



Lesbian, Gay,
Bisexual, &
Transgender
Concerns

PUBLIC INTEREST DIRECTORATE





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About APA Policy Statements and Resolutions; the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns; and the Lesbian, Gay, Bisexual, and Transgender Concerns Office

All APA Policy Statements and Resolutions go through an extensive internal development and review process that is proscribed by Association Rule 30-8 before being submitted to the APA Council of Representatives for formal adoption as association policy. Policies related to issues of concern to lesbian, gay, bisexual, and transgender people are initiated by the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns and are shepherded through the process by the Lesbian, Gay, Bisexual, and Transgender Concerns Office.

The mission of the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns is to:

- Study and evaluate on an ongoing basis how the issues and concerns of lesbian, gay male, bisexual, and transgender psychologists can best be dealt with.
- Encourage objective and unbiased research in areas relevant to lesbian, gay male, bisexual, and transgender adults and youths, and the social impact of such research.
- Examine the consequences of inaccurate information and stereotypes about lesbian, gay male, bisexual, and transgender adults and youths in clinical practice.
- Develop educational materials for distribution to psychologists and others.
- Make recommendations regarding the integration of these issues into the APA's activities to further the cause of civil and legal rights of lesbian, gay male, bisexual, and transgender psychologists within the profession.

The APA's Lesbian, Gay, Bisexual, and Transgender Concerns Office works to advance psychology as a means of improving the health and well-being of lesbian, gay, bisexual, and transgender (LGBT) people; as a means of increasing understanding of gender identity and sexual orientation as aspects of human diversity; and as a means of reducing stigma, prejudice, discrimination, and violence toward LGBT people. The Office may be contacted at:

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This edition draws upon the rainbow “freedom flag” as a design feature. The original flag was designed by San Francisco artist Gilbert Baker in 1978 to symbolize the diversity and pride of the LGBT community. It was made with eight colors, including pink and turquoise, which were later removed to simplify production. Baker’s intent was also that the colors have symbolic significance: red for life, orange for healing, yellow for sunlight, green for nature, blue for harmony, purple/violet for spirit, pink for sex, and turquoise for art and magic.

From *The Gay Almanac* (pp. 23, 94), by the National Museum and Archive of Lesbian and Gay History, 1996, New York, NY: Berkley Books.



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Discrimination Against Homosexuals

RESOLUTION

1. The American Psychological Association supports the action taken on December 15, 1973, by the American Psychiatric Association removing homosexuality from that association's official list of mental disorders. The American Psychological Association therefore adopts the following resolution:

Homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities; further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.

2. Regarding discrimination against homosexuals, the American Psychological Association adopts the following resolution concerning their civil and legal rights:

The American Psychological Association deplors all public and private discrimination in such areas as employment, housing, public accommodation, and licensing against those who engage in or have engaged in homosexual activities and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other persons. Further, the American Psychological Association supports and urges the enactment of civil rights legislation at the local, state, and federal levels that would offer citizens who engage in acts of homosexuality the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychological Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private.



on January 24–26, 1975.
For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 30, 620–651. doi:10.1037/h0078455



Child Custody or Placement

The sex, gender identity, or sexual orientation of natural, or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases.



on September 2 and 5, 1976.
For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

Conger, J. J. (1977). Proceedings of the American Psychological Association, Incorporated, for the year 1976: Minutes of the Annual Meeting of the Council of Representatives. *American Psychologist*, *32*, 408-438. doi:10.1037/h0078511





Employment Rights of Gay Teachers

RESOLUTION

WHEREAS the American Psychological Association deplores all public and private discrimination in such areas as employment, housing, public accommodation, and licensing against those who engage in or have engaged in homosexual activities and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other person;

THEREFORE BE IT RESOLVED that the American Psychological Association protests personnel actions against any teacher solely because of sexual orientation or affectional preference.



on January 23–25, 1981.
For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

Abeles, N. (1981). Proceedings of the American Psychological Association, Incorporated, for the year 1980: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, *36*, 552–586. doi:10.1037/h0078369



Hate Crimes

RESOLUTION

WHEREAS the experience of criminal and violent victimization has profound psychological consequences; and

WHEREAS the frequency and severity of crimes and violence manifesting prejudice have been documented; and

WHEREAS the American Psychological Association (APA) opposes prejudice and discrimination based upon race, ethnicity, religion, sexual orientation, gender, gender identity, or physical condition;

THEREFORE BE IT RESOLVED that the APA condemns harassment, violence, and crime motivated by such prejudice;

BE IT FURTHER RESOLVED that the APA encourages researchers, clinicians, teachers, and policymakers to help reduce and eliminate hate crimes and bias-related violence and to alleviate their effects upon the victims, particularly those victims who are children, youth, and elderly;

BE IT FURTHER RESOLVED that the APA supports the government's collection and publication of statistics on hate crimes and bias-related violence, provision of services for victims and their loved ones, and interventions to reduce and eliminate such crimes and violence and policies that perpetuate them.



on August 27 and 30, 1987. Revised February 18–20, 2005.
For more information please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

Paige, R. U. (2005). Proceedings of the American Psychological Association, Incorporated, for the legislative year 2004. Minutes of the meeting of the Council of Representatives. *American Psychologist*, 60, 436–511. doi:10.1037/0003-066X.60.5.436





Use of Diagnoses “Homosexuality” and “Ego-Dystonic Homosexuality”

RESOLUTION

WHEREAS the American Psychological Association has been on record since 1975 that “homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities”; and

WHEREAS it appears that the *ICD-9-CM* is widely used either by mandate or choice by many psychologists nationwide in connection with third-party reimbursement, institutional-based service delivery, and research; and

WHEREAS the next revision of the *ICD* is not anticipated to be completed until 1992 and may, according to current proposals, then contain the “ego-dystonic homosexuality” diagnosis which APA also opposes; and

WHEREAS the Council of Representatives already has urged APA members not to use the proposed *DSM-III-R* diagnoses of Periluteal Phase Disorder, Self-Defeating Personality Disorder, and Sadistic Personality Disorder because they lack adequate scientific basis and are potentially dangerous to women;

THEREFORE BE IT RESOLVED that the American Psychological Association urge its members not to use the “302.0 Homosexuality” diagnosis in the current *ICD-9-CM* or the “302.00 Ego-Dystonic Homosexuality” diagnosis in the current *DSM-III* or future editions of either document.



on August 27 and 30, 1987.

For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

Fox, R. E. (1988). Proceedings of the American Psychological Association, Incorporated, for the year 1987: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 43, 508–531. doi:10.1037/h0091999





Lesbian, Gay, and Bisexual Youths in the Schools

RESOLUTION

WHEREAS society's attitudes, behaviors, and tendency to render lesbian, gay, and bisexual persons invisible permeate all societal institutions, including the family and school system (Gonsiorek, 1988; Hetrick & Martin, 1988; Ponce, 1978; Uribe & Harbeck, 1992); and

WHEREAS it is a presumption that all persons, including those who are lesbian, gay, or bisexual, have the right to equal opportunity within all public educational institutions; and

WHEREAS current literature suggests that some youths are aware of their status as lesbian, gay, or bisexual persons by early adolescence (Remafedi, 1987; Savin-Williams, 1990; Slater, 1988; Troiden, 1988); and

WHEREAS many lesbian, gay, and bisexual youths and youths perceived to belong to these groups face harassment and physical violence in school environments (Freiberg, 1987; Hetrick & Martin, 1988; Remafedi, 1987; Schaecher, 1988; Uribe & Harbeck, 1992; Whitlock, 1988); and

WHEREAS many lesbian, gay, and bisexual youths are at risk for lowered self-esteem and for engaging in self-injurious behaviors, including suicide (Gibson, 1989; Gonsiorek, 1988; Harry, 1989; Hetrick & Martin, 1988; Savin-Williams, 1990); and

WHEREAS gay male and bisexual youths are at an increased risk of HIV infection (Savin-Williams, 1992); and

WHEREAS lesbian, gay, and bisexual youths of color have additional challenges to their self-esteem as a result of the negative consequences of discrimination based on both sexual orientation and ethnic/racial minority status (Garnets & Kimmel, 1991); and

WHEREAS lesbian, gay, and bisexual youths with physical or mental disabilities are at increased risk due to the negative consequence of societal prejudice toward persons with mental or physical disabilities (Hingsburger & Griffiths, 1986; Pendler & Hingsburger, 1991); and

WHEREAS lesbian, gay, and bisexual youths who are poor or working class may face additional risks (Gordon, Schroeder, & Abramo, 1990); and

WHEREAS psychologists affect policies and practices within educational environments; and

WHEREAS psychology promotes the individual's development of personal identity, including the sexual orientation of all individuals;

THEREFORE, BE IT RESOLVED that the American Psychological Association (APA) and the National Association of School Psychologists shall take a leadership role in promoting societal and familial attitudes and behaviors that affirm the dignity and rights, within educational environments, of all lesbian, gay, and bisexual youths, including those with physical or mental disabilities, and from all ethnic/racial backgrounds and classes;

BE IT FURTHER RESOLVED that the APA and the National Association of School Psychologists support providing a safe and secure educational atmosphere in which all youths, including lesbian, gay, and bisexual youths, may obtain an education free from discrimination, harassment, violence, and abuse, and which promotes an understanding and acceptance of self;

BE IT FURTHER RESOLVED that the APA and the National Association of School Psychologists encourage psychologists to develop and evaluate interventions that foster nondis-



on February 28, 1993.

For more information, please see www.apa.org/pi/lgbt.

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DeLeon, P. H. (1993). Proceedings of the American Psychological Association, Incorporated, for the year 1992: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 48, 745-788. doi:10.1037/0003-066X.48.7.745



criminary environments, lower risk for HIV infection, and decrease self-injurious behaviors in lesbian, gay, and bisexual youths;

BE IT FURTHER RESOLVED that the APA and the National Association of School Psychologists shall advocate efforts to ensure the funding of basic and applied research on and scientific evaluations of interventions and programs designed to address the issues of lesbian, gay, and bisexual youths in the schools, and programs for HIV prevention targeted at gay and bisexual youths;

BE IT FURTHER RESOLVED that the APA and the National Association of School Psychologists shall work with other organizations in efforts to accomplish these ends.

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- Whitlock, K. (Ed.). (1988). *Bridges of respect: Creating support for lesbian and gay youth*. Philadelphia, PA: American Friends Service Committee.



Appropriate Therapeutic Responses to Sexual Orientation

RESOLUTION

WHEREAS societal ignorance and prejudice about same-gender sexual orientation put some gay, lesbian, bisexual, and questioning individuals at risk for presenting for “conversion” treatment due to family or social coercion and/or lack of information (Haldeman, 1994); and

WHEREAS children and youth experience significant pressure to conform with sexual norms, particularly from their peers; and

WHEREAS children and youth often lack adequate legal protection from coercive treatment; and

WHEREAS some mental health professionals advocate treatments of lesbian, gay, and bisexual people based on the premise that homosexuality is a mental disorder (e.g., Socarides et al., 1997); and

WHEREAS the ethics, efficacy, benefits, and potential for harm of therapies that seek to reduce or eliminate same-gender sexual orientation are under extensive debate in the professional literature and the popular media (Davison, 1991; Haldeman, 1994; Letters to the Editor, 1997);

THEREFORE BE IT RESOLVED that the American Psychological Association affirms the following principles with regard to treatments to alter sexual orientation:

THAT homosexuality is not a mental disorder (American Psychiatric Association, 1973); and psychologists “do not knowingly participate in or condone unfair discriminatory practices” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Principle D, p. 1600);

THAT “in their work-related activities, psychologists do not engage in unfair discrimination based on...sexual orienta-

tion” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 1.10, p. 1601);

THAT “in their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 1.09, p. 1601);

THAT “psychologists...respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Principle D, p. 1599);

THAT “psychologists are aware of cultural, individual, and role differences, including those due to...sexual orientation” and “try to eliminate the effect on their work of biases based on [such] factors” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Principle D, pp. 1599–1600);

THAT “where differences of...sexual orientation...significantly affect psychologists’ work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 1.08, p. 1601);

THAT “psychologists do not make false or deceptive statements concerning...the scientific or clinical basis for...their services” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 3.03(a), p. 1604);



on August 14, 1997.

For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

DeLeon, P. H. (1998). Proceedings of the American Psychological Association, Incorporated, for the legislative year 1997: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 53, 882–939. doi:10.1037/0003-066X.53.8.882



THAT “psychologists attempt to identify situations in which particular interventions...may not be applicable...because of factors such as...sexual orientation” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 2.04(c), p. 1603);

THAT “psychologists obtain appropriate informed consent to therapy or related procedures” [which] “generally implies that the [client or patient] (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 4.02(a), p. 1605);

THAT “when persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 4.02(b), p. 1605);

THAT “psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons’ psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons’ preferences and best interests” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 4.02(c), p. 1605);

THAT the American Psychological Association “urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientation” (Conger, 1975, p. 633);

THEREFORE BE IT RESOLVED that the American Psychological Association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation.

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- Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, *30*, 620–651. doi:10.1037/h0078455
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Sexual Orientation and Marriage

RESEARCH SUMMARY

Minority Stress in Lesbian, Gay, and Bisexual Individuals

Psychological and psychiatric experts have agreed since 1975 that homosexuality is neither a form of mental illness nor a symptom of mental illness (Conger, 1975). Nonetheless, there is growing recognition that social prejudice, discrimination, and violence against lesbians, gay men, and bisexuals take a cumulative toll on the well-being of these individuals. Researchers (e.g., DiPlacido, 1998; Meyer, 2003) use the term “minority stress” to refer to the negative effects associated with the adverse social conditions experienced by individuals who belong to a stigmatized social group (e.g., the elderly, members of racial and ethnic minority groups, the physically disabled, women, the poor or those on welfare, or individuals who are gay, lesbian, or bisexual).

A recent meta-analysis of population-based epidemiological studies showed that lesbian, gay, and bisexual populations have higher rates of stress-related psychiatric disorders (such as those related to anxiety, mood, and substance use) than do heterosexual populations (Meyer, 2003). These differences are not large but are relatively consistent across studies (e.g., Cochran & Mays, 2000; Cochran, Sullivan, & Mays, 2003; Gilman et al., 2001; Mays & Cochran, 2001). Meyer also provided evidence that within lesbian, gay, and bisexual populations, those who more frequently felt stigmatized or discriminated against because of their sexual orientation, who had to conceal their homosexuality, or who were prevented from affiliating with other lesbian, gay, or bisexual individuals tended to report more frequent mental health concerns. Research also shows that compared to heterosexual individuals and couples, gay and lesbian individuals and couples experience economic disadvantages (e.g., Badgett,

2001). Finally, the violence associated with hate crimes puts lesbians, gay men, and bisexual individuals at risk for physical harm to themselves, their families, and their property (D’Augelli, 1998; Herek, Gillis, & Cogan, 1999). Taken together, the evidence clearly supports the position that the social stigma, prejudice, discrimination, and violence associated with not having a heterosexual sexual orientation and the hostile and stressful social environments created thereby adversely affect the psychological, physical, social, and economic well-being of lesbian, gay, and bisexual individuals.

Same-Sex Couples

Research indicates that many gay men and lesbians want and have committed relationships. For example, survey data indicate that between 40% and 60% of gay men and between 45% and 80% of lesbians are currently involved in a romantic relationship (e.g., Bradford, Ryan, & Rothblum, 1994; Falkner & Garber, 2002; Morris, Balsam, & Rothblum, 2002). Further, data from the 2000 U.S. Census (Simmons & O’Connell, 2003) indicate that of the 5.5 million couples who were living together but not married, about 1 in 9 (594,391) had partners of the same sex. Although the Census data are almost certainly an underestimate of the actual number of cohabiting same-sex couples, they indicated that a male householder and a male partner headed 301,026 households and that a female householder and a female partner headed 293,365 households.¹

Despite persuasive evidence that gay men and lesbians have committed relationships, three concerns about same-sex couples are often raised. A first concern is that the relationships of gay men and lesbians are dysfunctional and unhappy. To the contrary, studies that have compared partners from same-sex couples to partners from heterosexual



on July 28 and 30, 2004.

For more information, please see www.apa.org/pi/lgbt.

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couples on standardized measures of relationship quality (such as satisfaction and commitment) have found partners from same-sex and heterosexual couples to be equivalent to each other (see reviews by Peplau & Beals, 2004; Peplau & Spalding, 2000).

A second concern is that the relationships of gay men and lesbians are unstable. However, research indicates that, despite the somewhat hostile social climate within which same-sex relationships develop, many lesbians and gay men have formed durable relationships. For example, survey data indicate that between 18% and 28% of gay couples and between 8% and 21% of lesbian couples have lived together 10 or more years (e.g., Blumstein & Schwartz, 1983; Bryant & Demian, 1994; Falkner & Garber, 2002; Kurdek, 2003). Researchers (e.g., Kurdek, 2004) have also speculated that the stability of same-sex couples would be enhanced if partners from same-sex couples enjoyed the same levels of social support and public recognition of their relationships as partners from heterosexual couples do.

A third concern is that the processes that affect the well-being and permanence of the relationships of lesbian and gay persons are different from those that affect the relationships of heterosexual persons. In fact, research has found that the factors that predict relationship satisfaction, relationship commitment, and relationship stability are remarkably similar for both same-sex cohabiting couples and heterosexual married couples (Kurdek, 2001, 2004).

RESOLUTION

WHEREAS the American Psychological Association (APA) has a long-established policy to deplore “all public and private discrimination against gay men and lesbians” and urges “the repeal of all discriminatory legislation against lesbians and gay men” (Conger, 1975, p. 633); and

WHEREAS the APA adopted the Resolution on Legal Benefits for Same-Sex Couples in 1998 (Levant, 1998, pp. 665–666); and

WHEREAS discrimination and prejudice based on sexual orientation detrimentally affect psychological, physical, social, and economic well-being (Badgett, 2001; Cochran et al., 2003; Herek et al., 1999; Meyer, 2003); and

WHEREAS “anthropological research on households, kinship relationships, and families, across cultures and through

time, provides no support whatsoever for the view that either civilization or viable social orders depend upon marriage as an exclusively heterosexual institution” (American Anthropological Association, 2004); and

WHEREAS psychological research on relationships and couples provides no evidence to justify discrimination against same-sex couples (Kurdek, 2001, 2004; Peplau & Beals, 2004; Peplau & Spalding, 2000); and

WHEREAS the institution of civil marriage confers a social status (Donovan, 2003; *Goodridge v. Dept. of Public Health*, 2003; Johnson, 2000; Kujovich, 2000; *Maynard v. Hill*, 1888; *Turner v. Safley*, 1987) and important legal benefits, rights, and privileges (*Baehr v. Lewin*, 1993; *Baker v. State*, 1999; *Goodridge v. Dept. of Public Health*, 2003); and

WHEREAS the U.S. General Accounting Office (2004) has identified over 1,000 federal statutory provisions in which marital status is a factor in determining or receiving benefits, rights, and privileges, for example, those concerning taxation, federal loans, and dependent and survivor benefits (e.g., Social Security, military, and veterans); and

WHEREAS there are numerous state, local, and private sector laws and other provisions in which marital status is a factor in determining or receiving benefits, rights, and privileges, for example, those concerning taxation, health insurance, health care decision making, property rights, pension and retirement benefits, and inheritance (*Baehr v. Lewin*, 1993; *Baker v. State*, 1999; *Goodridge v. Dept. of Public Health*, 2003); and

WHEREAS same-sex couples are denied equal access to civil marriage (Eskridge, 1999); and

WHEREAS same-sex couples who enter into a civil union are denied equal access to all the benefits, rights, and privileges provided by federal law to married couples (U.S. General Accounting Office, 2004) (Eskridge, 2001; Recent Legislation, Act Relating to Civil Unions, 2001; Strasser, 2000); and

WHEREAS the benefits, rights, and privileges associated with domestic partnerships are not universally available (Allison, 2003), are not equal to those associated with marriage (Shin, 2002; Strasser, 2002), and are rarely portable (Knauer, 2002; Shin, 2002, Strasser, 2002); and

WHEREAS people who also experience discrimination based on age, race, ethnicity, disability, gender and gender identity, religion, and socioeconomic status may especially benefit

from access to marriage for same-sex couples (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000);

THEREFORE BE IT RESOLVED that the APA believes that it is unfair and discriminatory to deny same-sex couples legal access to civil marriage and to all its attendant benefits, rights, and privileges;

BE IT FURTHER RESOLVED that the APA shall take a leadership role in opposing all discrimination in legal benefits, rights, and privileges against same-sex couples;

BE IT FURTHER RESOLVED that the APA encourages psychologists to act to eliminate all discrimination against same-sex couples in their practice, research, education and training (APA, 2002, p. 1063);

BE IT FURTHER RESOLVED that the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding sexual orientation and marriage and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations.

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Sexual Orientation and Military Service

RESOLUTION

WHEREAS the American Psychological Association (APA) has long opposed discrimination on the basis of sexual orientation; and

WHEREAS the “Don’t Ask, Don’t Tell, Don’t Pursue” policy as mandated by Title 10 of the U.S. Code (Section 654) discriminates on the basis of sexual orientation and has caused many qualified personnel to be involuntarily separated from military service solely because of their sexual orientation; and

WHEREAS in light of the enactment of 10 U.S.C. § 654 in 1994, APA’s 1991 resolution “U.S. Department of Defense Policy on Sexual Orientation and Advertising in APA Publications” needs to be revised; and

WHEREAS there is a long history of collaboration between psychology and the military (Dunivin, 1994; Yerkes, 1921); and

WHEREAS the law creates ethical dilemmas for military psychologists, and it is APA’s responsibility to address these concerns (APA, 2002); and

WHEREAS empirical evidence fails to show that sexual orientation is germane to any aspect of military effectiveness, including unit cohesion, morale, recruitment, and retention (Belkin, 2003; Belkin & Bateman, 2003; Herek, Jobe, & Carney, 1996; MacCoun, 1996; National Defense Research Institute, 1993); and

WHEREAS comparative data from foreign militaries and domestic police and fire departments show that when lesbians, gay men, and bisexuals are allowed to serve openly, there is no evidence of disruption or loss of mission effectiveness

(Belkin & McNichol, 2000/2001; Gade, Segal, & Johnson, 1996; Koegel, 1996); and

WHEREAS when openly gay, lesbian, and bisexual individuals have been allowed to serve in the U.S. Armed Forces (*Crammeyer v. Aspin*, 1994; *Watkins v. United States Army*, 1989/1990), there has been no evidence of disruption or loss of mission effectiveness; and

WHEREAS the U.S. military is capable of integrating members of groups historically excluded from its ranks, as demonstrated by its success in reducing both racial and gender discrimination (Binkin & Bach, 1977; Binkin, Eitelberg, Schexnider, & Smith, 1982; Kauth & Landis, 1996; Landis, Hope, & Day, 1984; Thomas & Thomas, 1996);

THEREFORE BE IT RESOLVED that the APA shall reaffirm its opposition to discrimination based on sexual orientation;

BE IT FURTHER RESOLVED that the APA shall reaffirm its support for our men and women in uniform and its dedication to promoting their health and well-being;

BE IT FURTHER RESOLVED that the APA recognizes and abhors the many detrimental effects that the law has had on individual service members, the military, and American society since its enactment in 1994;

BE IT FURTHER RESOLVED that the APA shall take a leadership role among national organizations in seeking to eliminate discrimination in and by the military based on sexual orientation through federal advocacy and all other appropriate means;

BE IT FURTHER RESOLVED that the APA shall act to ameliorate the negative effects of the current law through the training and education of psychologists;



on July 28 and 30, 2004.

For more information, please see www.apa.org/pi/lgbt.

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BE IT FURTHER RESOLVED that the APA shall disseminate scientific knowledge and professional expertise relevant to implementing this resolution;

BE IT FURTHER RESOLVED that this resolution replaces the 1991 resolution “U.S. Department of Defense Policy on Sexual Orientation and Advertising in APA Publications”;

BE IT FURTHER RESOLVED that the APA reaffirms its strong commitment to removing the stigma of mental illness that has long been associated with homosexual and bisexual behavior and orientations; promoting the health and well-being of lesbian, gay, and bisexual adults and youth; eliminating violence against lesbian, gay, and bisexual service members; and working to ensure the equality of lesbian, gay, and bisexual people, both as individuals and members of committed same-sex relationships in such areas as employment, housing, public accommodation, licensing, parenting, and access to legal benefits.

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Sexual Orientation, Parents, and Children

RESEARCH SUMMARY

Lesbian and Gay Parents

Many lesbians and gay men are parents. In the 2000 U.S. Census, 33% of female same-sex couple households and 22% of male same-sex couple households reported at least one child under the age of 18 living in the home. Despite the significant presence of households headed by lesbian or gay parents in U.S. society, three major concerns about lesbian and gay parents are commonly voiced (Falk, 1989; Patterson, Fulcher, & Wainright, 2002). These include concerns that lesbians and gay men are mentally ill, that lesbians are less maternal than heterosexual women, and that lesbians' and gay men's relationships with their sexual partners leave little time for their relationships with their children. In general, research has failed to provide a basis for any of these concerns (Patterson, 2000, 2004b; Perrin and the Committee on Psychosocial Aspects of Child and Family Health, 2002; Tasker, 1999; Tasker & Golombok, 1997). First, homosexuality is not a psychological disorder (Conger, 1975). Although exposure to prejudice and discrimination based on sexual orientation may cause acute distress (Mays & Cochran, 2001; Meyer, 2003), there is no reliable evidence that homosexual orientation per se impairs psychological functioning. Second, beliefs that lesbian and gay adults are not fit parents have no empirical foundation (Patterson, 2000, 2004b; Perrin et al., 2002). Lesbian and heterosexual women have not been found to differ markedly in their approaches to child rearing (Patterson, 2000; Tasker, 1999). Members of gay and lesbian couples with children have been found to divide the work involved in child care evenly and to be satisfied with their relationships with their partners (Patterson, 2000, 2004b). The results of some studies suggest that lesbian mothers'

and gay fathers' parenting skills may be superior to those of matched heterosexual parents. There is no scientific basis for concluding that lesbian mothers or gay fathers are unfit parents on the basis of their sexual orientation (Armesto, 2002; Patterson, 2000; Tasker & Golombok, 1997). On the contrary, results of research suggest that lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children.

Children of Lesbian and Gay Parents

As the social visibility and legal status of lesbian and gay parents have increased, three major concerns about the influence of lesbian and gay parents on children have been often voiced (Falk, 1989; Patterson et al., 2002). One is that the children of lesbian and gay parents will experience more difficulties in the area of sexual identity than children of heterosexual parents. For instance, one such concern is that children brought up by lesbian mothers or gay fathers will show disturbances in gender identity and/or in gender role behavior. A second category of concerns involves aspects of children's personal development other than sexual identity. For example, some observers have expressed fears that children in the custody of gay or lesbian parents would be more vulnerable to mental breakdown, would exhibit more adjustment difficulties and behavior problems, or would be less psychologically healthy than other children. A third category of concerns is that children of lesbian and gay parents will experience difficulty in social relationships. For example, some observers have expressed concern that children living with lesbian mothers or gay fathers will be stigmatized, teased, or otherwise victimized by peers. Another common fear is that children living with gay or lesbian parents will be more likely to be sexually abused by the parent or by the parent's friends or acquaintances.



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For more information, please see www.apa.org/pi/lgbt.

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Results of social science research have failed to confirm any of these concerns about children of lesbian and gay parents (Patterson, 2000, 2004b; Perrin et al., 2002; Tasker, 1999). Research suggests that sexual identities (including gender identity, gender-role behavior, and sexual orientation) develop in much the same ways among children of lesbian mothers as they do among children of heterosexual parents (Patterson, 2004b). Studies of other aspects of personal development (including personality, self-concept, and conduct) similarly reveal few differences between children of lesbian mothers and children of heterosexual parents (Perrin et al., 2002; Stacey & Biblarz, 2001; Tasker, 1999). However, few data regarding these concerns are available for children of gay fathers (Patterson, 2004a). Evidence also suggests that children of lesbian and gay parents have normal social relationships with peers and adults (Patterson, 2000, 2004a; Perrin et al., 2002; Stacey & Biblarz, 2001; Tasker, 1999; Tasker & Golombok, 1997). The picture that emerges from research is one of general engagement in social life with peers, parents, family members, and friends. Fears about children of lesbian or gay parents being sexually abused by adults, ostracized by peers, or isolated in single-sex lesbian or gay communities have received no scientific support. Overall, results of research suggest that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents.

RESOLUTION

WHEREAS the American Psychological Association (APA) supports policy and legislation that promote safe, secure, and nurturing environments for all children (DeLeon, 1993, 1995; Fox, 1991; Levant, 2000); and

WHEREAS APA has a long-established policy to deplore “all public and private discrimination against gay men and lesbians” and urges “the repeal of all discriminatory legislation against lesbians and gay men” (Conger, 1975); and

WHEREAS the APA adopted the Resolution on Child Custody and Placement in 1976 (Conger, 1977, p. 432); and

WHEREAS discrimination against lesbian and gay parents deprives their children of benefits, rights, and privileges enjoyed by children of heterosexual married couples; and

WHEREAS some jurisdictions prohibit gay and lesbian individuals and same-sex couples from adopting children,

notwithstanding the great need for adoptive parents (*Lofton v. Secretary of Department of Children and Family Services*, 2004); and

WHEREAS there is no scientific evidence that parenting effectiveness is related to parental sexual orientation: Lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children (Patterson, 2000, 2004b; Perrin et al., 2002; Tasker, 1999); and

WHEREAS research has shown that the adjustment, development, and psychological well-being of children are unrelated to parental sexual orientation and that the children of lesbian and gay parents are as likely as those of heterosexual parents to flourish (Patterson, 2004b; Perrin et al., 2002; Stacey & Biblarz, 2001);

THEREFORE BE IT RESOLVED that the APA opposes any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services;

BE IT FURTHER RESOLVED that the APA believes that children reared by a same-sex couple benefit from legal ties to each parent;

BE IT FURTHER RESOLVED that the APA supports the protection of parent-child relationships through the legalization of joint adoptions and second-parent adoptions of children being reared by same-sex couples;

BE IT FURTHER RESOLVED that the APA shall take a leadership role in opposing all discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services;

BE IT FURTHER RESOLVED that the APA encourages psychologists to act to eliminate all discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services in their practice, research, education and training (APA, 2002, p. 1063);

BE IT FURTHER RESOLVED that the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations.

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Opposing Discriminatory Legislation and Initiatives Aimed at Lesbian, Gay, & Bisexual Persons

CONTEXT

While legislation and initiatives that discriminate against lesbians, gay men, and bisexual people have been enacted for decades (Smith, 1997), there has been a dramatic increase in such enactments during the past several years. One form of these enactments has been legislation passed by states and other jurisdictions that restricts the rights of lesbians, gay men, and bisexual people in a variety of spheres including limiting access to the rights and responsibilities of marriage, restricting parental rights, and constraining access to legal recourse in the face of discrimination. The other major form of restrictive legal enactments has been popular initiatives proposing amendments to state constitutions that also result in restrictions on marriage and/or parenting rights or recourse in the face of discrimination. Some of the laws resulting from such legislation or initiatives also place restrictions on the rights of same-sex couples to enter into contractual arrangements of various kinds (e.g., Davidoff, 2006; “Gay Marriage Ban Goes Too Far,” 2006).

DAMAGE TO LESBIANS, GAY MEN, AND BISEXUAL PEOPLE

The very process of introducing, debating, and voting on such measures—whether in legislative or referendum contexts—can have deleterious effects on lesbians, gay men, and bisexual people. The rhetoric of these debates tends to be grounded in undocumented and faulty arguments about gay people (Herek, 1998; McCorkle & Most, 1997); often revives old stereotypes and prejudices (Bullis & Bach, 1996); and portrays lesbians, gay men, and bisexual people as dangerous and threatening (Davies, 1982; Douglass, 1997;

Eastland, 1996a, 1996b; Herman, 1997; McCorkle & Most, 1997; Moritz, 1995; Smith, 1997; Smith & Windes, 2000; Wieshoff, 2002). Much of the rhetoric includes a tone of moral condemnation (Smith, 1997). Lesbians, gay men, and bisexual people are thereby objectified and disenfranchised.

EFFECTS OF SUCH LEGISLATION AND INITIATIVES

These legislative and initiative actions result in practical restrictions on the social and political freedom of lesbians, gay men, and bisexual people. Some of these restrictions occur in the realm of the everyday; for example, in the context of the least restrictive of these legal actions, same-sex couples do not have access to the legal rights and responsibilities of civil marriage. Some of these restrictions occur in the context of more extraordinary events; for example, if one member of a same-sex couple has an accident and requires medical care, the couple’s signed and notarized medical power of attorney can be legally disregarded by hospital personnel in a jurisdiction that has the more restrictive legal enactments (e.g., Davidoff, 2006; “Gay Marriage Ban Goes too Far,” 2006).

These legislative and initiative actions can also result in psychological distress for lesbians, gay men, and bisexual people. Immediate consequences include fear, sadness, alienation, anger, and an increase in internalized homophobia (Russell, 2000; Russell & Richards, 2003). In addition, these actions can increase the degree to which lesbians, gay men, and bisexual people are affected by minority stress (Cochran & Mays, 2000; Cochran, Sullivan, & Mays, 2003; DiPlacido, 1998; Gilman, Cochran, Mays, Hughes, Ostrow, & Kessler, 2001; Herdt & Kertzner, 2006; King & Bartlett, 2006; Mays & Cochran, 2001; Meyer, 2003).



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INCOMPATIBILITY WITH APA POLICIES

Discriminatory legislation and initiatives stand in explicit violation of earlier APA policies. Relevant APA policies, rooted in empirical data, have established that there is no basis for discrimination against lesbians, gay men, and bisexual people (Conger, 1975); that there is no basis for legal enactments that limit legal recourse in the face of discrimination based on sexual orientation (APA, 1993); that there is no basis for discrimination against same-sex couples in marriage rights (Paige, 2005a) or parental rights (Paige, 2005b).

Therefore, there exists essential incompatibility between APA's existing policies and the discriminatory legislation and initiatives that seek to limit the rights of lesbians, gay men, and bisexual people. Despite this incompatibility, it is expected that, in the foreseeable future, legislation and initiatives that discriminate against lesbians, gay men, and bisexual people will be introduced, debated, and voted on.

RESOLUTION

WHEREAS various states and other jurisdictions have enacted legislation and/or constitutional amendments that limit the access of same-sex couples to the legal rights and responsibilities of marriage and that therefore affect their relationships with each other and/or with their children; and

WHEREAS various states and other jurisdictions have enacted legislation and/or constitutional amendments that limit legal recourse available to lesbians, gay men, and bisexual people in the face of discrimination based on sexual orientation; and

WHEREAS it has been the expressed or implied intent of some elected and appointed officials to apply these laws in a manner that selectively discriminates against lesbians, gay men, and bisexual people (e.g., Davidoff, 2006); and

WHEREAS these legal restrictions resist the force of psychological data that provide "no evidence to justify discrimination against same-sex couples" (Paige, 2005a, p. 2); and

WHEREAS these legal restrictions contradict two decades of empirical research that suggests "that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents" (Paige, 2005b, p. 2); and

WHEREAS the debate leading up to these legal enactments as well as their outcome cause undue psychological risk to same-sex couples and their children as well as to single lesbian, gay, and bisexual individuals, and they create a hostile climate for all lesbian, gay, and bisexual people (Bullis & Bach, 1996; Davies, 1982; Donovan & Bowler, 1997; Douglass, 1997; Eastland, 1996a, 1996b; Gonsiorek, 1993; McCorkle & Most, 1997; Moritz, 1995; Moses-Zirkes, 1993; Russell, 2000; Russell & Richards, 2003; Smith, 1997; Whillock, 1995); and

WHEREAS the psychological risks associated with exposure to prejudice and discrimination result in increased psychological distress (Cochran & Mays, 2000; Cochran et al., 2003; DiPlacido, 1998; Gilman et al., 2001; Mays & Cochran, 2001; Meyer, 2003; Russell, 2000; Russell & Richards, 2003); and

WHEREAS APA has taken clear stands against discrimination in any of its forms and against discrimination against lesbians, gay men, and bisexual people in particular (Conger, 1975); and

WHEREAS current immigration law unfairly discriminates against same-sex couples when one is a U.S. citizen and the partner is not; and

WHEREAS municipal laws that prohibit or otherwise limit households members who are not related by biology or marriage may unfairly affect same-sex couples, who typically lack access to marriage, as well as poor people and other-sex partners who do not choose to marry; and

WHEREAS APA has policies that specifically oppose discrimination against same-sex couples in access to marriage (Paige, 2005a) and that oppose "any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services" (Paige, 2005b, p. 3); and

WHEREAS APA is increasingly adopting an international focus and lesbian, gay, bisexual, and transgender people in many parts of the world face hostile environments;

THEREFORE BE IT RESOLVED that APA reaffirms its opposition to discrimination against lesbians, gay men, and bisexual people and will take a leadership role in actively opposing the adoption of discriminatory legislation and initiatives;

BE IT FURTHER RESOLVED that APA will convene a meeting of representatives of national health and mental health

organizations to encourage a concerted response to discriminatory legislation and initiatives;

BE IT FURTHER RESOLVED that APA will make deliberate efforts to hold meetings in states and other jurisdictions and to enter into contracts with entities located in states and other jurisdictions that do not put members of the organization at physical, emotional, or social risk;

BE IT FURTHER RESOLVED that APA collaborate in amicus briefs with regard to such discriminatory legislation and that APA take other appropriate legal action to protect its employees who live in states and other jurisdictions that put members of the organization at physical, emotional, or social risk;

BE IT FURTHER RESOLVED that APA, when meeting in a state or jurisdiction that has enacted legislation and/or constitutional amendments that limit access of same-sex couples to the legal rights and responsibilities of marriage and that therefore affect their relationships with one another and/or with their children, APA will take steps to promote the physical and psychological safety of its members

and will offer specific and concrete measures to counter the hostile environment.

BE IT FURTHER RESOLVED that APA will ask the U.S. National Committee for Psychology to suggest a policy stance on antigay legislation internationally and to bring this policy to the International Union of Psychological Science General Assembly for discussion and adoption.

BE IT FURTHER RESOLVED that APA encourage the United States to enact immigration laws that allow same-sex couples in which one is a citizen and one is not access to the same rights, privileges, and responsibilities that apply to other-sex couples in which one is a U.S. citizen and the partner is not;

BE IT FINALLY RESOLVED that APA encourage municipalities to abolish laws that prohibit or otherwise limit households whose members are not related by biology or marriage that unfairly affect same-sex couples, who typically lack access to marriage, as well as poor people and other-sex partners who do not choose to marry.

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Transgender, Gender Identity, and Gender Expression Non-Discrimination

RESOLUTION

WHEREAS transgender and gender variant people frequently experience prejudice and discrimination and psychologists can, through their professional actions, address these problems at both an individual and a societal level; and

WHEREAS the American Psychological Association (APA) opposes prejudice and discrimination based on demographic characteristics including gender identity, as reflected in policies including the Hate Crimes Resolution (Paige, 2005), the Resolution on Prejudice Stereotypes and Discrimination (Paige, 2007), APA Bylaws (Article III, Section 2), the Ethical Principles of Psychologists and Code of Conduct (APA 2002, Standard 3.01 and Principle E); and

WHEREAS transgender and other gender variant people benefit from treatment with therapists with specialized knowledge of their issues (Lurie, 2005; Rachlin, 2002), and that the Ethical Principles of Psychologists and Code of Conduct states that when scientific or professional knowledge...is essential for the effective implementation of their services or research, psychologists have or obtain the training...necessary to ensure the competence of their services” (APA, 2002, 2.01b); and

WHEREAS discrimination and prejudice against people based on their actual or perceived gender identity or expression detrimentally affect psychological, physical, social, and economic well-being (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Resolution on Prejudice Stereotypes and Discrimination, in Paige, 2007; Risser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005); and

WHEREAS transgender people may be denied basic non-gender transition related health care (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; GLBT Health Access Project, 2000; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Risser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005); and

WHEREAS gender variant and transgender people may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments (De Cuypere et al., 2005; Kuiper & Cohen-Kettenis, 1988; Lundstrom et al., 1984; Newfield, et al., 2006; Pfafflin & Junge, 1998; Rehman et al., 1999; Ross & Need, 1989; Smith et al., 2005); and

WHEREAS gender variant and transgender people may be denied basic civil rights and protections (Minter, 2003; Spade, 2003) including: the right to civil marriage which confers a social status and important legal benefits, rights, and privileges (Paige, 2005); the right to obtain appropriate identity documents that are consistent with a post-transition identity; and the right to fair and safe and harassment-free institutional environments such as care facilities, treatment centers, shelters, housing, schools, prisons and juvenile justice programs; and

WHEREAS transgender and gender variant people experience a disproportionate rate of homelessness (Kammerer et al., 2001), unemployment (APA, 2007), and job discrimination (Herbst et al., 2007), disproportionately report income below the poverty line (APA, 2007), and experience other financial disadvantages (Lev, 2004); and

WHEREAS transgender and gender variant people may be at increased risk in institutional environments and facilities



on August, 2008.

For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

Anton, B. S. (2009). Proceedings of the American Psychological Association for the legislative year 2008: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 64, 372–453. doi:10.1037/a0015932

for harassment, physical and sexual assault (Edney, 2004; Minter, 2003; Petersen et al., 1996; Witten & Eyler, 2007) and inadequate medical care including denial of gender transition treatments such as hormone therapy (Edney, 2004; Petersen et al., 1996; Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Newfield et al., 2006; Risser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005); and

WHEREAS many gender variant and transgender children and youth face harassment and violence in school environments, foster care, residential treatment centers, homeless centers, and juvenile justice programs (D'Augelli, Grossman, & Starks, 2006; Gay Lesbian and Straight Education Network, 2003; Grossman, D'Augelli, & Slater, 2006); and

WHEREAS psychologists are in a position to influence policies and practices in institutional settings, particularly regarding the implementation of the Standards of Care published by the World Professional Association of Transgender Health (WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association) which recommend the continuation of gender transition treatments and especially hormone therapy during incarceration (Meyer et al., 2001); and

WHEREAS psychological research has the potential to inform treatment, service provision, civil rights, and approaches to promoting the well-being of transgender and gender variant people; and

WHEREAS APA has a history of successful collaboration with other organizations to meet the needs of particular populations, and organizations outside of APA have useful resources for addressing the needs of transgender and gender variant people;

THEREFORE BE IT RESOLVED that APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies;

BE IT FURTHER RESOLVED that APA supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions;

BE IT FURTHER RESOLVED that APA supports full access to employment, housing, and education regardless of gender identity and expression;

BE IT FURTHER RESOLVED that APA calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals;

BE IT FURTHER RESOLVED that APA encourages legal and social recognition of transgender individuals consistent with their gender identity and expression, including access to identity documents consistent with their gender identity and expression which do not involuntarily disclose their status as transgender for transgender people who permanently socially transition to another gender role;

BE IT FURTHER RESOLVED that APA supports access to civil marriage and all its attendant benefits, rights, privileges, and responsibilities, regardless of gender identity or expression;

BE IT FURTHER RESOLVED that APA supports efforts to provide fair and safe environments for gender variant and transgender people in institutional settings such as supportive living environments, long-term care facilities, nursing homes, treatment facilities, and shelters, as well as custodial settings such as prisons and jails;

BE IT FURTHER RESOLVED that APA supports efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse;

BE IT FURTHER RESOLVED that APA supports the provision of adequate and necessary mental and medical health care treatment for transgender and gender variant individuals;

BE IT FURTHER RESOLVED that APA recognizes the efficacy, benefit, and necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments;

BE IT FURTHER RESOLVED that APA supports access to appropriate treatment in institutional settings for people of all gender identities and expressions; including access to appropriate health care services including gender transition therapies;

BE IT FURTHER RESOLVED that APA supports the creation of educational resources for all psychologists in working with individuals who are gender variant and transgender;

BE IT FURTHER RESOLVED that APA supports the funding of basic and applied research concerning gender expression and gender identity;

BE IT FURTHER RESOLVED that APA supports the creation of scientific and educational resources that inform public discussion about gender identity and gender expression to promote public policy development, and societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals regardless of gender identity or gender expression;

BE IT FURTHER RESOLVED that APA supports cooperation with other organizations in efforts to accomplish these ends.

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Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts

RESEARCH SUMMARY

The longstanding consensus of the behavioral and social sciences and the health and mental health professions is that homosexuality per se is a normal and positive variation of human sexual orientation (Bell, Weinberg, & Hammer-smith, 1981; Bullough, 1976; Ford & Beach, 1951; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Homosexuality per se is not a mental disorder (APA, 1975). Since 1974, the American Psychological Association (APA) has opposed stigma, prejudice, discrimination, and violence on the basis of sexual orientation and has taken a leadership role in supporting the equal rights of lesbian, gay, and bisexual individuals (APA, 2005).

APA is concerned about ongoing efforts to mischaracterize homosexuality and promote the notion that sexual orientation can be changed and about the resurgence of *sexual orientation change efforts* (SOCE).¹ SOCE has been controversial due to tensions between the values held by some faith-based organizations, on the one hand, and those held by lesbian, gay, and bisexual rights organizations and professional and scientific organizations, on the other (Drescher, 2003; Drescher & Zucker, 2006). Some individuals and groups have promoted the idea of homosexuality as symptomatic of developmental defects or spiritual and moral failings and have argued that SOCE, including psychotherapy and religious efforts, could alter homosexual feelings and behaviors (Drescher & Zucker, 2006; Morrow & Beckstead, 2004). Many of these individuals and groups appeared to be embedded within the larger context of conservative religious political movements that have supported the stigmatization of homosexuality on political or religious grounds (Drescher, 2003; Drescher & Zucker, 2006; Southern Poverty

Law Center, 2005). Psychology, as a science, and various faith traditions, as theological systems, can acknowledge and respect their profoundly different methodological and philosophical viewpoints. The APA concludes that psychology must rely on proven methods of scientific inquiry based on empirical data, on which hypotheses and propositions are confirmed or disconfirmed, as the basis to explore and understand human behavior (APA, 2008a, 2008b).

In response to these concerns, APA appointed the Task Force on Appropriate Therapeutic Responses to Sexual Orientation to review the available research on SOCE and to provide recommendations to the Association. The Task Force reached the following findings.

Recent studies of participants in SOCE identify a population of individuals who experience serious distress related to same sex sexual attractions. Most of these participants are Caucasian males who report that their religion is extremely important to them (Beckstead & Morrow, 2004; Nicolosi, Byrd, & Potts, 2000; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Shidlo & Schroeder, 2002, Spitzer, 2003). These individuals report having pursued a variety of religious and secular efforts intended to help them to change their sexual orientation. To date, the research has not fully addressed age, gender, gender identity, race, ethnicity, culture, national origin, disability, language, and socioeconomic status in the population of distressed individuals.

There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person's sexual orientation. Scientifically rigorous older work in this area (e.g., Birk, Huddleston, Miller, & Cohler, 1971; James, 1978; McConaghy, 1969, 1976; McConaghy, Proctor, & Barr, 1972; Tanner, 1974, 1975) found that sexual orien-



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tation (i.e., erotic attractions and sexual arousal oriented to one sex or the other, or both) was unlikely to change due to efforts designed for this purpose. Some individuals appeared to learn how to ignore or limit their attractions. However, this was much less likely to be true for people whose sexual attractions were initially limited to people of the same sex.

Although sound data on the safety of SOCE are extremely limited, some individuals reported being harmed by SOCE. Distress and depression were exacerbated. Belief in the hope of sexual orientation change followed by the failure of the treatment was identified as a significant cause of distress and negative self-image (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002).

Although there is insufficient evidence to support the use of psychological interventions to change sexual orientation, some individuals modified their sexual orientation identity (i.e., group membership and affiliation), behavior, and values (Nicolosi et al., 2000). They did so in a variety of ways and with varied and unpredictable outcomes, some of which were temporary (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Based on the available data, additional claims about the meaning of those outcomes are scientifically unsupported.

On the basis of the Task Force's findings, the APA encourages mental health professionals to provide assistance to those who seek sexual orientation change by utilizing affirmative multiculturally competent (Bartoli & Gillem, 2008; Brown, 2006) and client-centered approaches (e.g., Beckstead & Israel, 2007; Glassgold, 2008; Haldeman, 2004; Lasser & Gottlieb, 2004) that recognize the negative impact of social stigma on sexual minorities² (Herek, 2009; Herek & Garnets, 2007) and balance ethical principles of beneficence and nonmaleficence, justice, and respect for people's rights and dignity (APA, 1998, 2002; Davison, 1976; Haldeman, 2002; Schneider, Brown, & Glassgold, 2002).

RESOLUTION

WHEREAS the American Psychological Association (APA) expressly opposes prejudice (defined broadly) and discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status (APA, 1998, 2000, 2002, 2003, 2005, 2006, 2008b); and

WHEREAS the APA takes a leadership role in opposing prejudice and discrimination (APA, 2008b, 2008c), including prejudice based on or derived from religion or spirituality, and encourages commensurate consideration of religion and spirituality as diversity variables (APA, 2008b); and

WHEREAS psychologists respect human diversity including age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status (APA, 2002) and psychologists strive to prevent bias from their own spiritual, religious, or nonreligious beliefs from taking precedence over professional practice and standards or scientific findings in their work as psychologists (APA, 2008b); and

WHEREAS psychologists are encouraged to recognize that it is outside the role and expertise of psychologists, as psychologists, to adjudicate religious or spiritual tenets, while also recognizing that psychologists can appropriately speak to the psychological implications of religious/spiritual beliefs or practices when relevant psychological findings about those implications exist (APA, 2008b); and

WHEREAS those operating from religious/spiritual traditions are encouraged to recognize that it is outside their role and expertise to adjudicate empirical scientific issues in psychology, while also recognizing they can appropriately speak to theological implications of psychological science (APA, 2008b); and

WHEREAS the APA encourages collaborative activities in pursuit of shared prosocial goals between psychologists and religious communities when such collaboration can be done in a mutually respectful manner that is consistent with psychologists' professional and scientific roles (APA, 2008b); and

WHEREAS societal ignorance and prejudice about a same-sex sexual orientation places some sexual minorities at risk for seeking sexual orientation change due to personal, family, or religious conflicts, or lack of information (Beckstead & Morrow, 2004; Haldeman, 1994; Ponticelli, 1999; Shidlo & Schroeder, 2002; Wolkomir, 2001); and

WHEREAS some mental health professionals advocate treatments based on the premise that homosexuality is a mental disorder (e.g., Nicolosi, 1991; Socarides, 1968); and

WHEREAS sexual minority children and youth are especially vulnerable populations with unique developmental tasks (Perrin, 2002; Ryan & Futterman, 1997), who lack adequate legal protection from involuntary or coercive treatment (Arriola,

1998; Burack & Josephson, 2005; Molnar, 1997) and whose parents and guardians need accurate information to make informed decisions regarding their development and well-being (Cianciotto & Cahill, 2006; Ryan & Futterman, 1997); and

WHEREAS research has shown that family rejection is a predictor of negative outcomes (Remafedi, Farrow, & Deisher, 1991; Ryan, Huebner, Diaz, & Sanchez, 2009; Savin-Williams, 1994; Wilber, Ryan, & Marksamer, 2006) and that parental acceptance and school support are protective factors (D'Augelli, 2003; D'Augelli, Hershberger, & Pilkington, 1998; Goodenow, Szalacha, & Westheimer, 2006; Savin-Williams, 1989) for sexual minority youth;

THEREFORE BE IT RESOLVED that the APA affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

BE IT FURTHER RESOLVED that the APA reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

BE IT FURTHER RESOLVED that the APA concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

BE IT FURTHER RESOLVED that the APA encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation;

BE IT FURTHER RESOLVED that the APA concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation;

BE IT FURTHER RESOLVED that the APA concludes that the emerging knowledge on affirmative multiculturally competent treatment provides a foundation for an appropriate evidence-based practice with children, adolescents, and adults who are distressed by or seek to change their sexual orientation (Bartoli & Gillem, 2008; Brown, 2006; Martell, Safren, & Prince, 2004; Norcross, 2002; Ryan & Futterman, 1997);

BE IT FURTHER RESOLVED that the APA advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as

a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth;

BE IT FURTHER RESOLVED that the APA encourages practitioners to consider the ethical concerns outlined in the 1997 APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (APA, 1998), in particular the following standards and principles: scientific bases for professional judgments, benefit and harm, justice, and respect for people's rights and dignity;

BE IT FURTHER RESOLVED that the APA encourages practitioners to be aware that age, gender, gender identity, race, ethnicity, culture, national origin, religion, disability, language, and socioeconomic status may interact with sexual stigma, and contribute to variations in sexual orientation identity development, expression, and experience;

BE IT FURTHER RESOLVED that the APA opposes the distortion and selective use of scientific data about homosexuality by individuals and organizations seeking to influence public policy and public opinion and will take a leadership role in responding to such distortions;

BE IT FURTHER RESOLVED that the APA supports the dissemination of accurate scientific and professional information about sexual orientation in order to counteract bias that is based in lack of knowledge about sexual orientation;

BE IT FURTHER RESOLVED that the APA encourages advocacy groups, elected officials, mental health professionals, policymakers, religious professionals and organizations, and other organizations to seek areas of collaboration that may promote the wellbeing of sexual minorities.

ENDNOTES

1. The APA uses the term *sexual orientation change efforts* to describe all means to change sexual orientation (e.g., behavioral techniques, psychoanalytic techniques, medical approaches, religious and spiritual approaches). This includes those efforts by mental health professionals, lay individuals, including religious professionals, religious leaders, social groups, and other lay networks such as self-help groups.
2. The Task Force uses the term *sexual minority* (cf. Blumenfeld, 1992; McCarn & Fassinger, 1996; Ullerstam, 1966) to designate the entire group of individuals who experience significant erotic and romantic attractions to adult members of their own sex, including those who experience attractions to members of both their own and the other sex. This term is used because the Task Force recognizes that not all sexual minority individuals adopt a lesbian, gay, or bisexual identity.

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Marriage Equality for Same-Sex Couples

RESOLUTION

WHEREAS people benefit by sharing their lives with and receiving support from their family, friends, and other people who are important to them (Cohen & Wills, 1985); and

WHEREAS a person's sexual orientation defines the universe of persons with whom he or she is likely to find the satisfying and fulfilling romantic and intimate relationships that, for many individuals, comprise an essential component of personal identity (D'Augelli, 2000; Gonsiorek & Weinrich, 1991; Herek, 2001, 2006; Peplau & Garnets, 2000); and

WHEREAS homosexuality is a normal expression of human sexual orientation that poses no inherent obstacle to leading a happy, healthy, and productive life, including the capacity to form healthy and mutually satisfying intimate relationships with another person of the same sex and to raise healthy and well-adjusted children, as documented by several professional organizations (American Psychiatric Association, 1974; Conger, 1975, National Association of Social Workers, 2003; Paige, 2005); and

WHEREAS many gay men and lesbians, like their heterosexual counterparts, desire to form stable, long-lasting, and committed intimate relationships and are successful in doing so (Gates, 2006; Herek, Norton, Allen, & Sims, 2010; Kaiser Family Foundation, 2001; Peplau & Fingerhut, 2007; Simmons & O'Connell, 2003); and

WHEREAS the consideration of policies to provide or deny same-sex couples full access to civil marriage and other legal forms of family formation in all branches of both the federal and state governments in the United States has frequently subjected the human rights of lesbian, gay, and bisexual people to public debate and resulted in wide varia-

tion among jurisdictions in access to these rights (Gates, Badgett, & Ho, 2008; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Herek, 2006; National Gay and Lesbian Task Force, 2010; Rostosky, Riggle, & Horne 2009; Russell, 2000); and

WHEREAS emerging evidence suggests that statewide campaigns to deny same-sex couples legal access to civil marriage are a significant source of stress to the lesbian, gay, and bisexual residents of those states and may have negative effects on their psychological well-being (Hatzenbuehler et al., 2010; Rostosky et al., 2009); and

WHEREAS the denial of civil marriage, including the creation of legal statuses such as civil unions and domestic partnerships, stigmatizes same-sex relationships, perpetuates the stigma historically attached to homosexuality, and reinforces prejudice against lesbian, gay, and bisexual people (Badgett, 2009; Herek, 2006; Hull, 2006); and

WHEREAS many gay, lesbian, and bisexual adults who are in a committed same-sex relationship have taken advantage of the right to marriage, either in their home jurisdictions or in other jurisdictions, even though many jurisdictions that do not permit marriage of same-sex couples do not recognize these valid marriages (Badgett, 2009; Gates et al., 2008; Herel, Marech, & Lelchuk, 2004; Marech, 2004); and

WHEREAS many other adults who are in a committed same-sex relationship wish to marry, but are prevented by state law from being married in their home jurisdiction or from receiving recognition of their marriages performed elsewhere (Herek et al., 2010); and

WHEREAS empirical research demonstrates that the psychological and social aspects of committed relationships between same-sex partners closely resemble those of het-



on August 3-5, 2011.

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erosexual partnerships, and an emerging research literature suggests that legally recognized same-sex relationships may also be similar to heterosexual marriages in these psychological and social aspects (Balsam, Beauchaine, Rothblum, & Solomon, 2008; Kurdek, 2004, 2005; Peplau & Fingerhut, 2007); and

WHEREAS married individuals generally receive social, economic, health, and psychological benefits from their marital status, including numerous rights and benefits provided by private employers and by state and federal governments (Badgett, 2001; Brown, 2000; Chauncey 2005; Gove, Hughes, & Style, 1983; Gove, Style, & Hughes, 1990; Kiecolt-Glaser & Newton, 2001; Murray, 2000; Ross, Mirowsky, Goldstein, 1990; Stack & Eshleman, 1998; Williams, 2003); and

WHEREAS all people can be adversely affected by high levels of stress, and the link between experiencing stress and manifesting symptoms of psychological or physical illness is well established in human beings and other species (Cohen, Doyle, & Skoner, 1999; Dohrenwend, 2000); Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002); and

WHEREAS individuals with a homosexual or bisexual orientation are often subjected to minority stress, that is, additional stress beyond what is normally experienced by the heterosexual population, as a consequence of stigma, discrimination, and violence (Badgett, 2001; Berrill, 1992; Herek, 2009; Herek, Gillis, Cogan, 1999; Mays & Cochran, 2001; Meyer, 1995; 2003; Meyer, Schwartz, & Frost, 2008); and

WHEREAS the experience of minority stress may create somewhat higher levels of illness or psychological distress in the sexual minority population, compared to the heterosexual population (Herek & Garnets, 2007; Mays & Cochran, 2001; Meyer, 1995; 2003); and

WHEREAS minority stress is common to all minority groups that experience stressors due to prejudice and discrimination based on their minority status (Meyer, 2003); and

WHEREAS lesbian, gay, and bisexuals with multiple minority statuses (e.g., people of color, persons with disabilities) often experience a dual minority stress that may negatively impact their mental health (Crawford, Allison, Zamboni, & Soto, 2002; Green, 1994; Harley, Nowak, Gassaway, & Savag, 2002); and

WHEREAS policies supportive of lesbian, gay, and bisexual people's human rights may have positive effects on their psychological well-being (Blake, Ledsy, Lehman, Goodenow, Sawyer, & Hack, 2001; Goodenow, Szalacha, & Westheimer, 2006; Hatzenbuehler, Keyes, Hasin, 2009);

THEREFORE BE IT RESOLVED that the American Psychological Association (APA) supports full marriage equality for same-sex couples;

BE IT FURTHER RESOLVED that the APA reiterates its opposition to ballot measures, statutes, constitutional amendments, and other forms of discriminatory policy aimed at limiting lesbian, gay, and bisexual people's access to legal protections for their human rights, including such measures as those that deny same-sex couples the right to marry (Anton, 2008; Conger, 1975);

BE IT FURTHER RESOLVED that the APA calls on state governments to repeal all measures that deny same-sex couples the right to civil marriage and to enact laws to provide full marriage equality to same-sex couples;

BE IT FURTHER RESOLVED that the APA calls on the federal government to extend full recognition to legally married same-sex couples, and to accord them all of the rights, benefits, and responsibilities that it provides to legally married different-sex couples;

BE IT FURTHER RESOLVED that the APA encourages psychologists and other behavioral scientists to conduct quality research that extends our understanding of the lesbian, gay, and bisexual population, including the role of close relationships and family formation on the health and well-being of lesbian, gay, and bisexual adults and youths;

BE IT FURTHER RESOLVED that the APA encourages psychologists and other professionals with appropriate knowledge to take the lead in developing interventions and in educating the public to reduce prejudice and discrimination and to help ameliorate the negative effects of stigma;

BE IT FURTHER RESOLVED that the APA will work with government and private funding agencies to promote such research and interventions to improve the health and well-being of lesbian, gay, and bisexual people.

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The APA's Lesbian, Gay, Bisexual, and Transgender Concerns Office is part of APA's Public Interest Directorate, which fulfills APA's commitment to apply the science and practice of psychology to the fundamental problems of human welfare and social justice and the promotion of equitable and just treatment of all segments of society through education, training, and public policy. The activities of the Public Interest Directorate are overseen by the Board for the Advancement of Psychology in the Public Interest, whose mission is to encourage the generation and application of psychological knowledge on issues important to human well-being. The Public Interest Directorate comprises the following offices:

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- Minority Fellowship Program
- Office on Socioeconomic Status
- Violence Prevention Office
- Women's Programs Office
- Work, Stress, and Health Office