
122 including but not limited to, the onset or increase of depression, anxiety, suicidality, loss of  
123 sexual feeling, impotence, deteriorated family relationships, intrusive imagery, and substance  
124 abuse (c.f. SAMHSA 2015 for a review; Turban et al., 2019).

125 WHEREAS diverse gender expressions and transgender identities are not mental disorders  
126 (American Psychiatric Association 2013) and many transgender individuals lead satisfying lives  
127 and have healthy relationships (APA, 2015; SAMHSA, 2015).

### 128 **Gender Affirming Practices**

129 WHEREAS transgender and nonbinary people whose gender has been affirmed report increased  
130 quality of life (Ainsworth & Spiegel, 2010; APA, 2015; Gerhardstein & Anderson, 2010; Kraemer  
131 et al., 2008; Newfield et al., 2006).

132 WHEREAS self-determination in defining one's gender identity is a source of resilience for  
133 transgender people and associated with improvements in wellbeing and reductions in  
134 psychological distress (Menvielle & Tuerk, 2002; Pickstone-Taylor, 2003; Rosenburg, 2002;  
135 Singh et al., 2011; Singh et al., 2014).

136 WHEREAS individuals who have experienced gender-affirming psychological and medical  
137 practices report improved psychological functioning, quality of life, treatment retention and  
138 engagement, and reductions in psychological distress, gender dysphoria, and maladaptive  
139 coping mechanisms (Austin & Craig, 2015; de Vries et al., 2014; Haas et al., 2011; Sevelius,  
140 2013; White Hughto & Reisner, 2016).

141 WHEREAS, professional consensus recommends affirming therapeutic interventions for  
142 transgender people who request that a therapist engage in GICE, and the therapist should  
143 remain objective, neutral, and nonjudgmental to the outcome, focusing on empowering the  
144 client to be active in discovering and understanding their own identity (American Counseling  
145 Association, 2009; APA, 2012; 2015; American Psychiatric Association, 2018; Byne et al., 2012).

#### 146 **APA Policy**

147 WHEREAS APA opposes discrimination on the basis of gender identity, gender expression, and  
148 transgender identity, and actively opposes the adoption of discriminatory legislation (APA,  
149 2008);

150 WHEREAS APA supports the passage of laws and policies protecting the legal rights and  
151 freedoms of people of all gender identities and expressions (APA, 2008);

152 WHEREAS Psychologists' work is based upon established scientific and professional knowledge  
153 of the discipline. (APA, 2017b, p. 5).

154 WHEREAS APA recognizes that psychologists work is based upon Respect for People's Rights  
155 and Dignity (Principle E), Avoiding Harm (3.04), and Unfair Discrimination (3.01; APA, 2017b).

156 WHEREAS gender affirming psychotherapy is founded in clinical practice guidelines, and harm  
157 has not been identified for any of these gender-affirming treatment practices (APA, 2015,  
158 2017b; Byne et al., 2012).

159 WHEREAS, the APA policy and practice guidelines (e.g., Multicultural Guidelines: An Ecological  
160 Approach to Context, Identity, and Intersectionality; Guidelines for Psychological Practice with  
161 Transgender and Gender Nonconforming People) affirm that psychologists do not engage in

162 discriminatory or biased practices and urge psychologists to take a leadership role in preventing  
163 discrimination towards transgender and gender diverse people (APA, 2009, 2015, 2017a).

164 THEREFORE BE IT RESOLVED that after reviewing scientific evidence on GICE, affirmative  
165 treatments, and professional practice guidelines, the APA affirms GICE can be harmful.

166 BE IT FURTHER RESOLVED that the APA opposes GICE because of the evidence they cause harm.

167 BE IT FURTHER RESOLVED that Transgender and nonbinary identities, as well as other gender  
168 identities that transcend culturally prescriptive binary notions of gender, represent normal  
169 variations in human expression of gender.

170 BE IT FURTHER RESOLVED that neither transgender identity nor the pursuit of gender-affirming  
171 medical care constitutes evidence of a mental disorder.

172 BE IT FURTHER RESOLVED that evidence supports psychologists in their professional roles to use  
173 affirming and culturally relevant approaches with individuals of diverse gender expressions and  
174 identities.

175 BE IT FURTHER RESOLVED that APA encourages psychologists to advise parents, family members, and  
176 patients to avoid GICE that portray gender diversity as a mental illness or developmental disorder, and  
177 APA encourages psychologists to work to foster support and acceptance of gender diversity;

178 BE IT FURTHER RESOLVED that APA is committed to promoting accurate scientific data  
179 regarding gender identity and expression in its own policy, public advocacy, judicial  
180 proceedings, media, and public opinion.

181 BE IT FURTHER RESOLVED that APA encourages collaboration between and among individuals  
182 and organizations to promote the wellbeing of transgender people.

183 BE IT FURTHER RESOLVED that the APA encourages psychologists to be aware of multiple and  
184 intersecting factors in identity, such as sex assigned at birth, gender expression, gender  
185 identity, age, race, ethnicity, religion, spirituality, socioeconomic status, disability, national  
186 origin, and sexual orientation in conceptualization, treatment, research, and teaching about  
187 transgender people.

188 BE IT FURTHER RESOLVED that the APA opposes the dissemination of inaccurate information  
189 about gender identity, gender expression, and the efficacy of GICE, including the claim that  
190 gender identity can be changed through treatment, the characterization of transgender or  
191 gender nonconforming identity as a mental disorder and the promotion of treatments that  
192 prescribe gender identity or expression consistent with one's birth-assigned sex as effective for  
193 clients with gender dysphoria.

194 BE IT FURTHER RESOLVED that APA re-affirms that APA (2015) encourages psychologists to:

195 a. Acknowledge the diversity and complexity of identities and experiences and recognize  
196 transgender identities as healthy expressions of gender.

197 b. Recognize that descriptions of any gender identity or expression as unnatural, abhorrent, or  
198 unhealthy perpetuate stigma for sexual and gender minorities, and have negative mental health  
199 and social consequences.

200 c. Assist clients in exploring and understanding the cultural and familial influence on gender  
201 roles and expression. Instead, psychologists are urged to help clients understand the societal  
202 contexts of sexism, heterosexism, and transphobia, and to use a multicultural- and gender-  
203 affirmative framework in research, teaching, training, and supervision

204 BE IT FURTHER RESOLVED that the American Psychological Association opposes GICE because  
205 there is evidence of former participants reporting harm resulting from their experiences of GICE  
206 and the contribution that such efforts make to social stigma and prejudice directed at gender  
207 diverse individuals, consistent with other major professional mental health associations,  
208 including the American Psychiatric Association (2018); American Counseling Association (2017),  
209 SAMHSA (2015), American Academy for Child & Adolescent Psychiatry (2018), World Health  
210 Organization (n.d.) and World Psychiatric Association (2016).

211 BE IT FURTHER RESOLVED that the APA, because of evidence of harm and lack of evidence of  
212 efficacy, supports public policies and legislation that oppose or aim to reduce GICE, cissexism,  
213 and anti-transgender bias and that increase support for gender diversity;

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215 BE IT FURTHER RESOLVED that the APA supports collaboration and partnerships with global,  
216 national and state and local partners to achieve the aims of this resolution.

217 BE IT FURTHER RESOLVED that the APA promotes professional training in gender-affirming  
218 practices and opposes professional training in GICE in any stage of the education of  
219 psychologists, including graduate training, continuing education, and professional  
220 development.

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