

National Alliance for Recovery Residences

(NARR) Best Practices

LGBTQ-Affirming Considerations in Recovery Housing

Introduction

NARR promotes the need for gender-specific recovery housing and denying recovery housing solely based on an applicant's gender-identity or sexual orientation is not a best practice. NARR's Code of Ethics states that recovery residences value diversity and non-discrimination, and this includes creating LGBTQ-affirming living environments. Supporting recovery housing residents requires that they feel safe, respected, and connected. For people who identify as lesbian, gay, bisexual, transgender, queer, gender and sexually-diverse (LGBTQ+), this includes honoring their gender identity and sexual orientation.

From 2021 to 2023, the NARR hosted community conversations to gather input from Affiliates and recovery residence providers on ways to build culturally affirming certified recovery residences. Participants noted a need for further education on serving LGBTQ+ communities. Many expressed a desire to make their homes LGBTQ-affirming but were unsure where to begin. This guide serves to familiarize operators and Affiliates with LGBTQ-affirming best practices within the context of the NARR Standard 3.0 and Ethics Code.

WHY LGBTQ+ SPECIFIC CONSIDERATIONS?

LGBTQ+ people are far more likely to misuse alcohol and other illicit drugs than the general population, more than 18% in 2018, compared to less than 8% of the total US population (McCance-Katz, 2019). Transgender people are more than three times as likely to regularly use illicit drugs than cisgender people (Hughton et al., 2021). Over 86% of LGBTQ +people receive no treatment or recovery support whatsoever (SAMHSA, 2019). Currently available data on SUD treatment or services does not include transgender people. However, trans

individuals are less likely to receive medical or mental health services due to fear of mistreatment (23%) or cost (33%) than their cisgender¹ peers (James et al., 2022).

ANTI-DISCRIMINATION PROTECTIONS

Under federal fair housing law, a landlord cannot discriminate against an applicant or tenant based on their sex, and the United States Department of Housing and Urban Development (HUD) defines “sex” to include an individual's gender and sexual orientation. However, a 2007 decision by the Ninth Circuit Court of Appeals stated that discrimination on the basis of gender may be upheld if the restriction (1) responds to legitimate safety concerns raised by the individuals affected, rather than being based on stereotypes or (2) benefits the excluded class. While some state and local governments have explicitly established LGBTQ+ as a protected class, Congress and the federal courts have not. yet extended this beyond the context of employment. Meanwhile, government agencies, such as the United States Housing and Urban Development (HUD), have begun restricting organizations that accept their funding from discriminating against housing applicants and tenants based on their gender-identity or sexual orientation

DISCLAIMER

It is beyond NARR’s purview to provide legal advice for certified providers or State Affiliates. In addition to reviewing the following practices, NARR encourages recovery residence providers to seek legal guidance and ensure an understanding of applicable laws.

The below practices are modeled on language in the Federal Housing Act (FHA), including the Equal Access Rule (EAR) for federally funded programs issued by HUD, and resources from the U.S. Department of Health and Human Services. Again, recovery residence providers are encouraged to seek legal guidance and ensure an understanding of the related laws.

NOTE ON LANGUAGE

The term **transgender** is an umbrella category for *anyone whose gender identity does not align with their sex assigned at birth*. This includes non-binary identities and genders from indigenous cultures, such as Two Spirit or Mahu. **Queer** is also an umbrella term denoting *gay, lesbian, bisexual/pansexual, asexual, and any other non-heterosexual orientation*.

Readers are encouraged to use the identity language of each individual. **Cisgender** refers to individuals whose gender matches their sex assigned at birth. For more detailed definitions, see the glossaries in the [Further Information](#) section.

KEY:

I, **A,** **1.**
Domain Core Standard Subsection
a. Principle

The numbers in parentheses—i.e., (I,A,1.a.), (Ethic 2)—notes the standard or ethic of the NARR Standard 3.0 (NARR, 2018) & Code of Ethics (NARR, 2017) that supports the practices outlined.

LGBTQ-Inclusive Best Practices for Certified Recovery Housing

1. LGBTQ+ STATUS IS A CONSIDERATION FOR INCLUSION, NOT EXCLUSION IN RECOVERY HOUSING. ENTRY TO A RECOVERY RESIDENCE IS BASED ON ALIGNMENT OF INDIVIDUAL NEED WITH THE MISSION AND VISION OF THE HOME.

Denying housing to an individual solely based on their actual or perceived LGBTQ+ status or on unfounded fears related to one’s LGBTQ+ identity is not best practice.

LGBTQ+ identity can be considered when qualifying someone for housing or a benefit. For instance, an operator managing a residence designed for LGBTQ+ might incorporate into their prerequisites that applicants are required to self-identify as women or men with an LGBTQ+ identity.

(I,A,2.d.; I,A,2.i. Ethics 2, 7, 9)

2. PLACEMENT SHOULD BE BASED ON GENDER IDENTITY.

An applicant’s gender identity takes precedence in determining placement in gender-specific/single-sex or gender-segregated/sex-segregated recovery homes. **Gender identity** is the gender with which a person identifies, regardless of their sex assigned at birth, appearance, anatomy, or identity documents. When an applicant’s preference to live in a home does not match their identity, their preference should be considered on a case-by-case basis when...

- ✓ The applicant requests accommodations that do not match their gender identity due to health or safety concerns.
- ✓ The applicant's concerns cannot be mitigated in some "less burdensome" way (i.e., providing a single-occupancy room).²

Accommodations that do not match an individual's gender identity should not be made...

- ✗ due to another resident's stereotype-based complaints regarding the individual's actual or perceived sexual orientation, gender identity or expression.
- ✗ based solely on actual or perceived sexual orientation, gender identity or expression— i.e., because a provider thinks someone is transgender or an individual identifies as trans but does not request alternative accommodation.

These practices alone don't address the placement of individuals whose identities do not neatly fall into the category of man or woman referred to under the umbrella category of **non-binary**³ throughout this document.

NARR recommends making the applicant's preference the primary deciding factor for the placement of non-binary individuals. Providers may refer non-binary applicants to equivalent alternatives — such as mixed gender or trans-specific homes — upon the applicant's request. The above guidance on preference still applies in these situations.

Providers should work collaboratively with trans residents to make reasonable adjustments for the individual's privacy and comfort, as noted in Best Practice 3. (III,I,27.b.; III,H,26.b. Ethics 6-9)

SEE THE [FURTHER INFORMATION](#) SECTION FOR A VISUAL AID OF THIS PROCESS WITH RELEVANT EXAMPLES.

3. ASSIST WITH COMFORT AND PRIVACY ADJUSTMENTS.

Trauma and other life experiences may have various impacts on the residents we serve. LGBTQ+ individuals are more likely to experience trauma and post-traumatic stress than the general population. (Valentine et al.). Providers likely work with individuals who express safety or privacy concerns, and should respond in a manner that:

² Language adjusted from the FHA's [Equal Access Rule](#) and [amendments](#). See the Further Information section for more details.

³ See the glossaries in the Further Information section to learn more.

- ✓ Promotes general privacy and safety for everyone in the home — privacy screens for changing clothes, trauma-informed toxicology protocols, curtained shower heads in facilities with bank showers, and so on.
- ✓ Implements specific, reasonable requests made by the individual for their stay — scheduled shower time, rearrangement of roommates, toxicology screens done at a nearby clinic or community supervision office, etc.

A resident may request reasonable adjustments for themselves, or for the general safety, comfort or privacy of everyone in the home. Individual adjustments may only be implemented for the resident making the request. (III,H,26.b-c. Ethics 6-9)

Policies and procedures should not require a resident to engage with the home and its community differently because of another's discomfort with their actual or perceived gender identity or sexual orientation. This applies to all residence protocols and daily activities, including drug screenings — policies must be transparent, fair, recovery-driven, and uniformly applied per NARR's Ethical Policies Regarding Drug Testing (NARR, 2018).

If a resident's discomfort is due to the behavior of their housemate, the situation should be addressed through the home's conflict resolution process. Work with the resident during this time may include making reasonable adjustments such as rearranging roommates.

REASONABLE REQUEST

Sheila requests a way to change privately and alone in her room. She works with her provider and roommate to come up with a solution. Her house manager suggests using a privacy screen, but Sheila is still anxious at the thought of someone walking in. Clara, her roommate, suggests they make a sign that says, "Please Knock Before Entering" that can be put up as needed. That way Clara remembers not to barge in, and other housemates know to give her privacy without explanation. Sheila agrees and asks to have the screen in the room as well. The system works—in fact, the rest of the house adopts the knock sign to give each other a little extra privacy for changing, private phone calls, and the like. The provider decides to make sure every room has a sign, and incoming residents are instructed how and when to use it. Not everyone uses the privacy screen, but residents know it's available upon request.

General adjustments must be made as a whole house to promote a culture of privacy—such as the optional knock sign. Let's revisit Sheila and Clara with an example of an impractical request.

UNREASONABLE REQUEST

Sheila, a trans woman in early recovery, just moved into a women's recovery home. Clara, her roommate, is uncomfortable with Sheila changing in their room after Sheila comes out to Clara. Clara tells the house manager that Sheila's gender makes her feel unsafe, and Sheila ought to change in the bathroom. The manager asks if Sheila has said or done anything directly to threaten Clara's safety. Clara repeats that Sheila's general presence makes her unsafe because she's "biologically male".

Clara's request is not actionable, as she wants Sheila to change how she engages with the home. Clara should be validated and reminded that Sheila has a right to feel safe in the home too. The best solution might be to rearrange room mates so Clara and Sheila are not rooming together — this is acceptable because Clara is making a change without putting that responsibility on Sheila. Had Sheila acted inappropriately, the situation would be handled as any other complaint, regardless of Sheila's gender identity. See Best Practice 6 for more detail.

4. PROVIDE EQUAL ACCESS TO SERVICES.

Providing differential access to services or requiring non-standard conditions for residents with actual or perceived LGBTQ+ identities raises concerns. This includes segregating an LGBTQ+ individual or requiring them to use a specific bathroom, unless requested by the resident as an adjustment per Best Practice 3. (I,A,2.d. Ethics 2, 6-9)

EXAMPLES OF DIFFERENTIAL ACCESS

- X A gay man is told he cannot have a roommate and must sign a statement promising not to flirt with other residents of his men's home or be asked to leave.*
- X A trans woman is told she can only use the women's restroom if no one is using another stall.*
- X A resident who identifies as queer is told they must examine how their "lifestyle" contributed to their addiction as part of their Recovery Plan. They're expected to attend a weekly religious meeting no one else in the home is required to attend.*

5. MAINTAIN CLEAR ANTI-DISCRIMINATION POLICIES AND EXPECTATIONS OF CONDUCT.

Recovery residences should have clear anti-discrimination and conduct policies that are communicated to residents and staff in the Resident Agreement, Code of Conduct and any other relevant paperwork.

Recovery residence staff should be informed of all their responsibilities regarding service delivery through clear job descriptions and Code of Conduct agreements. . It is inequitable to refuse to conduct a standard service because of an individual's actual or perceived gender identity or sexual orientation. (I,B,5.a.; I,D,11.a, b. Ethics 2, 5, 13)

6. IDENTIFY AND ADDRESS STEREOTYPE-BASED COMPLAINTS.

Concerns or complaints based solely on a resident's actual or perceived gender identity or sexual orientation are insufficient reasons to:

- X Segregate, discipline, or remove the subject of the complaint.*
- X Require the subject to meet alternative or additional conditions of housing.*

X Provide the subject substandard services.

Providers and Affiliates should distinguish actionable complaints from stereotype-based complaints and, at a minimum, acknowledge the complaint even if the resolution is different than what the complainant requests. (I.A.2.d; Ethics 2, 6-9, 11)

STEREOTYPE-BASED COMPLAINT

“I don’t like the way Willow looks at me. She’s a lesbian, and I don’t want her checking me out!”

Willow’s behavior does not violate the Resident Agreement or NARR Standard; the complainant assumes intent because of Willow’s identity. Because Willow hasn’t violated any community standards, this complaint does not warrant formal review. Talking to the complainant and helping her understand her assumptions would be an appropriate response, as well as making any individual adjustments for the complainant without burdening Willow or other residents. It may be appropriate for the provider to refer the complainant to other recovery residences or services if she is not willing to live with a diverse group of people as noted in the Resident Agreement.

ACTIONABLE COMPLAINT

“Oscar has made sexual remarks to me, witnessed by Bert and Ernie. Comments continue despite me telling him to stop.”

Sexual harassment is necessary to review and redress. These comments are unacceptable regardless of to whom Oscar makes them or what his sexual orientation or gender identity may be. It's his behavior that is the problem.

Best Practices Tip

Concerns based on stereotypes arise from peers’ anxieties and misconceptions about the LGBTQ+ community. Providers and Affiliates can educate themselves and collect resources about common anti-LGBTQ+ myths and the application of such ideas to address stereotype-based concerns and discriminatory practices while having ready responses to stigmatizing comments. Recognizing and addressing bias while countering harmful myths is a positive start. See the [Further Information](#) section for resources on combating [anti-gay](#) and [anti-transgender](#) stereotypes and myths.

7. IT IS UNNECESSARY, UNPROFESSIONAL AND OFFENSIVE TO ASK POTENTIAL RESIDENTS OR ANY MEMBERS OF THE HOUSEHOLD ABOUT THEIR ANATOMY OR SEXUAL HISTORY.

Screening and routine interviews with residents should only consist of questions pertinent to assessing the individual’s needs, strengths and goals, and the availability of corresponding services and support networks. **The same questions should be asked of all applicants and residents.** Asking personally invasive questions regarding someone’s

anatomy, biology, or sexual history is not appropriate. Exceptions can be made when the information is needed to qualify someone for benefits. For example, providers may ask about gender identity because there is a direct service need for this information to place applicants accordingly. **This information should be used for placement and service requirements only.** Applicants should be informed how this information will be used, and the extent to which it may be shared, if at all. See Best Practice 8 for more details on protecting residents' privacy and sensitive data collection.

ACCEPTABLE QUESTIONS

- ✓ *"What words best describe your gender identity?"*
- ✓ *"What is your gender identity?"*

UNACCEPTABLE QUESTIONS

- ✗ *Were you born male or female?*
- ✗ *"Do you have male or female genitalia?"*

Avoid screenings and intake questions that only offer a narrow set of options about gender identity — for example, a list containing only "male, female, or other" is not inclusive. The below inclusive intake question provides options and allows applicants to note the language that best suits them. This may be more practical than an open-ended, write-in question for filing purposes.

EXAMPLE QUESTIONNAIRE

Select all words that apply to your gender from the list below.

- *Woman*
- *Man*
- *Cisgender*
- *Transgender*
- *Non-binary*
- *Agender*
- *Other (If desired, please describe): _____*

Asking an applicant to disclose their gender identity or sexual orientation without direct service-related need for that information, or denying housing without clear policy-guided reasons after such a disclosure.

8. PROTECT IDENTITY INFORMATION WITH PRIVACY POLICIES AND CONFIDENTIAL PRACTICES.

Providers are responsible for maintaining residents' privacy under the NARR Standard, including policy and procedures that clearly identify what information is confidential and/or

anonymous, who has access to that information, and how it will be protected. These policies should be communicated to applicants via the Resident Agreement or at the time of information gathering, such as an entry survey. Policies should include practices for keeping disclosure of gender identity and/or sexual orientation (aka “coming out”) confidential.

Not all staff require access to information regarding sexual orientation or gender identity, and should only be told if necessary to provide services or if the resident provides written consent to inform specific staff. “Unauthorized staff” refers to any provider who does not require this information to deliver services or does not have the resident’s written consent. The resident should be informed of exactly who can be told this information and for what reason. The consent should have an end date, after which providers may no longer disclose details to others.

Failing to protect identity information or disregarding residents’ privacy by “outing” them to visitors, friends, family, other residents, or unauthorized staff, should be addressed with immediacy and care. The resident should be informed of the breach at once; they have the right to give input on appropriate remediations, with their safety and privacy being the top priority. (I.B.6.a-c; Ethic 6)

It is potentially hurtful and traumatizing to require or pressure an LGBTQ+ resident to “out” themselves to other residents or staff of the home. Requiring residents to disclose their gender identity or sexual orientation to roommates, other residents, or unauthorized staff as a condition of placement is not in keeping with the NARR Standard.

Best Practices Tip

Encourage residents to disclose their identity to housemates and the rest of the community if and when they feel comfortable doing so. Providers should refrain from disclosing to unauthorized staff or residents even if permission is given, so as to encourage LGBTQ+ residents to practice healthy communication, boundaries, and relationship-building at their own pace.

RECOMMENDATIONS ON DATA COLLECTION

LGBTQ+ people can be a difficult population to track for health outcomes because they are less likely to access services. Collecting resident data may be a valuable tool for directing more resources towards this underserved community.

Affiliates and providers may collect resident information for data reporting purposes, including gender identity and sexuality, when appropriate measures are taken to protect data privacy, inform residents of their rights, and communicate to residents how their data will be used. NARR recommends withholding questions about sexual orientation for data collection purposes until after a resident has been accepted into the home — preferably, providers should reserve such questions for an entrance survey. Applicants or residents

may become intimidated or worried about discrimination based on their answers. That’s why a clear notice in a Resident Agreement regarding nondiscrimination practices and thoughtful data collection procedures are vital.

9. USE THE NAME AND PRONOUNS IDENTIFIED BY RESIDENTS.

A **chosen name**⁴ refers to the name someone uses on a daily basis. We use them all the time — “Katie” instead of Caitlin, John Lyle Smith goes by his middle name “Lyle”, and so forth. For trans people this is more than just common courtesy; names and pronouns⁵ can have a big impact on wellbeing and their sense of belonging.

Failure to use someone’s chosen name and pronouns can lead to poorer mental health outcomes for transgender and non-binary individuals. The more contexts in which trans people, especially youth and young adults, can utilize their chosen name and pronouns the less likely they are to experience depressive episodes or suicidal ideation (Pollitt et al.).

NARR recommends using chosen names and pronouns in all settings throughout our community as part of our commitment to creating healthy, supportive homes that affirm and empower residents and their recovery. This starts with respect.

Providers should use the name and pronouns stated by a resident and support the rest of the household in doing the same. Respecting someone’s gender identity means using stated names and pronouns, correcting oneself or others if incorrect language is used, and apologizing when applicable.

Paperwork should have space for residents and staff to note their pronouns and chosen name, as well as their legal name. Filing systems should sort by the individual’s chosen name when possible. Legal names and genders should be kept confidential in the same manner as someone’s identity as discussed in Best Practice 8. (I,B,6.a-c.; I,D,10.c.; I,D,11.b.; III,H,26.a-b. Ethics 2, 6)

10. ADDRESS ANTI-LGBTQ+ BEHAVIOR WITHIN THE RESIDENCE.

Biased behavior goes against the NARR Standard & Code of Ethics. Providers should respond immediately to reports or observations of anti-LGBTQ+ bias such as harassment, bullying, intimidation, or derogatory language. Anti-LGBTQ+ behavior is contrary to the NARR Standard and should be noted in the Resident Agreement; see Best Practice 5 for details on language in policies and agreements.

⁴ See glossaries in the Further Information section for more details.

⁵ See [Pronoun Breakdown](#) under Further Information to learn more about pronouns and their usage.

If remediation efforts do not meaningfully change biased behavior, providers may ask the individual to transfer from the home in accordance with the obligation to maintain the safety and wellbeing of the community. Extreme bias such as physical altercations, sexual assault or harassment, or threats of violence may be grounds for immediate or unplanned transfer/discharge. All policies and procedures regarding behavioral expectations should be listed in the Resident Agreement and staff Code of Conduct as noted in Best Practice 5. (I.B.5.a, I.C.7.b; Ethics 2, 3, 8, 11, 12)

Providers should avoid retaliation if a resident or provider reports bias to house leaders, owner-operators, or the Affiliate as noted in the Code of Ethics.

11. DEVELOP INCLUSIVE RECOVERY RESOURCES.

Providers and Affiliates are encouraged to work with LGBTQ+ residents and community members to find mutual support meetings and other recovery support services that meet both the individual's needs and any requirements of the home.

It is unethical to require LGBTQ+ residents to engage with recovery resources that degrade or discriminate against their identities as a condition of housing. NARR recognizes that providers cannot control for the bias of individuals involved in outside referrals. However, if a recovery residence provider becomes aware that a particular program has anti-LGBTQ+ practices, values, or policies — or that program providers are perpetuating biased behavior — they should help find alternatives for residents or adjust their practices/policies to utilize more inclusive services.

It is unethical to forbid or disqualify a resident from utilizing recovery resources that specifically serve LGBTQ+ populations. These supports should be counted toward any requirements of the home, such as attending weekly meetings, as long as all other program conditions are met.

NARR recommends developing resources that affirm and support LGBTQ+ people in recovery in the wider community. Start by listing those services and meetings that you're familiar with — those certified by your Affiliate, or provide clear policies to support LGBTQ+ people in recovery. Preferably, these resources should cater to the queer community explicitly; however, NARR is aware that these resources may be limited. We recommend cultivating relationships with your wider recovery community to advocate for and expand LGBTQ-friendly recovery services. Collaborative efforts of this nature can yield enhanced services catering to all individuals pursuing recovery. (III.G.21.a-b, III.G.22.a-b, III.I.29.a-f; Ethics 2, 5, 14)

Conclusion

This document outlines the basic practices, prohibitions, and standards necessary for homes at any level to maintain the NARR Standard and support equal access to LGBTQ+ individuals seeking recovery housing. Federally funded recovery residences may be subject to requirements not referenced here under the Equal Access Rule (EAR) of the FHA.

Additional guidance for serving LGBTQ+ residents may be forthcoming. In the meantime, please review the attached resources in the [Further Information](#) section, and those within our concurrent statement, Ethical Obligation to Prevent So-Called Conversion Therapy in Certified Recovery Housing.

NARR Best Practices

Ethical Obligation to Prevent So-Called “Conversion Therapy” in Certified Recovery

Housing

CONTENT NOTE: The following guidance discusses harmful practices against LGBTQ+ people in the form of sexual orientation and gender identity (SOGI) change efforts — attempts to make a queer person heterosexual or cisgender that can be traumatizing. It references anti-LGBTQ+ harassment, abuse, assault, and the prevalence of suicidal ideation and self-harm in survivors of SOGI change efforts. We encourage all our peers to take care of themselves by engaging with this material in safe and respectful environments. Best Practice 7 notes several examples in the X-marked list that may trigger negative responses in survivors. Please take care of yourself as you become more informed.

Introduction

WHAT IS “CONVERSION THERAPY”?

For decades, mental health and substance use disorder services have been used to attempt to rid Lesbian, Gay, Bisexual, Transgender, Queer, sexually- & gender-diverse (LGBTQ+) people of their sexual orientation, gender identity, or expression. Efforts to change someone’s sexual orientation or gender identity are commonly called conversion therapy, corrective therapy, ex-gay therapy, or reparative therapy. In this statement, we use the phrase **sexual orientation and gender identity (SOGI, pronounced “so-gee”) change efforts** to denote *any attempt to change or repress an individual’s sexual orientation or gender identity, or expression*. These endeavors lack therapeutic validity and are not grounded in evidence-based, high-quality mental health or substance use disorder services. They do not “repair” or “correct” an individual. SOGI change efforts have been thoroughly debunked by extensive scientific research, which unequivocally finds the practice to be:

- Not based in therapeutic standards
- Ineffective at addressing the mental health needs of LGBTQ+ people
- Unfounded in its claims of “successfully” changing someone’s identity
- Perpetuating negative stereotypes of LGBTQ+ identities as abnormal
- Actively harmful to LGBTQ+ people’s emotional, mental, and physical well-being—especially for youth and young adults
- Linked to significant harms, such as increased suicidality and suicide attempts, and other negative outcomes including severe psychological distress and depression.

The American Psychological Association, American Medical Association, American Psychiatric Association, American Academy of Pediatrics, and the National Association of Social Workers, among many other medical and psychological professionals, have widely condemned and opposed so-called conversion therapy, noting its detrimental impact on LGBTQ+ people's well-being. The U.S. Substance Abuse & Mental Health Services Administration (SAMHSA) noted in a 2015 report:

The research, clinical expertise, and expert consensus make clear that conversion therapy efforts to change [someone's] gender identity, gender expression, or sexual orientation are not appropriate therapeutic interventions. (SAMHSA 2015)

And again, in its final report *Moving Beyond Change Efforts: Evidence and Action to Support LGBTQI+ Youth* SAMHSA concluded:

“An overarching and guiding conclusion of this report is that SOGI change efforts in children and adolescents are harmful and should never be provided. ... Further, these practices are not supported by credible evidence and have been disavowed as harmful by behavioral health experts and scientific professional associations. SOGI change efforts do not align with current scientific understanding of gender, and are based on the unfounded concept that being in a sexual or gender minority group or identifying as LGBTQI+ is an abnormal aspect of human development. Most importantly, they put young people at risk of serious harm.” (SAMHSA 2023)

Subjecting vulnerable individuals to potentially harmful practices is antithetical to the NARR mission and the wellbeing of the person seeking or in recovery. The populations served by certified recovery housing are often already vulnerable due to being in early recovery and commingling stressors such as adverse childhood events, trauma, incarceration, co-occurring disorders, cultural and minority stresses.

Lifetime exposure to SOGI change efforts is associated with greater risk of serious psychological distress and suicide attempts, with some adults being twice as likely to attempt suicide than those without a history of conversion therapy (Turban et al. 2015; Jowett et al. 2021). A 2020 study by the [Trevor Project](#) found youth subjected to conversion therapy were twice as likely to have attempted suicide in the last year versus other LGBTQ+ youth, and were 2.5 times more likely to have made multiple attempts in that time (Green et al. 2020).

Survivors report increased depression, suicidal thinking and self-harm, self-blame, feelings of anger and resentment, greater social isolation, and damaged relationships with family — all of which are increased risk factors for developing substance use disorder (Jowett et al. 2021; NIDA, 2020).

NARR'S COMMITMENT

As an alliance of providers dedicated to quality recovery housing, the National Alliance for Recovery Residences is committed to ensuring that everyone has access to recovery housing services that affirm the agency and identity of the whole individual. This means access to quality services without coercion, suggestion, or requirement that LGBTQ+, questioning, or LGBTQ-preceived individuals change their identities.

Our mission is met through standards and ethics grounded in the latest recovery and mental health research, as well as policy built on the social model of recovery. The unscientific, discriminatory, and potentially dangerous nature of SOGI change efforts — and the detrimental impact it can have on LGBTQ+ people who undergo it — is not an acceptable practice.

The ensuing best practices align with and are based in the NARR Standard & Code of Ethics. Deviations from these practices may result in review by the respective state Affiliate, with potential consequences determined based on the circumstances, gravity of the deviation, and relevant federal, state, or local regulations.

Some states have adopted laws banning SOGI change efforts in youth and/or young adults; we highly encourage providers and Affiliates to review state and local ordinances to understand their rights and responsibilities. This document is not intended as a replacement for reviewing the laws that impact your operation.

Regardless of the specific circumstances in each state, NARR urges Affiliates and their certified housing providers to address any indication of SOGI change efforts occurring within their residences. If reliable indications exist that efforts to change or repress residents' LGBTQ+ identities are occurring in a certified home, the Affiliate is empowered to remediate according to their Affiliate-Operator Agreement, Code of Ethics, the best practices laid out in this document, and the NARR Standard. Consequences up to and including suspension and/or revocation of a residence's certification may be appropriate based upon the situation.

There is nothing wrong with being LGBTQ+. Queer identities are not a mental disorder or an addiction. Everyone deserves access to quality recovery support services that affirm each individual's personhood, agency and experience. Requiring someone to change aspects of their core identity to receive recovery services is antithetical to NARR's guiding values and mission. Everyone deserves recovery. Everyone deserves a safe, affirming place to call home.

DISCLAIMER

These Best Practices are not legal advice. If you are concerned about any operator or resident legal matters or rights with regards to this memorandum, please contact your own attorney.

NOTE ON LANGUAGE

While SAMHSA has advised to use the term “SOGI change efforts” to describe practices that attempt to change LGBTQ+ individuals’ behavior and identities, many of the resources and references cited in this document use alternative language. That doesn’t change the importance of their information. Most resources define the language they use to mean the same as our definition. We still suggest using the term “SOGI change efforts”, as the other terms can inadvertently legitimize these practices as therapeutic or effective. “Change Efforts” reinforce the lack of scientific-based evidence in these attempts.

KEY:

I, **A,** **1.**
Domain Core Standard Subsection
a. Principle

For your reference, the numbers in parentheses—i.e., (I.A.1.a), (Ethics 2)—indicate the language of the NARR Standard & Code of Ethics that undergird and supports the practices outlined.

Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing

1. All residents living in certified recovery housing of any level must be seeking or in recovery from substance use disorder(s). It is unethical to admit a resident for the purpose of “recovering from” or “curing” their actual or perceived LGBTQ+ identity, whether such aims come from the applicant, their family or friends, or the provider. (I.A.1.a; Ethics 2, 14)
2. Certified recovery homes highlight the pathways used to serve their recovery residents. However, approaches that compel LGBTQ+ residents to forsake their identities in pursuit of the house's program is not a best practice and is not aligned with the principles outlined in the NARR Code of Ethics. (Ethics 2, 7, 8, 14 & 15)
3. The NARR Standard requires that all claims made by a certified recovery residence in marketing and other communications be accurate and substantiated. Any claims to be able to “correct”, “repair”, or change someone’s sexual orientation or gender identity are considered unsubstantiated and misleading, as no evidence supports the efficacy of such efforts in general or in its ability to assist in someone’s mental health or recovery. Extensive research shows

these practices are damaging, and therefore go against the ethical obligation to provide for the safety and wellbeing of all residents. (I.A.2.e; Ethics 3, 8, 15)

4. It is unethical to obscure the use of SOGI change efforts within a home, and amounts to false marketing and misleading applicants regarding intended services and outcomes. (I.A.2.e; Ethics 14, 15)
5. It is unethical to require LGBTQ+ residents or those perceived to be LGBTQ+ to engage in SOGI change efforts as a condition of housing or program completion. Doing so may constitute differential access or unequal service conditions under federal civil rights regulations, and does not align with the NARR Standard & Ethics. (I.A.2.d; Ethics 2, 6-9)

Examples of unequal conditions or access:

- X To access the same basic services as a cisgender resident, a trans woman named Laura Jane must agree to undergo additional “reparative practices”, including: religious programming aimed to rid her of “sin”; a class that teaches individuals how to “act like a man”; being housed according to her assigned sex at birth; and requirements to adhere to a special dress code. Laura Jane must sign a statement agreeing that she will undergo these services as a condition of her housing, and that failure to comply may result in being asked to leave.
 - X Ernie, a gay man in a men’s recovery home, is not allowed to attend a camping retreat with a mutual aid group. The retreat is a major component of the home’s advertised services, and Ernie was looking forward to it. Instead he is told he must attend a retreat that focuses on how the “gay lifestyle” leads to drug addiction and promiscuity. If Ernie doesn’t attend, his House Manager tells him he won’t successfully discharge from the program with his peers. This alternative retreat was not mentioned in his Resident Agreement or recovery plan.⁶
6. Practices that endanger the safety or well-being of a resident or can reasonably be called abusive, harassing, or otherwise threatening are unethical and unacceptable — even if the resident agrees verbally or in writing to participate in a recovery plan or Resident Agreement. Unsafe or abusive practices can include, but are not limited to:

⁶ This may still be considered unequal access even if clearly advertised. If something is required only because of someone’s gender identity or sexuality, it potentially constitutes unequal access.

- X Talk therapy, psychotherapy, or peer services⁷ — specifically, services that attempt to find the “cause” for someone’s identity by having participants relive traumatic experiences or other aversive events that are then associated with reinstating birth-assigned sex or heterosexuality.
- X Medication such as antipsychotics, antidepressants, anti-anxiety medications, psychoactive drugs, or hormone injections administered to curb LGBTQ+ feelings or behavior. Medication for diagnosed disorders and conditions, prescribed by the resident’s doctor, is not a danger to the resident.⁸
- X Eye Movement Desensitization and Reprocessing — where an individual focuses on a traumatic memory while experiencing bilateral stimulation.
- X Electroshock or Electroconvulsive Therapy (ECT) — where electrodes are attached to the head and electric current is passed between them to induce seizure and affect memory.
- X Aversion therapy — such as electric shock to the hands, genitals or other parts of the body or nausea-inducing medication administered with presentation of homoerotic stimuli.
- X Force-feeding or food deprivation.
- X Limiting basic biological needs — such as water, sleep, bathroom use, or hygiene.
- X Exorcism — this practice varies but generally includes the reading of holy verses while an individual is restrained. May also include being beaten with a broomstick or other object, burned on the head, back, or palms, or other physical violence.
- X Forcing an individual to be nude or undress, usually in the presence of others.
- X Behavioral conditioning — such as being forced to dress, talk or walk in a particular way and punished for “wrong” behavior.
- X Isolation — sometimes for long periods of time, including solitary confinement or being kept from interacting with the outside world.
- X Verbal abuse and humiliation.

⁷ Some of the practices on this list may otherwise be innocuous—talk therapy and peer-to-peer support are often positive tools for people in recovery. The danger comes in how such tools are used to manipulate LGBTQ+ individuals’ sense of self and to shame their identities and experiences.

⁸ See our [MAT guide](#) for information on best practices for handling medication in homes.

- X Hypnosis — used with the intent to deter or rid one’s LGBTQ+ identity or feelings.
- X Confinement to the residence.
- X Beatings and other ‘corrective’ violence, including assault and rape.⁹

The use, threat, or promise of such practices is considered a violation of the NARR Standard & Code of Ethics. Such conduct should be addressed immediately by state Affiliates and any other proper oversight entities. (Ethics 2, 3, 6, 8, 11, 14)

7. It is unethical to dissuade, silence or intimidate someone from filing or pursuing a grievance related to alleged SOGI change efforts happening within the home. Doing so goes against the Standard and Code of Ethics, and may be addressed by the respective State Affiliate accordingly. (I.C.7.b; Ethic 11)

Further obligations for Affiliates and providers may exist under federal, state or local law regarding allegations of SOGI change efforts, especially toward minors, and any illegal activity alleged to occur during these efforts. We urge Affiliates and providers to familiarize themselves with the relevant laws and regulations of their respective jurisdictions to better understand their rights and responsibilities. To begin, see the [Further Information](#) section of this statement.

NARR is fine-tuning these ethical responsibilities to prevent so-called conversion therapy as part of our mission to support quality, evidence-based recovery housing and continuously improve our standards. NARR will conduct regular reviews and audits of these statements to ensure they remain aligned with evolving best practices, legal requirements, and the needs of the diverse populations we serve. These reviews will help us adapt and enhance these standards to provide the highest quality care and support to all residents.

Additional guidance for serving LGBTQ+ residents is forthcoming. In the meantime, review the attached resources and those within our concurrent statement [Commitment to LGBTQ+ Inclusion in Certified Recovery Housing](#). Affiliates and providers whose recovery residences serve youth and young adults should be aware of local and state laws concerning conversion

⁹ This list was amended from the most common SOGI change efforts around the world identified by the International Rehabilitation Council for Torture Victims. [See references.](#)

therapy practices and youth populations. Some starting resources are provided in the [Further Information](#) section below.

Further Information

CONTENT NOTE: Some of these references contain detailed descriptions of abusive practices, including quotes from survivors. Please take care of yourself as you become more informed.

STATEMENT AIDS

[Recovery Housing Placement Steps Based on Gender Identity & Preference: Visual Aid](#). This graphic explainer walks through Best Practice 2's parameters for using gender identity and preference to determine appropriate housing for transgender and non-binary individuals. The first page is a general walkthrough, with pages 2 and 3 containing specific examples of a non-binary applicant and a transgender applicant whose preference does not match her identity.

GLOSSARY OF TERMS

[LGBTQ+ Inclusion in Recovery Housing: Glossary \(2022\)](#). This glossary gives definitions of frequently used terms throughout this document and other LGBTQ+ related terms you may come across. Also included are definitions for recovery housing terms relevant to discuss LGBTQ-inclusion, making this glossary specific to NARR certified housing and related settings. While first compiled in 2022, this is a living document—see the header for the most recent revisions and be sure to check back for updates. Below are links to additional glossaries for a wider range of terms than the consolidated language used within these NARR statements.

[The Big Queer Glossary | Georgia Culture Therapy](#). A thoroughly detailed glossary of many LGBTQ+ community terms.

[Pronoun Breakdown | Quinn Forss](#). A brief primer on how to use someone's pronouns, and to become more comfortable with asking and stating pronouns. Currently, the document is designed for recovery high school settings; however, it is a living document that intends to expand upon using pronouns in multiple recovery settings.

[LGBTQ Inclusive Language Presentation | RICARES](#). These slides walk through ways to make your language more inclusive of LGBTQ+ people, and how to use terminology and ideas mentioned throughout these resources. Created by Olivia Jenkins for recovery housing training at RICARES.

FAIR HOUSING ACT AND LGBTQ+ HOUSING DISCRIMINATION

["Housing Discrimination and Persons Identifying as Lesbian, Gay, Bisexual, Transgender, and/or Queer/Questioning \(LGBTQ\)" \(2022\)](#). HUD maintains a summary of protections applicable to LGBTQ+ people under the FHA, listed here in clear language. They've also included some clear examples of housing discrimination on the basis of sexual orientation and gender identity that may help to illustrate the ideas both in this document, and the FHA. Many other resources, including how to file a discrimination claim, can also be found here.

EQUAL ACCESS RULE AND AMENDMENTS

["Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity" \(2012\)](#). This is the final text of the 2012 Equal Access Rule, which summarizes and gives detailed background of the rule. The EAR is a provision under the Fair Housing Act that prohibits arbitrary discrimination on the basis of gender identity, sexual orientation, or marital status in all HUD-funded or sponsored housing programs. Eligibility for someone seeking admission to HUD-assisted or insured housing must be done without regard to one's sexual orientation, gender identity, or marital status. This is an important resource to understand the obligations of those

receiving HUD assistance to implement their programs. Originally, the rule proposed to bar inquiries regarding someone’s sexuality or gender identity in order to promote equal access; however, it later clarified that nothing in the rule bars individuals from voluntarily disclosing their identity, and it does not prohibit lawful inquires of an applicant’s gender identity where housing involves shared sleeping areas or bathrooms. As this document is more than a decade old, some of its language and provisions may be outdated. See the other resources listed here for more recent information.

[Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs \(2016\)](#) This rule builds upon the EAR by outlining how transgender, non-binary, and gender non-conforming people should be accommodated in temporary and emergency shelters that require and are permitted to have shared sleeping spaces or bathrooms. This rule was written for programs and shelters funded under the Office of Community Planning and Development. The background and supplement section offers excellent detail on the barriers transgender people face in trying to access shelter or temporary housing, and how HUD has amended the EAR to lower those barriers and acknowledge the limitations of space in many of these CPD-funded programs.

[Equal Access to Housing in HUD's Native American and Native Hawaiian Programs- Regardless of Sexual Orientation or Gender Identity \(2016\)](#).

This rule revises the HUD Native American and Native Hawaiian programs in accordance with the EAR to ensure all eligible individuals, regardless of sexuality, gender identity, or marital status, have access to these programs and provide consistency across all HUD programs.

EQUAL OPPORTUNITY EMPLOYMENT FOR LGBTQ+ PEOPLE

[Moving Towards Equality in the Workplace for LGBTQ+ Employees \(U.S. Equal Employment Opportunity Commission, 2021\)](#). This article outlines the history of the struggle for equal employment opportunities for LGBTQ+ Americans, and the most recent legal decision, federal regulations, and executive orders that are addressing employment discrimination toward LGBTQ+ people. It links to several studies, explainers on anti-discrimination statutes, and more.

[Sexual Orientation and Gender Identity \(SOGI\) Discrimination \(U.S. EEOC\)](#). This webpage contains links to many resources for understanding protections under the law for LGBTQ+ employees and the rights and responsibilities of employers. You can also find information for filing a complaint with the EEOC on this page.

LGBTQ+ NONDISCRIMINATION LAWS ACROSS THE US

These maps illustrate the state and local laws in effect to protect LGBTQ+ people from discrimination across various aspects of public life. We encourage you to explore the website to garner a better understanding of protections and laws in your area.

[Housing](#)

[Employment](#)

[Public Accommodations](#)

[Local Ordinances](#)

“CONVERSION THERAPY”: LAWS, BANS, EFFICACY AND IMPACT

[MAP: Conversion “Therapy” Laws Across the US](#). The Movement Advancement Project maintains an up-to-date record of laws and regulations concerning CT across the United States and its territories. This is an excellent resource for understanding what state and local regulations impact your area.

Note that most of this information only concerns banning CT for minors. Almost no localities have banned the practice for adults as of this writing.

[LGBT Policy Spotlight: Conversion Therapy Bans \(2017\)](#). This document highlights the issues surrounding CT for minors, including its impact, what practices look like, and what the current protections look like across the United States. This resource is outdated; please refer to the Conversion Therapy MAP link above for more accurate information regarding current CT laws.

[So-Called “Conversion Therapy” and LGBTQ Youth Mental Health \(2021\)](#). This guide from the Trevor Project presents a good overview of the issues around CT, and its impact on LGBTQ+ people, specifically youth.

[Banning Sexual Orientation and Gender Identity Change Efforts \(2022\)](#). These discussion points from the American Psychological Association go over the research debunking CT, the psychological impact CT has on LGBTQ+ people, and key advocacy details. There are links to many great and current resources as well.

ADDITIONAL RESOURCES

[10 Anti-Gay Myths Debunked \(Last updated 2015\)](#). This thoroughly researched article from the Southern Poverty Law Center walks through some of the most persistent misconceptions about people with same-gender attraction—such as people “become” gay due to sexual abuse, or that queerness is a mental disorder. The authors then lay out the facts debunking these myths, all of which include extensive links to additional resources.

CONTENT NOTE: This resource discusses sexual assault and child abuse.

[Myths & Stereotypes about Transgender People \(2022\)](#). This explainer was made by NARR as part of its continuing resources to support LGBTQ+ people seeking recovery housing. It notes common misconceptions of trans, non-binary, and gender non-conforming people and lays out the facts with links to references at the end. This is a primer for providers looking to become more inclusive of transgender residents. NARR intends to make additional resources such as this in the future.

[A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual & Transgender Individuals \(2012\)](#). Extensive PDF on addressing SUD in LGBTQ+ populations. Clear clinical focus (most helpful for levels III & IV within NARR model). Please note that some of the language and guidance may be outdated; supplement with newer resources listed in this section.

[National LGBTQIA+ Health Education Center](#). Free videos, webinars, publications and more on LGBTQIA+ education, policy, and practices in various healthcare settings.

[Understanding the Recovery Housing Needs of Trans & Non-Binary People in Recovery \(MARR, 2021\)](#). This focus group was the first of its kind to investigate the needs of transgender people in recovery attempting to access recovery housing in the state of Maine. Though the dataset is small, it is an excellent primer in showing the barriers and concerns transgender people face in accessing appropriate recovery housing.

EXAMPLE POLICY LANGUAGE

[Gender-Affirming Best Practices Policy | Acceptance Recovery Center \(2023\)](#). This in-use policy statement from ARC—a certified recovery residence operation in Georgia—offers a clear example of how to apply these NARR Best Practices into language for Resident Agreements, staff Code of Conduct, and other operational policy. While this focuses on meeting the needs of transgender residents, its language can easily be applied to serve the wider LGBTQ+ community.

[Diversity, Equity & Inclusion History, Statement & Acknowledgement | Acceptance Recovery Center \(2023\)](#). ARC includes this acknowledgement as part of its Resident Agreement to ensure all residents are informed of their rights, protections, and obligations with regards to protected categories, particularly regarding sexual orientation, gender identity & expression. The policy is clear, concise, and provides a strong example. Of particular note is the acknowledgement that residents may be living with people of diverse experiences, including transgender individuals. This demonstrates how to provide consent to all residents while maintaining others' privacy.

[Toxicology Screening Policy | Acceptance Recovery Center \(2023\)](#). This policy adheres to the NARR guidelines regarding ethical drug testing protocols and integrates the LGBTQ-inclusive Best Practices discussed here. Note that the policy continues to uphold the importance of self-selection for transgender residents by having a staff member of a similar gender observe collections. While this policy doesn't include all possible procedures to empower and protect residents from discrimination or harassment, it provides a solid basis for other providers to create their own policies based on operational needs.

[Best Practices for LGBTQ+ Inclusion in Recovery Housing \(ORH, 2020\)](#). This best practices guidance was created by the NARR State Affiliate Ohio Recovery Housing to aid its certified providers in better serving their residents in an LGBTQ-affirming environment. This easy-to-read guidance is a great example for other State Affiliates interested in creating resources for its members.

LGBTQ-INCLUSIVE BEST PRACTICES FOR CERTIFIED RECOVERY HOUSING:

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