



IPsyNet

International Psychology Network for Lesbian,
Gay, Bisexual, Transgender and Intersex Issues

IPsyNet Statement on *LGBTIQ+ Concerns*



Introduction

The mission of the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNet) is to facilitate and support the contributions that the discipline of psychology makes to a global understanding of human sexuality and gender diversity so as to ensure the health and well-being of people around the world who identify, or are perceived as, lesbian, gay, bisexual, transgender, intersex, queer, or sexually and gender diverse people (LGBTIQ+).

IPsyNet consists of psychological organizations around the world that aim to:

- » Increase psychological knowledge of human diversity in sexual orientation, gender identities, gender expressions, and sex characteristics.
- » Apply psychological knowledge in support of the well-being and full enjoyment of human rights by people of all sexual orientations, gender identities, gender expressions, and sex characteristics.
- » Increase the number of psychological organizations that develop and/or disseminate and implement standards of care for LGBTIQ+ people.
- » Advance the organizational effectiveness of the network and the capacity of its members to engage with issues related to sexual orientation, gender identity, gender expression, or sex characteristics around the world.

PURPOSE OF THE IPSYNET STATEMENT

This statement provides the informed judgment of the signing members of IPsyNet, drawing from the current state of scientific and professional knowledge concerning sexual orientation, gender expression, gender identities, and biological sex characteristics. This statement seeks to offer guidance concerning policy issues related to the discipline of psychology, both in research and in practice. It does not attempt to comprehensively cover all areas of life and society that are relevant to improving the lives of LGBTIQ+ people. For a more exhaustive compilation of human rights and policy recommendations related to LGBTIQ+ people, please see statements and recommendations produced by transnational organizations and meetings provided in the bibliography.

DEFINITION OF TERMS

The abbreviation LGBTIQ+ stands for, but is not limited to, lesbian, gay, bisexual, transgender, intersex, queer, or sexually and gender diverse people. We employ the terminology for sexual orientation and gender identity according to the definitions established in the Yogyakarta Principles (2007, 2017):

Sexual orientation is understood to refer to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender. Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. (Yogyakarta Principles, 2007, p. 6)

We use the term *lesbian* to refer to a woman who is primarily attracted, romantically or sexually, to other women. *Gay* refers to a man who is primarily attracted, romantically or sexually, to other men. We use *bisexual* to indicate a person attracted, romantically or sexually, to people of the same gender and of other genders. *Queer* is a multifaceted term that has different meanings depending on the person or context; we use the term to refer to a person attracted, romantically or sexually, to people of the same sex or same gender or more than one sex or gender and who does not identify with a heterosexual or LGB identity.

Transgender is used to refer to a person whose gender identity does not correspond with the sex assigned to them at birth, including but not limited to transgender, transsexual, nonbinary, and genderqueer identities.

We use the term *intersex* as an "umbrella term to denote a number of different variations in a person's bodily characteristics that do not match strict medical definitions of male or female. These characteristics may be chromosomal, hormonal and/or anatomical and may be present to differing degrees" (European Union Agency for Fundamental Rights, 2015, p. 2; Ghattas, 2013). The use of + is to indicate inclusivity of emerging identities as well as orientations and identities that may not fall under the umbrella of LGBTIQ.

WHY THE NEED FOR THE IPSYNET STATEMENT?

Identified Problems Regarding Psychological and Psychotherapeutic Practice and Research

- » Psychopathologization of LGBTIQ+ people and identities continues through organized efforts to equate LGBTIQ+ people and identities with mental illness (Yogyakarta Principles, 2017).
- » Sexual orientation and gender identity change efforts such as conversion and reparative therapies continue to proliferate and include "interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation" (Substance Abuse and Mental Health Services Administration, 2015, p. 1).
- » Many transgender people lack access to trans-affirmative psychological support as well as nonmandatory psychotherapeutic support when initiating social or medical transition (Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, APA, 2015).
- » The involuntary and coerced sterilization or surgery of intersex people persists, and such practices occur without consideration of the psychological impact on and without sufficient psychotherapeutic resources and supports for intersex individuals and their families (Involuntary or Coerced Sterilisation of Intersex People in Australia, Commonwealth of Australia, 2013).

- » A significant proportion of psychological research continues to actively reinforce stereotypes or psychopathologization of LGBTIQ+ people, including the treatment of gender as a binary category and the conflation of sexual orientation and gender identity descriptors (Moradi, Mohr, Worthington, & Fassinger, 2009; Parent, DeBlaere, & Moradi, 2013).
- » Prejudice and discrimination toward LGBTIQ+ people, their families, and their communities, as well as inequality among LGBTIQ+ social groups, are based on cognitive (e.g., biased knowledge), behavioral (e.g., discriminatory actions), and emotional (e.g., negative emotions concerning the respective group, such as anger or disgust) components, as well as cultural and intergroup processes. Discrimination, stereotyping, and/or psychological or physical harm of LGBTIQ+ people (e.g., in health care, psychotherapy, legal systems, education, or in social relationships) can lead to psychological harm and minority stress, possibly resulting in decreased well-being and need for LGBTIQ+ affirmative psychotherapy and medical treatment (e.g., Hendricks & Testa, 2012; Manalastas & Torre, 2016; Meyer, 2003; Victor & Nel, 2016). Policy and legislation that limit rights of or targets LGBTIQ+ people has been found to increase psychological distress among LGBT individuals and families of LGBT people living in those communities (e.g., Hatzenbuehler, Flores, & Gates, 2017; Horne, Rostosky, & Riggle, 2011; Rostosky, Riggle, Horne, & Miller, 2009).
- » In many countries, LGBTIQ+ people continue to face discrimination, unjust imprisonment, criminalization, capital punishment, involuntary hospitalization, psychotherapy aimed at conversion of sexual orientation or gender identity, mandatory psychotherapy for transgender individuals, as well as irreversible forced surgery or sterilization of intersex and transgender individuals. This criminalization and pathologization of LGBTIQ+ people, families, and communities lead service providers to ignore, discount, and neglect the needs of LGBTIQ+ people, compounding their psychological vulnerability. The practices of capital punishment, imprisonment, involuntary hospitalization, irreversible forced surgery, sterilization, and mandatory psychotherapy also constitute violations of human rights (see Yogyakarta Principles, 2007, 2017).

WHAT IS KNOWN

- » Although interconnected, sexual orientation, gender identity, and sex characteristics are separate constructs referring to aspects of one person's experience, identity, expression, or embodiment. Sexual orientation, gender identity and biological sex characteristics each manifest in a range of variations of human experience. For example, it is not possible to determine a person's sexual orientation by knowing their gender identity and vice versa. It is not possible to infer someone's sexual orientation or gender identity from their sex characteristics.
- » LGBTIQ+ people are found in all cultures, countries and regions of the world. LGBTIQ+ individuals and families are present in communities diverse in language, religion, ethnicity, size, and geographical location.
- » There is no one theory of sexual orientation and gender identity upon which scientists concur as primary that illuminates the development and diversity of gender expressions, identities, and sexual orientations that exist throughout the world. Sexual orientations and gender identities remain fairly constant over the lifespan for most people; however, shifts in sexual orientation and gender identity may occur across developmental stages within the lifespan (de Vries, Steensma, Doreleijers, & Cohen-Kettenis, 2011; Diamond, 2009).
- » Due to the importance of sexual and gender identity to a person's sense of self, psychological approaches to change sexual orientation or psychological efforts to change gender identity and expression to match sex assigned at birth have been found to be potentially harmful; individual, family, and group treatment approaches that affirm a person's sexual orientation and gender identity and promote family acceptance and support are considered best practices (e.g., APA, 2015; APA, Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; Coleman et al., 2012; Psychological Society of South Africa, 2017; Shidlo & Schroeder, 2002; Spack et al., 2012).

Given these documented needs and concerns, IPsyNet has created the IPsyNet Statement on LGBTIQ+ Concerns, which has been endorsed by IPsyNet member organizations.

Respectfully submitted,

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The Policy Committee of the International Psychological Network of Lesbian, Gay, Bisexual, Transgender and Intersex Concerns

IPsyNet Statement and Commitment

- » We acknowledge, as subscribers to the principle that human rights are universal, that all human beings are worthy of dignity and respect, including respect for diversity on the basis of sexual orientation, gender identity and gender expression, or differences in sex development. We believe that discrimination and psychological maltreatment are not consistent with international human rights aspirations (Universal Declaration of Ethical Principles for Psychologists, 2008). We actively support the development of and support for LGBTIQ+ affirmative and inclusive treatment as well as service provision.
- » We concur that psychology as a science and a profession has expertise based on decades of research demonstrating that LGBTIQ+ identities and expressions are normal and healthy variations of human functioning and relationships. For example, as set out in the *ICD-10* (World Health Organization, 1990, p. 11), homosexuality is not a diagnosable mental disorder. We actively challenge claims made by political, scientific, religious, or other groups that claim or profess that LGBTIQ+ identities, expressions, and sex characteristics are abnormal or unhealthy.
- » As LGBTIQ+ identities and orientations are normative variations of human experience and are not diagnosable mental disorders per se, they do not require therapeutic interventions to change them. Given that conversion therapies actively stigmatize same-sex orientations and transgender identities, as well as have the potential for harm, we support affirmative approaches to therapy for LGBTQ+ people and reject therapies that aim to cause harm to LGBTIQ+ people.
- » Transgender and gender nonconforming individuals have the right to live according to their gender identity and to access medical, psychotherapeutic, and social support as needed. This support should be offered irrespective of whether the person has a binary or nonbinary gender identity and whether they seek access to social or medical transition or one, several, or all treatments available. We furthermore support the full autonomy of transgender and gender nonconforming individuals in affirming their gender identities. Affirmative psychological support may be beneficial to their identity development and decision-making regarding social and medical transition (Coleman et al., 2012). We strongly oppose regulations forcing transgender and gender nonconforming individuals to undergo sterilization, divorce, or other procedures that might have stigmatizing or mentally, physically, or socially harmful effects in order to access desired transition supports. We affirm that transgender and gender nonconforming individuals have the right to define their identities as well as to decide on and access affirmative and transition-related health care as desired (Yogyakarta Principles, 2007).
- » Some LGBTIQ+ people may experience psychological distress because of the impact of social stigma and prejudice against LGBTIQ+ people in general or their individual identity within the LGBTIQ+ spectrum. LGBTIQ+ individuals with nonmonosexual (e.g., bisexual, pansexual) and non-cis identities (e.g., trans, nonbinary, agender), as well as LGBTIQ+ individuals with intersectional minority identities (e.g., based on race, ethnicity, disability, religion, gender, social class), may be especially at risk for minority stress, discrimination, both within and outside the LGBTIQ+ population, and resultant psychological difficulties. We condemn discrimination on the basis of intersecting minority identities within and beyond the LGBTIQ+ population. We furthermore actively support psychological research and practice that fully consider the intersectionality of LGBTIQ+ identities with others' identities such as ethnicity, social class, and religion.

- » Efforts to repathologize LGBTIQ+ orientations, identities, or people by linking them to poor mental health misconstrue the effects of stigmatization and environmental hostility as inherent to LGBTIQ+ sexual orientations, gender identities and expressions, or biological variance. We advocate for the removal of the stigma of psychopathology from LGBTIQ+ identities and expressions and oppose the misuse of research on health inequalities faced by LGBTIQ+ people that seek to misinform the public and attempt to repathologize LGBTIQ+ people.
- » Psychologists' lack of information and misinformation about LGBTIQ+ people and identities can perpetuate discrimination, stereotyping, and the potential for physical and mental health abuse. We advocate for the inclusion of LGBTIQ+ people as experts and as active, equal partners in research and policy development for research and policy initiatives that concern them. We support the development of psychological research and education that is not hetero- or cis-normative (e.g., Clarke, Ellis, Peel, & Riggs, 2010). Moreover, we provide psychological knowledge to psychological networks, organizations, policymakers, the media, and the public. Finally, on the basis of scientifically grounded knowledge, we advocate for greater awareness of the health and well-being needs of LGBTIQ+ people to improve public policy and LGBTIQ+ communities.

ORGANIZATIONAL ENDORSEMENTS

AUSTRALIA

Australian Psychological Society

BRAZIL

Brazilian Association of Teaching of Psychology/Associação Brasileira de Ensino de Psicologia

Brazilian Association of Legal Psychology/Associação Brasileira de Psicologia Jurídica

Brazilian Association of Psychotherapy/Associação Brasileira de Psicoterapia

Brazilian Association of School and Educational Psychology/Associação Brasileira de Psicologia Escolar e Educacional

Brazilian Institute of Psychological Evaluation/Instituto Brasileiro de Avaliação Psicológica

Federal Council of Psychology/Conselho Federal de Psicologia

National Association for Research and Graduate Studies in Psychology/Associação Nacional de Pesquisa e Pós-graduação em Psicologia

National Coordination of Psychology Students/Coordenação Nacional de Estudantes de Psicologia

CAMEROON

Cameroon Chamber of Actors in Psychology/Chambre Camerounaise des Acteurs en Psychologie (CCAP)

CANADA

Canadian Psychological Association/Société Canadienne de Psychologie

COLOMBIA

Colombian College of Psychologists/Colegio Colombiano de Psicólogos

GERMANY

Association for Lesbians, Gay, Bisexual, Trans*, Intersexual and Queer People in Psychology/Verband für lesbische, schwule, bisexuelle, trans*, intersexuelle und queere Menschen in der Psychologie (VLSP*)

German Psychological Society/Deutsche Gesellschaft für Psychologie

GUATEMALA

Guatemalan Psychological Association/Asociación Guatemalteca de Psicología

HONG KONG SAR

Hong Kong Psychological Society

HUNGARY

Hungarian Psychological Association, LMBTQ Section/Magyar Pszichológiai Társaság

LEBANON

Lebanese Psychological Association

NEW ZEALAND

New Zealand Psychological Society

NORWAY

Norwegian Psychological Association/Norsk Psykologforening

PHILIPPINES

National Association for Sikolohiyang Pilipino/Pambansang Samahan sa Sikolohiyang Pilipino

Psychological Association of the Philippines

PUERTO RICO

Puerto Rico Psychological Association/Asociación de Psicología de Puerto Rico

RUSSIA

Russian Psychological Society/Российское психологическое общество

SOUTH AFRICA

Psychological Society of South Africa

SPAIN

Spanish Psychological Association/Colegios Oficiales de Psicólogos

TAIWAN

Taiwan Counseling Psychology Association

Taiwan Counseling Psychologist Union

Taiwan Guidance and Counseling Association

UNITED KINGDOM

British Psychological Society

UNITED STATES

American Psychological Association

National Latinx Psychological Association

FOR FURTHER INFORMATION

For more information about IPsyNet Member Organizations, see [here](#).

For IPsyNet Member Guidelines and Practice Position Statements, see [here](#).

ACKNOWLEDGMENTS

The Policy Committee of IPsyNet would like to thank Iore M. Dickey, PhD, Anneliese A. Singh, PhD, Clinton Anderson, PhD, Merry Bullock, PhD, and Ronald Schlittler, MIPP, for their valuable feedback and input on the IPsyNet Policy Statement.

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