April 19, 2019

The Honorable Suzanne Bonamici
Subcommittee on Civil Rights and Human Services
Committee on Education and Labor
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bonamici:

On behalf of the American Psychological Association (APA), I am writing to extend our appreciation to you for holding the April 9th hearing on The Equality Act (H.R. 5): Ensuring the Right to Learn and Work Free from Discrimination. We would like to take this opportunity to provide you with APA's position on the issue and offer further relevant scientific information. APA bases its nondiscrimination position on psychological research showing that adequate legal protections are essential for sexual and gender minority Americans due to the detrimental impact that discrimination has on their mental health and well-being.

APA is a scientific and professional organization representing psychology, with 118,400 members and affiliates across the United States and internationally. APA works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives. Many of our members serve sexual and gender minorities through the application of psychology, including research, education, clinical care, and consultation. APA has a longstanding commitment to ending discriminatory practices based on sex, sexual orientation, and gender identity. Most notably, in 2007 APA adopted a resolution on Opposing Discriminatory Legislation and Initiatives Aimed at Lesbian, Gay, and Bisexual Persons, and in 2008, a resolution on Transgender, Gender Identity, and Gender Expression Non-Discrimination.

Discrimination harms mental and physical health
An estimated 4.5% of U.S. adults identify as a sexual or gender minority,¹ and 10.2% of them are married.² As many as 2 million to 3.7 million children in the United States have sexual or gender minority parents.³ A substantial body of research has shown the negative impacts of stress, including discrimination-related stress, on the physical and mental health of sexual and gender minority people⁴ and their families.⁵

The conceptual framework best utilized to understand the negative impact of discrimination on individuals who hold minority identities is known as minority stress⁶.⁷ The minority stress model explains how discrimination, prejudice, and stigma produce social environments that are both stressful and hostile to minority individuals, and how the experience of living in these environments contributes to multiple health disparities for sexual and gender minorities including increased rates of mental and physical health disorders.⁸ For example, one study showed that following the implementation of state-
level bans on marriage for same-sex couples, sexual minorities in these states experienced an increase in psychological and alcohol use disorders, including a 248% increase in Generalized Anxiety Disorder. Without the federal protections set forth by the Equality Act, sexual and gender minority Americans are faced with a patchwork of state-level protections across the country that put them and their families at risk for increased exposure to minority stress as they move from one state to another.

These problems are heightened by discriminatory federal policies. For example, The Department of Education’s announcement that its Office of Civil Rights would no longer investigate complaints from transgender students who are barred from using restrooms consistent with their gender identity will likely lead to negative mental health outcomes for transgender students. Some research shows that psychological distress has increased among sexual and gender minorities since 2016.

**Supportive legislation benefits mental and physical health**

Conversely, a growing body of research finds that the presence of non-discrimination legislation and/or the adoption of equal rights legislation for sexual and gender minorities may have positive health impacts. Non-discrimination legislation which protects sexual and gender minorities is associated with better mental health, fewer medical care visits, and reduced healthcare costs. For example, the implementation of state policies permitting marriage for same-sex couples was associated with a 7% decrease in adolescent suicide attempts, and sexual and gender minorities living in states with policies protecting sexual minorities against workplace discrimination and hate crimes reported lower rates of psychological disorders.

**Transgender and gender nonconforming people are particularly vulnerable**

Transgender and gender nonconforming individuals are those whose gender identity does not align with the sex they were assigned at birth. Population estimates indicate that 0.6%, or 1.4 million Americans identify as transgender and 0.7%, or 150,000 youth ages 13 to 17 identify as transgender. Having a gender identity that differs from one’s sex assigned at birth does not meet the criteria of a mental health diagnosis. However, many transgender people experience gender dysphoria, which is listed in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* and may be alleviated by medical or psychological interventions. APA recognizes the efficacy, benefit, and medical necessity of transition related treatments – which may include psychotherapy, hormone therapy, and a variety of surgical treatments - for appropriately evaluated individuals.

Transgender and gender nonconforming Americans experience similar symptoms of minority stress to sexual minorities but their experience of stress is more closely aligned with their gender identity and expression. Transgender and gender nonconforming people have experienced a history of marginalization, pathologization, and discrimination within society. This has led to prejudice and discrimination in schools, public accommodations, employment, housing, healthcare, and the criminal justice system. These experiences are exacerbated by a lack of legal protections, leading to increased risk of physical and mental health disparities. Arguments that protections for transgender
and gender nonconforming Americans would somehow offer certain individuals increased privileges – in sports, restrooms, or shelters, for example - are not supported by evidence and in fact illustrate the bias experienced by these individuals. Nondiscrimination protections and equal treatment under the law are essential for the well-being of transgender and gender nonconforming Americans.

Again, we thank you for holding this hearing and for taking the time to consider additional research supporting the Equality Act. Should you have any questions or need further information, please contact Gabriel Twose, Ph.D., in our Public Interest Government Relations Office at 202-336-5931 or gtwose@apa.org.

Sincerely,

Katherine McGuire
Chief Advocacy Officer


