



Position Statement #2

Condemning Conversion Therapy: Supporting 2SLGBTQ+ Health Through Evidence-Based Care

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Introduction and Background Information

Conversion therapy, also known as reparative therapy or sexual orientation change efforts, is the practice of using therapeutic interventions in an attempt to change an individual's sexual orientation to heterosexual (Drescher et al., 2016). It can include religious meditation, aversion therapy, talk therapy, or group therapy (CPA, 2015; Drescher et al., 2016). Conversion therapy has been widely reported to include harmful and abusive methods, such as separating individuals from their social support networks and families, shame, blame, sleep deprivation, verbal abuse, physical abuse, sexual abuse, and emotional abuse. It is primarily funded and supported by religious bodies that reject the validity of non-heterosexual sexual identities. While many organizations that offer conversion therapy deny allegations of abuse, there is no regulatory body to ensure this is true, and many survivors of conversion therapy still report experiencing abusive methods (Stroh, 2019).

Historically, psychoanalysts believed that the cause of homosexuality was poor parenting, an immature or childish personality, or a phobia of heterosexuality, and that there was "no such thing as normal bisexuality" (Drescher et al., 2016). This belief was adopted by many professionals, including psychiatrists, despite contradictory research showing how homosexuality is a natural human variance (Drescher et al., 2016). In the 1970s, mass protests forced the American Psychological Association to re-evaluate the evidence, leading to homosexuality being removed from the DSM -II in 1973 (Drescher et al., 2016). This helped change societal attitudes regarding homosexuality, but it still took almost another 20 years for the World Health Organization to remove homosexuality from their International Classification of Diseases (ICD-10) (Drescher et al., 2016). Despite the lack of evidence or support, old psychoanalytic theories are still used to this day by social and religious conservatives to support the use of conversion therapy (Drescher et al., 2016).

While 2SLGBTQ+ individuals and organizations have always opposed interventions meant to "cure" them of their sexual orientation, the recent influx of professional organizations and health authorities support has given validity to the concerns raised around conversion therapy. Currently, conversion therapy is opposed by many professional organizations



worldwide, including; the World Health Organization, American Academy of Pediatrics, American Psychoanalytic Association, American Medical Association, American Counseling Association, American College of Physicians, American Psychological Association, Canadian Psychiatric Association, Canadian Psychological Association, and the Canadian Association of Social Workers (Human Rights Campaign, n.d.; CPA, 2015).

There is no peer-reviewed evidence to support the theory that an individual can change their sexuality after undergoing conversion therapy (Drescher et al., 2016). Many organizations that offer conversion therapy services instead use anecdotal testimonials as their primary source of evidence. However, there is a wealth of peer-reviewed evidence that shows that conversion therapy can lead to depression, anxiety, distress, suicidal ideation, negative self-image, spiritual distress, impaired ability to maintain relationships, and sexual dysfunction (CPA, 2015; Drescher et al., 2016).

In Canada, there is no federal law regarding conversion therapy, despite a petition submitted to the federal government in March 2019 (Stroh, 2019). However, there are some regulations at the provincial and municipal levels throughout Canada that restrict access to conversion therapy. Ontario is the only province with an outright ban, while Manitoba and Nova Scotia have regulations surrounding who can offer and who can receive conversion therapy (Stroh, 2019). Vancouver is currently the only municipality that has enacted regulations preventing businesses from offering conversion therapy services (Stroh, 2019). While these regulations are better than nothing, anything less than an outright ban leaves room for harm to come to 2SLGBTQ+ individuals.

Canadian Nursing Students' Association's Current Position on the Issue

In 2013, CNSA passed the position statement "Incorporating 2SLGBTIQQA+ Education into Nursing Curriculum in Canada", which recognized the need for nurses to advocate for 2SLGBTQ+ health concepts to be integrated into nursing curriculum and to practice culturally safe care when working with 2SLGBTQ+ populations (CNSA, 2013). Then, in 2017, CNSA passed an additional resolution statement further emphasizing the need to incorporate 2SLGBTQ+ needs into nursing curriculum in addition to working with local 2SLGBTQ+ organizations (CNSA, 2017).

While these previous statements are strongly linked in concept to this current statement, they differ in that they focus on the ability of nurses to provide culturally safe care to 2SLGBTQ+ individuals, whereas this statement opposes interventions that negatively affect 2SLGBTQ+ individuals. Nursing students must continue to advocate for the integration of culturally safe care into nursing curriculum and nursing practice, but it is just as vital that nurses understand the context and implementation of why and how 2SLGBTQ+ individuals have experienced trauma in the name of health care.

Relation to Canadian Nursing School Curriculums

According to the 2016-2021 strategic plan, one of the priorities of CNSA is to "influence and advance innovation and social justice in the nursing curriculum and the nursing profession" (CNSA, 2016). CNSA has been working diligently with CASN throughout the last six years to stress the importance of integrating 2SLGBTQ+ specific health concepts into nursing curriculum. Understanding the impact of conversion therapy needs to be part of this understanding. Nursing students must recognize the traumatic effects that can occur when an individual undergoes conversion therapy so that they may advocate for their patient if it is presented as a valid therapeutic option. It is also vital that nurses understand the potential harms associated with conversion therapy so that they may provide trauma-informed care when working with individuals who are experiencing adverse outcomes related to these experiences.

Conclusion and Restatement of the CNSA Position

CNSA does not support the use of conversion therapy as a therapeutic intervention, does not support the belief that sexual orientation can be changed, and supports increased legislation aimed towards banning the use of conversion therapy. Conversion therapy can result in serious harm done to the recipient and has no peer-reviewed evidence of any benefit. It is the responsibility of nurses to advocate for the health and safety of their clients, which includes opposing interventions where the benefits do not outweigh the risks. In the case of conversion therapy, the non-existent benefits are vastly outweighed by the negative health outcomes

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Canadian Nursing Students' Association
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