IPsyNet

International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues

IPsyNet Declaration Against Sexual Orientation and Gender Identity/Expression (SOGIE) Conversion Practices

AAPA Asian American Psychological Association

Asociación de Psicología de Puerto Rico

Československá psychologická společnost

Consejo General de la Psicología ESPAÑA

Conselho Federal de Psicologia

THE HONG KONG Psychological Society 香港心理學會

PSYCHOLOGICAL ASSOCIATION OF THE PHILIPPINES 1962

PsySSA Psychological Society of South Africa

SEA LGBTQ+ RESEARCH NETWORK

VLSP FACHVERBAND FÜR QUEERE MENSCHEN IN DER PSYCHOLOGIE E.V.

IPsyNet Declaration Against Sexual Orientation and Gender Identity/Expression (SOGIE) Conversion Practices[1]

The International Psychology Network for Lesbian, Gay, Bisexual, Transgender, and Intersex Issues (IPsyNet) acknowledges the long history of social stigma against individuals with LGBTQ+ identities. Today, diverse sexual orientations and gender identities/expressions (SOGIE) are recognized as natural and healthy variants of human diversity (Academy of Science of South Africa, 2015; American Psychiatric Association, 2018; American Psychological Association, 2015, 2021a, 2021b, 2021c; Australian Psychological Society, 2014a, 2014b; European Association of Psychotherapy, 2017; European Psychiatric Association, 2022; Hong Kong Psychological Society, 2023; Psychological Association of the Philippines, 2011; Psychological Society of South Africa, 2025; Richards et al., 2016; World Medical Association, 2024). This stance has been supported by a proliferating body of research underscoring stigma as a significant factor contributing to the distress experienced by diverse SOGIE groups (Hatzenbuehler et al., 2024; Zeeman et al., 2019). Despite this, many LGBTQ+ people across the globe are manipulated or forced to engage in SOGIE "conversion" practices, with some seeking out these practices for themselves due to internalization of anti-LGBTQ+ stigma (OutRight Action International, 2019; Reyes et al., 2024; Tozer & Hayes, 2004).

Therefore, IPsyNet asserts that efforts to change SOGIE:

1. **Constitute human rights abuses, often manifesting as forms of violence and, in some cases, tantamount to torture.** Torture has been defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person (United Nations, 2024). SOGIE conversion practices have included physical and psychological abuses, forced medication such as hormones and steroids, and aversion "therapy" which may include electrocution, verbal abuse, and humiliation, among others. Psychologists and other health care providers also have engaged in SOGIE conversion practices which attempt to steer sexual and gender diverse people away from their self-determined sexual orientation and gender identity (Haldeman, 2022; Independent Forensic Expert Group, 2020). SOGIE conversion practices have also been performed by spiritual advisors using

1 Attempts to change sexual orientation and gender identity/expression (SOGIE) have encompassed a spectrum of approaches, from psychological interventions and behavioral treatments to, at times, more drastic and extreme measures. Such practices have been documented by researchers and mental health authorities as conversion therapies, reparative therapies, sexual orientation change efforts (SOCE), gender identity change efforts (GICE) or sexual orientation gender identity change efforts (SOGICE). In this paper, we more accurately refer to these as 'SOGIE conversion practices', since this captures the full range of change efforts, and explicitly represents their prevalence and impact across the diversity of individual differences, including preferences, orientations and expressions.

prayer, verbal attacks, exorcisms, and, in some cases, beatings, shackling, and food deprivation (ILGA World, 2020; OutRight Action International; 2019; United Nations, 2020).

2. **Cause harm and trauma.** The association between SOGIE conversion practices, psychological distress and suicide morbidity has been empirically substantiated worldwide. Studies have shown that SOGIE conversion practices have been associated with depression, suicidality, PTSD, and substance misuse (Chan et al., 2022; Green et al., 2020; Reyes et al., 2024; Tran et al., 2024; Turban et al., 2020; Wang et al., 2023).

3. **Involve imposition of societal, cultural, or religious stigmas.** SOGIE conversion practices not only reinforce but also mandate adherence to certain prejudiced norms, such as heteronormativity, which can lead to minority stress[22] (Hatzenbuehler et al., 2024; Rich et al., 2020; Zeeman et al., 2019). Such stigmas are deeply intertwined with the core organizing principles of many societies, which often result in compulsory heterosexuality and cis normativity. This systemic insistence on conformity can significantly contribute to the psychological distress experienced by those whose identities extend beyond narrow societal norms.

4. **Run counter to widely recognised best practices in the field of affirmative psychological and mental healthcare.** Best practices depathologise diverse sexual orientations and gender identities; reject hetero- and cis-normativity; understand that sexually and gender diverse people are bearers of multiple and intersectional identities; and acknowledge the long-term psychosocial effects of systemic exclusion and othering (Drescher, 2015; Hendricks, 2022).

5. **Lack scientific validity, and are not grounded in authoritative scholarly theories of sexuality and gender diversity.** Given the ethical, scientific, and methodological limitations of research attempting to find support for the efficacy of SOGIE conversion practices, such research agendas should be scrutinized (Hendricks, 2022; Jowett et al., 2021; Przeworski et al., 2021).

6. **Violate ethical principles and contravene internationally accepted professional codes of practice.** Ethical principles protect the profession and the public by establishing standards of behaviour that guide psychologists in their work (IAAP & IUPsyS, 2008). SOGIE conversion practices are in direct conflict with the core ethical principles and prima facie obligations commonly represented in the ethical

2 Minority stress is rooted in stigma and prejudice which puts LGBTQ+ people at an increased risk of negative health outcomes compared to cisgender straight people. It includes distal stressors that originate from people or institutions that impact the LGBTQ+ person, as well as proximal stressors that result from internalized stigma, expectations of rejection, and identity concealment (Frost & Meyer, 2023).

codes of various psychology associations worldwide. These include respect for the rights of individuals to self-determination and autonomy, beneficence and non-maleficence, and otherwise "doing no harm." Ethical principles hold psychologists responsible to remain self-aware of personal beliefs and biases during professional practice to not impose prejudice and discriminatory actions on client relationships. If psychologists experience difficulties managing their bias, they should consult, seek supervision, and refer out appropriately. While IPsyNet acknowledges the existence of diverse opinions on gender and sexuality rooted in societal, religious, and cultural beliefs and values, this does not absolve psychologists of their ethical obligations.

Psychologists therefore have an ethical duty to:

- **Promote and utilize evidence-based, affirmative approaches, such as support for sexual identity exploration and trauma-informed care for those harmed by SOGIE conversion practices.**
- **Address misconceptions and accurately educate the public about the state of the science regarding sexual orientation and gender identity.**
- **Not engage in, refer clients to, or endorse any form of SOGIE conversion practices.**

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