



# Declaration on Avoiding Harm with Sexual and Gender Minorities

A Reconciliation and Growth Project Statement

We advocate promoting self-determination and avoiding harm when dealing with sexuality, gender identity, and life purpose/faith/meaning.

## **Self-determination requires that clinicians who provide counseling services:**

- See clients as multifaceted with the right to explore, define, and live their own life paths without imposing the clinician's personal worldviews, values, and goals.

*For example: Not telling clients to leave or stay in their relationship, religion, etc.*

- Respect and explore clients' understanding of their biological, psychological, and social experiences, including how they navigate their identity in such experiences.

*Example 1: Not dictating how clients identify or choose not to identify, or to what extent clients should or shouldn't transition socially or medically.*

*Example 2: If unable/unwilling to recommend minors or others for medical intervention or to use client's pronouns, respectfully disclosing this to clients from the outset so they can make a fully informed decision about whether they want to stay or pursue treatment elsewhere. In cases where clients choose the latter, assisting them in finding suitable alternatives.*

- Use a client's pronouns, OR if choosing not to use a client's pronouns, ensuring that the clinician does not contest or disparage the client's identity or use of those pronouns.

*For example: using the client's chosen name rather than using pronouns at all to refer to the client – in session and in clinical notes.*

*Example 2: Exploring "What is it like for you when people do and don't use your pronouns?"*

*Example 3: "Here are my limits, I will only be able to support you in this way, do you still want to engage in treatment with me, based upon your goals?"*

- Respect clients' existential, spiritual, religious, and/or sociopolitical beliefs and consequent decisions to participate in institutions that may or may not reflect all their values.

*For example: "Help me understand this belief so that I can support you – rather than so I can talk you out of it."*

## **Avoiding harm means that providers who engage in counseling services:**

- Do not coerce, pressure, shame, or direct changes in identity.

*For example: Suggesting or implying that clients will not have positive mental health unless they pursue gender transition or unless they find congruence with their birth sex. Suggesting or implying that clients will not have positive mental health unless they pursue or avoid certain relationships.*

*Example 2: Leading a client rather than staying with and holding space for the client to explore their experience.*

- Use approaches that are respectful and compassionate to the various choices clients make regarding their lived experiences.

*For example: checking in with the client about potential harms the client might be experiencing in therapy based on the clinician's worldview.*

- Obtain education about how organizational and cultural systems (including those of the clinician) can work to discourage, devalue, and limit self-determination.

- Recognize the impact of race/ethnicity and other meaningful identities as they intersect with sexuality, gender expression, and faith.

- Foster clients' intellectual, emotional, psychological, and social development in ways that honor their integrity.

- Convey to clients that they are unconditionally deserving of respect, dignity, and love and that their worth is not conditioned upon conformity.

- Assert the right of clients to organize their own values and ethics rather than deferring to the expectations of other persons, institutions, or customs.



## These approaches are potentially harmful:

### **Violating professional ethics and guidelines:**

- Beginning from a foundational assumption that people are mentally ill or exhibiting a learned, reactive, or addictive behavior if they experience sexual and/or gender diversity and/or a deep devotion to faith.
- Assuming that a client's experience adheres to a one-size-fits-all model or theory.
- Not addressing the effects of minority stress, including prejudice, stigma, discrimination, and lack of mentorship, representation, or awareness of positive life options.
- Failing to be aware of healthy life options that may be available within the client's system of values or faith.
- Violating the client's boundaries, such as asking voyeuristic questions, using inappropriate touch or any nudity in sessions, and/or inappropriately disclosing personal information to the client.
- Not addressing the client's potential for creativity, resilience, and community building.
- Not assessing the client's unique experience with religion, faith, sexuality, and/or gender identity.
- Failing to explore family systems and cultural and ethnic values and/or traditions.
- Failing to discern the difference between a scope of practice issue and abandoning a client whose identity or life decisions do not align with personal beliefs.

### **Failing to follow principles of good practice:**

- Not assessing potential for suicide or self-harm.
- Not inquiring periodically about the client's feelings regarding counseling—for example, failing to ask if they feel understood and not making adjustments or appropriate referrals.
- Using direct or indirect manipulation, pharmacological interventions, or aversive techniques, such as punishment and shock therapy, to achieve a specific outcome regarding sexual orientation, gender identity, or faith.
- Exploiting the client's vulnerability by asking questions that are voyeuristic, intrusive, or otherwise not relevant to the client's needs.

### **Fostering expectations of predetermined outcomes:**

- Basing treatment on the assumption that a change in sexual orientation or gender identity will or should occur.
- Encouraging expectations of a specific sexual orientation, gender identity, or faith outcome.
- Limiting the client's exploration of sexuality, sexual orientation, gender identity, personal values, or faith.

### **Imposing external values upon the client's belief system:**

- Urging the client to discard beliefs about their religion, faith, sexuality, or gender identity.

This declaration applies to the spectrum of sexual and gender diversity, whether an individual identifies as lesbian, gay, bisexual, transgender, a different label, or chooses not to identify according to sexual attraction or gender experiences.

### **For the purposes of this declaration, this is how the following terms have been used:**

**Faith** means a person's adherence to beliefs, and/or practices, and rituals of that person's spirituality and/or religion.

**Gender** refers to the sex-related behaviors and traits ascribed by the culture and the sex-related characteristics that individuals experience and assign to themselves. Gender is different from the biological sex of male, female, or intersex individuals.

**Gender identity** means the way a person interprets and labels their gendered experience.

**Minority stress** means chronic stress resulting from discrimination, prejudice, and/or lack of acknowledgment.

**Religion** means an identification with a religious organization and its doctrines, principles, and/or practices.

**Sexual orientation** means a persistent pattern of erotic attraction and aversion. This may or may not be consistent with a person's preferred sexual and romantic expression and identity.

**Sexuality** means a person's erotic and romantic feelings, expression, and identity.

*\*\*Faith, gender, and sexuality may be core aspects of a person and/or may be shaped by cultural influences.*