

COUNCIL OF REPRESENTATIVES

February 28-March 1, 2020

APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its August 7 & 9, 2019, meeting.

B.(1A) Council voted to reject suspending Association Rule 30-2.1 and agreed to not publish individual votes on open session agenda items.¹

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

110-14. RULES GOVERNING SIMULTANEOUS SERVICE

110-14.1 Members of the Board of Directors shall not serve simultaneously on APA advisory groups, other than as ex-officio or liaison; in any elected positions in any Divisions or state/provincial/territorial psychological associations; or on governing bodies of advocacy or political action organizations for psychologists or psychology that are national in scope.

110-14.2 Members shall not serve simultaneously on any of the following advisory groups, except as ex-officio and/or non-voting members or if other exceptions are provided below.

Boards

Advancement of Psychology in the Public Interest
Convention Affairs
Educational Affairs
Membership
Policy and Planning
Publications and Communications
Professional Affairs (except that one member is also a member of the Committee on Professional Practice and Standards)
Scientific Affairs

Committees

Aging
Animal Research and Ethics

¹At its August 2018 meeting, Council voted that at the beginning of each Council meeting, after the meeting agenda has been determined, Council will vote on a motion to 1) suspend Association Rule 30-2.1 and 2) agree to require Council members votes on each open session agenda item, with the exception of procedural votes, (including votes in favor, against, abstaining, recusing or not voting) be published on the Association's website with access for members only. (A 2/3 vote of all Council members present is needed to suspend the Association Rules. If the motion fails, Council members' votes will not be published for that meeting).

Associate and Baccalaureate Education
Children, Youth and Families
Continuing Education
Council Leadership Team
Disability Issues in Psychology
Division/APA Relations
Early Career Psychologists
Ethics
Ethnic Minority Affairs
Fellows
Finance
Human Research
International Relations in Psychology
Legal Issues (ad hoc)
Needs Assessment, Slating and Campaigns
Professional Practice and Standards (except that one member is also a member of the Board of Professional Affairs)
Psychology and AIDS (ad hoc)
Rural Health
Sexual Orientation and Gender Diversity
Socioeconomic Status
Psychological Tests and Assessment
Teachers of Psychology in Secondary Schools
Women in Psychology

Other Commissions

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology
Commission on Accreditation
~~[Council Leadership Team]~~

110-14.3 Members shall not simultaneously run for election (~~[e.g.,] i.e.,~~ appear on ~~[the board and committee]~~ an election ballot) for the Board of Directors and/or for more than one of the following advisory groups. In addition, members shall not run for election for one of the following advisory groups if the term of service will begin prior to the end of a term the member is currently serving on one of the advisory groups listed in Association Rule 110-14.2.

Boards

Advancement of Psychology in the Public Interest
Convention Affairs
Educational Affairs
Membership
Policy and Planning
Publications and Communications
Professional Affairs
Scientific Affairs

Committees

Council Leadership Team

Ethics

Finance

International Relations in Psychology

Rural Health

~~[Other]~~ Commissions

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology
~~[Council Leadership Team]~~

110-15. ELECTION OF STANDING BOARD AND COMMITTEE MEMBERS

110-15.3 The Council elects members of standing boards and committees by a preferential election ballot; those voting assign a rank order to as many candidates as desired. ~~[Ballots are sent on the last working day in October]~~. The balloting period closes ~~[within]~~ at the end of 30 days.

III. ETHICS

A.(16) Council received as information an update on the activities of the Ethics Code Task Force.

IV. BOARD OF DIRECTORS

No items.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

No items.

VI. ORGANIZATION OF THE APA

A.(3) Council voted to consider the Association Rule changes proposed in item #3 titled, "Amendments to Association Rules Regarding Delegation of Specific Duties to the Board of Directors", separately as follows: 3A) Association Rules 110-10 through 110-12; 3B) Association Rule 50-3 and Association Rules 210-2 through 210-4; and 3C) Association Rule 210-5.

B.(3A) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

110-10. CHIEF STAFF OFFICER CONFIRMATION

110-10.1 The Board of Directors shall appoint a search committee to identify candidates for the position of chief staff officer. After the search committee has identified a list of preferred candidates for the position, the committee shall forward the list of candidates to the Board of Directors. After the Board of Directors has completed its deliberations on the candidates and has selected the nominee for the position, the Board shall forward the nomination to the Council of Representatives for a confirmation vote.

110-10.2 Confirmation requires a two-thirds affirmative vote of those voting. Those eligible to vote will be members of the current Council of Representatives.

110-10.3 ~~[The confirmation vote will be by secret ballot sent by the Recording Secretary of the Association. Voters shall indicate on the ballot whether they approve or disapprove of the nominee. Ballots will be returned to the Recording Secretary, who will supervise the tabulation of the vote.]~~

There is a ~~[30]~~ minimum seven-day electronic balloting period for the confirmation vote. Results of the vote, with a tally of votes cast, shall be reported to Council by the Recording Secretary within ~~[30 days]~~ two weeks following the close of balloting.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

110-11. CHIEF STAFF OFFICER EVALUATION

110-11.1 The performance of the chief staff officer shall be subject to an annual review. The Board of Directors is charged with the development of procedures and instruments designed for that purpose. ~~[The review shall solicit evaluation from current Council members, from such other elements of the governance structure as are deemed relevant by the Board, and from appropriate Central Office staff.]~~ Upon completing its evaluation of the chief staff officer's performance, the Board will communicate the results to Council in confidence.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

110-12. CHIEF STAFF OFFICER RECONFIRMATION

110-12.1 At such time as the chief staff officer is subject to reconfirmation, the evaluation form used for the evaluation described in Association Rule 110-11 shall address the chief staff officer's performance specifically in terms of his/her reconfirmation.

110-12.2 Reconfirmation of the Chief Staff Officer requires a two-thirds affirmative vote of ~~[those voting]~~ the Board of Directors. Those eligible to vote for reconfirmation shall be the current ~~[Council]~~ Board of Directors.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

110-12.3 ~~[The reconfirmation vote shall be by secret ballot sent by the Recording Secretary of the Association. Voters shall indicate on the ballot whether they approve or disapprove the reconfirmation. Ballots will be returned to the]~~The Recording Secretary~~[, who will supervise the tabulation of the vote and]~~will announce the results to Council within two weeks following the close of balloting.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

110-12.4 There is a minimum seven ~~[30]~~-day balloting for the confirmation vote. Results of the vote, with a tally of votes cast, shall be reported to Council within ~~[30 days]~~ two weeks following the close of balloting.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

C.(3B) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

50-3. AD HOC GROUPS

50-3.1 The standing boards and committees and continuing committees may, in exceptional circumstances, appoint, for designated time periods, such ad hoc groups (e.g., task forces, work groups, ad hoc committees, subcommittees) as may be necessary.

If funding is already available for an ad hoc group, the Board of Directors shall be informed at its next meeting of the establishment of the group and provided with a description of the following: purpose; progress to date; membership roster (if available); duration of the group's appointment; and funding amount. If new funding is needed for the ad hoc group, prior approval must be obtained from the ~~[Council of Representatives]~~ Board of Directors.

If the appointing body determines that an ad hoc group should continue beyond its initially designated term, the Board of Directors shall be informed at its next meeting and shall be advised of the group's progress; the new designated time period; and the amount and source of funds. If funding is needed for the group's continuance, prior approval must be obtained from the ~~[Council of Representatives or]~~ Board of Directors as appropriate.

The Council of Representatives shall receive a listing annually of all ad hoc groups as an integral part of the budget document.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-2. BUDGET

210-2.1 Council delegates to the Board the authority for decision-making related to budget and financial matters. At least annually, a report on the Association's budget and finances will be provided to Council on behalf of the Board of Directors.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-2.3 To achieve these goals, the chief executive officer (CEO) shall be responsible for developing the Association's annual budgets to be submitted to ~~[Council]~~ the Board of Directors for approval. These budgets shall be reviewed, modified, and approved first by the Finance Committee and then the Board of Directors prior to submission as information to Council. Council approval is required for any single, unbudgeted item that exceeds \$3 million or sale of Association

real estate. The strategic planning process should represent the avenue by which the Association's priorities are set and new initiatives are approved.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-2.4 In order that this policy can be adequately carried out, the financial records of the APA shall be so maintained as to permit a matching of direct income and direct expenses plus allocated expenses by program. The annual budget shall be developed in such a way that the projected difference between income and expenses, by program, can be readily determined.

210-4. FORECAST

210-4.1 Council delegates to the Board the authority for decision-making related to budget and financial matters.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-4.2 Consistent with the mission of the Finance Committee set forth in Article XI, section 3 of the APA Bylaws, the Finance Committee shall work with the CEO and the CFO in the development of an annual financial forecast (up to three years) to be presented to Council as part of the report provided in Association Rule 210-2.1. The Finance Committee shall recommend to the Board of Directors [~~and to the Council of Representatives~~] overall long-range financial goals for the Association, which will be provided to Council as information. Upon approval of these goals by [~~Council~~] the Board of Directors, the CEO will proceed to develop budgets to achieve the organizational financial health requirements covered in Rule 210-3.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

D.(3C) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

210-5. DUES

210-5.1 In preparing the annual budget, the Finance Committee shall recommend necessary changes in dues rates. The Finance Committee's recommendation will be reviewed by the Board of Directors and submitted to Council as information. Recommendations for dues increases will be submitted to Council for approval.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-5.2 The annual dues of Members, including Fellows, and Associate Members shall be determined by Council on recommendations from the Membership Board, Finance Committee and Board of Directors. Dues amounts will be based on the following guideline:

Associate member Step1 (years 1-3)

40% of regular Member dues.

Associate member Step 2 (years 4+)	72% of regular Member dues.
Member (Postdoctoral) Step 1 (years 1-3)	40% of regular Member dues.
Member (Postdoctoral) Step 2 (years 4-6)	60 % of regular Member dues.
Member Step 3 (years 7 and 8)	80% of regular Member dues.
Member Step 4 (years 9+)	100% of regular Member dues.

Dues for Members and Associate members who have reached both 65 years of age and 25 years of membership, and have advised Central Office of their choice to begin the dues-reduction process, shall be based on the following schedule. At any step in the process where dues are less than the current subscription price/servicing fee, the latter shall prevail.

Step 1 (first year) – 90% of regular dues
Step 2 (second year) – 70% of regular dues
Step 3 (third year) – 50 % of regular dues
Step 4 (fourth year) – 30 % of regular dues
Step 5 (fifth year) – full dues exemption

When full dues exemption is attained, the subscription price/servicing fee option becomes available.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

E.(4) Council voted to refer item #4 titled, “Amendments to Association Rule 220: Amending APA Bylaws” to the Council Leadership Team.

F.(12A/Feb 2020) A new business item, “Remove Hoffman Reports (aka Independent Review), dated July 2, 2015 and September 4, 2015, from APA Website” was referred to the Committee on Legal Issues and the Policy and Planning Board.

G.(12B/Feb 2020) A new business item, “Requiring APA/APASI Consolidated Risk Register Development and Maintenance” was referred to the Policy and Planning Board, the Board of Educational Affairs and the Committee on Legal Issues.

H.(17) Council received as information a report from the Advocacy Coordinating Committee.

VII. PUBLICATIONS AND COMMUNICATIONS

No items.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS

A.(5) Council voted to adopt as APA policy the *Education and Training Guidelines for Psychological Assessment in Health Service Psychology* and approved December 31, 2029 as the expiration date for the Guidelines.

B.(18) Council received as information an update on the BEA/BPA Task Force to Develop Competencies for Students Completing Master's Level Programs in Health Service Psychology.

X. PROFESSIONAL AFFAIRS

A.(5) Council voted to adopt as APA policy the *Guidelines for Psychological Assessment and Evaluation* and approved December 31, 2029 as the expiration date for the Guidelines.

B.(13) Council received as information an update on the business pending item, "Guidelines for Psychologists Regarding the Assessment of Trauma for Adults (NBI #25A/Aug 2013)."

C.(14) Council was provided with an update on the business pending item, "14. Healthcare Practice Guideline Policy (NBI #13B/March 2018)."

D.(19) Council received as information an update on the work of the Advisory Steering Committee for Development of Clinical Practice Guidelines and APA Guideline Development Panels and plans for 2019.

E.(19A) Council received as information an update on the activities of the Working Group Developing Guidelines on Key Considerations in the Treatment of PTSD/Trauma.

XI. SCIENTIFIC AFFAIRS

A.(6) Council voted to receive the Report of the 2019 Violent Video Games Task Force.

B.(7) Council voted to approve amending the 2015 *Resolution on Violent Video Games* as follows (underlined material to be added):

Resolution on Violent Video Games

The following resolution should not be misinterpreted or misused by attributing violence, such as mass shootings, to violent video game use. Violence is a complex social problem that likely stems from many factors that warrant attention from researchers, policy makers and the public. Attributing violence to violent video gaming is not scientifically sound and draws attention away from other factors.

Video game use has become pervasive in the American child's life: More than 90% of U.S. children play some kind of video games; when considering only adolescents ages 12 - 17, that figure rises to 97% (Lenhart et.al, 2008; NPD Group, 2011). Although high levels of video game use are often popularly associated with adolescence, children younger than age 8 who play video games spend a daily average of 69 minutes on handheld console games, 57 minutes on computer games, and 45 minutes on mobile games, including tablets (Rideout, 2013). Considering the vast number of children and youth who use video games and that more than 85% of video games on the market contain some form of violence, the public has understandably been concerned about the effects that using violent video games may have on individuals, especially children and adolescents.

News commentators often turn to violent video game use as a potential causal contributor to acts of mass homicide. The media point to perpetrators' gaming habits as either a reason that

they have chosen to commit their crimes, or as a method of training. This practice extends at least as far back as the Columbine massacre (1999) and has more recently figured prominently in the investigation into and reporting of the Aurora, CO theatre shootings (2012), Sandy Hook massacre (2012), and Washington Navy Yard massacre (2013). This coverage has contributed to significant public discussion of the impacts of violent video game use. As a consequence of this popular perception, several efforts have been made to limit children's consumption of violent video games, to better educate parents about the effects of the content to which their children are being exposed, or both. Several jurisdictions have attempted to enact laws limiting the sale of violent video games to minors, and in 2011 the US Supreme Court considered the issue in *Brown v. Entertainment Merchants Association*, concluding that the First Amendment fully protects violent speech, even for minors.

In keeping with the American Psychological Association's (APA) mission to advance the development, communication, and application of psychological knowledge to benefit society, the Task Force on Violent Media was formed to review the APA Resolution on Violence in Video Games and Interactive Media adopted in 2005 and the related literature in order to ensure that the APA's resolution on the topic continues to be informed by the best science currently available and that it accurately represents the research findings directly related to the topic. This Resolution is based on the Task Force's review and is an update of the 2005 Resolution.

Scientists have investigated the effects of violent video game use for more than two decades. Multiple meta-analyses of the research have been conducted. Quantitative reviews since APA's 2005 Resolution that have focused on the effects of violent video game use have found a direct association between violent video game use and aggressive outcomes (Anderson et al. 2010, Ferguson 2007a, Ferguson 2007b, Ferguson & Kilburn 2009). Although the effect sizes reported are all similar (0.19, 0.15, 0.08, and 0.16, respectively), the interpretations of these effects have varied dramatically, contributing to the public debate about the effects of violent video games.

The link between violent video game exposure and aggressive behavior is one of the most studied and best established. Since the earlier meta-analyses, this link continues to be a reliable finding and shows good multi-method consistency across various representations of both violent video game exposure and aggressive behavior (e.g., Moller & Krahe, 2009; Saleem, Anderson, & Gentile, 2012). Aggressive behavior examined in this research included experimental proxy paradigms, such as the administration of a noise blast to a confederate, and self-report questionnaires, peer nominations and teacher ratings of aggressiveness focused on behaviors including insults, threats, hitting, pushing, hair pulling, biting and other forms of verbal and physical aggression. The findings have also been seen over a range of samples, including those with older children, adolescent, and young adult participants. There is also consistency over time, in that the new findings are similar in effect size to those from past meta-analyses.

Similarly, the research conducted since the 2005 APA Resolution using aggressive cognitions and aggressive affect as outcomes also shows a direct effect of violent video game use (e. g., Hasan, Begue, Scharrow & Bushman, 2013; Shafer, 2012). Researchers have also continued to find that violent video game use is associated with decreases in socially desirable behavior such as prosocial behavior, empathy, and moral engagement (e.g., Arriaga, Monteiro & Esteves, 2011; Happ, Melzer & Steffgen, 2013).

The violent video game literature uses a variety of terms and definitions in considering aggression and aggressive outcomes, sometimes using "violence" and "aggression" interchangeably, or using "aggression" to represent the full range of aggressive outcomes studied, including multiple types and severity levels of associated behavior, cognitions, emotions, and neural processes. This breadth of coverage but lack of precision in terminology has contributed to some debate about the effects of violent video game use. In part, the numerous ways that violence and aggression have been considered stem from the multidisciplinary nature of the field. Epidemiologists, criminologists, physicians and others approach the phenomena of aggression and violence from different perspectives than do psychologists, and emphasize different definitions of the phenomena accordingly. Some disciplines are interested only in violence, and not other dimensions of aggression. In psychological research, aggression is usually conceptualized as behavior that is intended to harm another (see Baron & Richardson, 1994; Coie & Dodge, 1998; Huesmann & Taylor, 2006; VandenBos, 2007). Violence can be defined as an extreme form of aggression (see Encyclopedia of Psychology, 2000) or the intentional use of physical force or power, that either results in or has a high likelihood of resulting in harm (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Thus, all violence, including lethal violence, is aggression, but not all aggression is violence. This distinction is important for understanding this research literature, which has not focused on lethal violence as an outcome. Insufficient research has examined whether violent video game use causes lethal violence. The distinction is also important for considering the implications of the research and for interpreting popular press accounts of the research and its applicability to societal events.

Resolution

Consistent with the American Psychological Association's mission to advance the development, communication and application of psychological knowledge to benefit society and improve people's lives, this Resolution on Violent Video Games finds:

WHEREAS scientific research has demonstrated an association between violent video game use and both increases in aggressive behavior, aggressive affect, aggressive cognitions and decreases in prosocial behavior, empathy, and moral engagement;

WHEREAS there is convergence of research findings across multiple methods and multiple samples with multiple types of measurements demonstrating the association between violent video game use and both increases in aggressive behavior, aggressive affect, aggressive cognitions and decreases in prosocial behavior, empathy, and moral engagement;

WHEREAS all existing quantitative reviews of the violent video game literature have found a direct association between violent video game use and aggressive outcomes;

WHEREAS this body of research, including laboratory experiments that examine effects over short time spans following experimental manipulations and observational longitudinal studies lasting more than 2 years, has demonstrated that these effects persist over at least some time spans;

WHEREAS research suggests that the relation between violent video game use and increased aggressive outcomes remains after considering other known risk factors associated with aggressive outcomes;

WHEREAS although the number of studies directly examining the association between the amount of violent video game use and amount of change in adverse outcomes is still limited, existing research suggests that higher amounts of exposure are associated with higher levels of aggression and other adverse outcomes;

WHEREAS research demonstrates these effects for children older than 10 years, adolescents, and young adults, but very little research has included children younger than 10 years;

WHEREAS research has not adequately examined whether the association between violent video game use and aggressive outcomes differs for males and females;

WHEREAS research has not adequately included samples representative of the current population demographics;

WHEREAS research has not sufficiently examined the potential moderator effects of ethnicity, socioeconomic status, or culture;

WHEREAS many factors are known to be risk factors for increased aggressive behavior, aggressive cognition and aggressive affect, and reduced prosocial behavior, empathy and moral engagement, and violent video game use is one such risk factor;

Therefore,

BE IT RESOLVED that the American Psychological Association (APA) engage in public education and awareness activities disseminating these findings to children, parents, teachers, judges and other professionals working with children in schools and communities;

BE IT FURTHER RESOLVED that APA support funding of basic and intervention research by the federal government and philanthropic organizations to address the following gaps in knowledge about the effects of violent video game use:

- The association between violent video game use and negative outcomes for understudied ethnic and sociocultural populations who may be at increased risk for negative outcomes because of increased violent video game exposure or the presence of other risk factors for aggressive outcomes;
- The nature of the association between violent video game use and negative outcomes for males and females separately;
- The association between violent video game use and negative outcomes for school age and preschool age children;
- The relation between degree of exposure to violent video games and negative outcomes;
- The persistence of negative outcomes over time;
- The relation between game ratings and types, amounts, and degrees of violence present in violent video games;

- The relation between negative outcomes and game characteristics such as properties of the game, including type and degree of violence, how the game is played, and how the game is perceived by the player;
- The intersection of variables related to negative outcomes of violent video game use and the broader context of violence within the games, including choices about targets of violence, game themes, and the development and marketing of games;
- The impact of rapidly changing game technology and formats on users' experience and outcomes;
- The role of competition and cooperation in the association between violent video game use and negative outcomes; and
- The role of media literacy in mediating negative effects associated with violent video game use;

BE IT FURTHER RESOLVED that APA endorses the development and implementation of rigorously tested interventions that educate children, youth and families about the effects of violent video game use; and

BE IT FURTHER RESOLVED that APA strongly encourages the Entertainment Software Rating Board to refine the ESRB rating system specifically to reflect the levels and characteristics of violence in games in addition to the current global ratings.

References

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C.(8) Council voted to approve the following statement on APA's Response to the Global Climate Change Crisis:

APA's Response to the Global Climate Change Crisis

More than a decade ago, the American Psychological Association examined the role of psychology in understanding and responding to climate change in the report of its Task Force on

the Interface Between Psychology and Global Climate Change (APA, 2009; “Psychology and global climate change,” 2011). Following that report, the Council of Representatives adopted as APA policy the *Resolution on Affirming Psychologists’ Role in Addressing Global Climate Change* (APA, 2011), which serves as the foundation of the association’s work on the topic.

Among its efforts, APA has sponsored the review and dissemination of research on the mental health impacts of climate change (Clayton, Manning, & Hodge, 2014; Clayton et al., 2017). In 2017, APA became an observer organization of the United Nations’ Intergovernmental Panel on Climate Change (IPCC) and, in that role, sends representatives to IPCC meetings and nominates contributors and reviewers for IPCC reports. Further, APA cohosted the 2019 International Summit on Psychology and Global Health in Portugal, which was designed to advance the contribution of psychology to United Nations Sustainable Goal 13 (“Take urgent action to combat climate change and its impacts”) (United Nations General Assembly, 2015). At this summit, representatives of 44 national and international psychological associations signed a resolution committing their organizations to action on climate change (“Resolution,” 2019).

Current scientific evidence strongly indicates that climate change has become a crisis: unless major reductions are made in emissions of greenhouse gases due to human activities, average surface temperatures on Earth are projected to increase within the next 30 years to 1.5 degrees C. above pre-industrial levels, with serious impacts on life throughout the planet (Intergovernmental Panel on Climate Change, 2018; Otto et al., 2020). The negative impacts of climate change on the health and well-being of individuals, communities, and nations are growing more frequent and severe, with members of some groups – including persons of color, persons of lower socioeconomic status, women, older adults, children, and persons with disabilities – at greater risk than others (Clayton, Manning, Krygsman, & Speiser, 2017; Lancet, 2019; U.S. Global Change Research Program, 2016, 2018; World Health Organization, 2019). The health and survival of nonhuman animals are threatened by climate change as well (Graham, Matthews, & Turner, 2016; Radchuk et al., 2019).

Recent research on the psychological dimensions of climate change can guide new action to mitigate and promote human adaptation to climate change. Among the areas that have been investigated are beliefs, attitudes, and communications about climate change and about policies and practices for addressing it; behavior change regarding energy use and conservation; and mental health and psychosocial consequences of climate change and related natural disasters, including pathways to coping and resilience (see bibliography below).

Building on such work, APA can further address the climate change crisis by promoting and sponsoring advances in research;; interventions;; services;; education and training;; public policy, law, and advocacy;; group and community organization;; and other domains in which psychologists work. All areas of psychology have valuable knowledge and experience to contribute to this effort.

Therefore, APA reaffirms its 2011 policy resolution and commits itself to continued action to address global climate change on the basis of scientific evidence and applied and clinical psychological expertise.

Further, APA adopts an interdisciplinary and interprofessional approach to addressing climate change, including collaborations with other scientific, professional, policy, and community organizations in the United States and internationally.

Further, the President of APA shall appoint a task force, composed of leading international experts, to review APA's past and current activities related to global climate change and to recommend goals and strategies for future APA activities that will have a strong impact on the climate change crisis. The Council of Representatives requests that the task force keep in mind the prime importance of issues surrounding migration, human rights, and systemic aspects (including political, economic, and corporate) of climate change, as well as address how APA can improve its own sustainability practices. The task force will submit a report to the Council, and the report will be disseminated to the membership of APA.

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XII. PUBLIC INTEREST

A.(9) Council voted to archive the following following 2007 *Resolution on Opposing Discriminatory Legislation & Initiatives Aimed at Lesbian, Gay & Bisexual Persons*:

Resolution on Opposing Discriminatory Legislation & 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).

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;

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;

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);

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);

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);

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);

Whereas the psychological risks associated with exposure to prejudice and discrimination result in increased psychological distress (Cochran & Mays, 2000; Cochran, Sullivan, & Mays, 2003; DiPlacido, 1998; Gilman, Cochran, Mays, Hughes, Ostrow, & Kessler, 2001; Mays & Cochran, 2001; Meyer, 2003; Russell, 2000; Russell & Richards, 2003);

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);

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

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;

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);

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 their opposition to legislation and initiatives that discriminate on the basis of sexual orientation;

Be it further resolved that APA shall consider the nature of the public policy with regard to sexual orientation discrimination of states and other jurisdictions as one relevant factor when making decisions about meetings and other contractual agreements;

Be it further resolved that APA shall take reasonable steps to publicly oppose discriminatory policies and to promote the physical and psychological safety of its members and staff, when holding meetings or engaging in other contractual agreements in states or jurisdictions with public policy that discriminates on the basis of sexual orientation.

Be it further resolved that APA encourages psychologists to act to oppose public policy that discriminates on the basis of sexual orientation.

Be it further resolved that the APA shall provide scientific and educational resources that contribute to the public debate over sexual orientation discrimination and that assist APA members, divisions, and affiliated state, provincial, and territorial psychological associations to participate in the public debate.

Be it further resolved that APA encourages the United States National Committee for Psychology to develop and recommend to the International Union of Psychological Science General Assembly an international policy for psychology on sexual orientation discrimination.

Be it further resolved that APA encourages 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 encourages 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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Council also voted to adopt APA policy the following 2020 *Resolution on Opposing Discriminatory Laws, Policies, and Practices Aimed at LGBTQ+ Persons*:

Resolution on Opposing Discriminatory Laws, Policies, and Practices Aimed at LGBTQ+ Persons

Definitions and Context

Gender and sexual orientation diversity make up aspects of important personal, social, and cultural experiences. *Gender identity* describes a range of ways individuals experience their gender, or their view of themselves as a man, woman, or other gender (Fausto-Sterling, 2000; Hines, 2004). For example, *cisgender* may describe individuals who identify with the sex and gender they were assigned at birth, while *transgender* may describe individuals who identify differently from the sex and gender they were assigned at birth. *Sexual orientation* describes a range of patterns of sexual or romantic attractions, behaviors, identities related to these patterns, and associated experiences such as emotional bonds (Katz-Wise & Hyde, 2014; Klein, 1993; Rosario & Schrimshaw, 2014; van Anders, 2015); for example, heterosexual may describe individuals experiencing patterns oriented toward a gender different than their own, lesbian and gay may describe individuals experiencing patterns oriented toward their own gender, bisexual

may describe individuals experiencing patterns oriented toward more than one gender, and asexual may describe individuals who do not experience these patterns of attraction to any gender (Bogart, 2004).

Heterosexism and *cissexism* include attitudes, behaviors, and policies that favor heterosexual and cisgender identities above all other sexual and gender identities. These attitudes, behaviors, and policies shape dominant social contexts and have negative impacts on lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) individuals and experiences (Hatzenbuehler, 2017; Hendricks & Testa, 2012; Herek, 2009; Meyer, 2003; Serano, 2007). Stigma and minority stress theories explain how social inequalities harm LGBTQ+ people (Hatzenbuehler, 2017; Hendricks & Testa, 2012; Meyer, 2003).

Stigma refers to a broad-based disapproval of a group of people by society in general (Goffman, 1963; Herek, 2000, 2015). Structural stigma are “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized” (Hatzenbuehler & Link, 2014, p. 2). Structural sexual and gender stigma result in individual stigma related to people’s sexual and gender identities. This ultimately results in poorer physical and psychological health (Hatzenbuehler, 2017; Hendricks & Testa, 2012; Meyer, 2003). Discriminatory laws, policies, and practices are one example of these structural inequalities, and likewise have detrimental impacts on LGBTQ+ individuals’ health (Bialer & McIntosh, 2016; Burke, 2016; Cahill, 2017; Hatzenbuehler, Keyes, & Hasin, 2009; Newman-Freeman, 2013; Raifman, Moscoe, Hatzenbuehler, & Galea, 2018; Singh, & McKleroy, 2011). In contrast to the negative health implications of structural stigma, enacting structural supports or equalizing policies (e.g., same-sex marriage equality, statewide antidiscrimination laws, institution-based nondiscrimination policies) leads to improvement of LGBTQ+ persons’ physical and mental health (Hatzenbuehler & Keyes, 2013; Mattocks et al., 2014; Parco & Levy, 2013; Tran, 2016; Wight, LeBlanc, & Badgett, 2013; Woodford, Pacey, Kulick, & Hong, 2018).

Individuals experience intersecting oppressions and privileges that contribute to unique and complex variations in stigma, stress, and resilience (Collins, 1990; Crenshaw, 1989). Additional forms of stigma and discrimination, including racism, sexism, and xenophobia, can amplify and alter LGBTQ+ individuals’ experiences of stigma and discrimination (e.g., Bowleg, 2013). LGBTQ+ people of color often experience additional race and ethnicity stigma, which can combine with sexual orientation and gender stigma to shape health, education, and other opportunities and outcomes (e.g., Balsam, Molina, Blayney, Dillworth, Zimmerman, & Kaysen, 2015; Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Cerezo, 2016; McConnell, Janulis, Phillips, Truong, Birkett, 2018; Ramirez & Galupo, 2019). Discriminatory legislation and policies reinforce systems of oppression, and their impact varies based on individuals’ experiences with multiple structural inequalities.

Examples of Discriminatory Laws, Policies, and Practices

Discriminatory laws, policies, and practices occur across multiple levels of society. As of 2019, there is no federal legislation signed into law in the United States that clearly protects against discriminatory treatment of LGBTQ+ people in areas such as housing, education, access to credit, and employment (Equality Act, 2019; Editorial Board, *The New York Times*, 2015). Multiple states also lack protections from discrimination for LGBTQ+ people in these and other contexts. An estimated 44% of LGBTQ+ people currently live in states without employment protections that include sexual orientation or gender identity (Movement Advancement Project,

2019a). Further, 23% of LGBTQ+ people live in states where the existing hate crime legislation does not include crimes motivated by sexual orientation or gender identity (Movement Advancement Project, 2019b). Additionally, several states have policies in place that allow or permit discrimination against LGBTQ+ people in certain contexts. For instance, 18% of LGBTQ+ people live in states where laws allow at least some, if not all, child welfare agencies (e.g., foster care and adoption placement agencies) to discriminate against LGBTQ+ people on the basis of religious beliefs (Movement Advancement Project, 2019c). Transgender people in particular have been subjected to a variety of pending or enacted state-level legislation reducing their access to public facilities such as restrooms, access to healthcare, and ability to change their gender on legal documents.

In some circumstances where discrimination based on sexual orientation or gender identity is prohibited by law, legislation and various official statements have offered specific groups exemptions to following these laws. While antidiscrimination laws are meant to apply to all commerce in the public sphere, certain groups of people, notably those of particular faith groups, have been exempted from following the laws based on their assertion that the laws conflict with their religious beliefs. Such religious exemptions may impact LGBTQ+ people by essentially depriving them of access to legal recourse in the face of discrimination that would otherwise be outlawed. In addition, these exemptions create uncertainty among LGBTQ+ people about their rights as well as social and psychological impacts that are similar to the effects of other forms of discrimination described above (Russell & Bohan, 2014). These exemptions may also promote negative attitudes about LGBTQ+ people in that they suggest they are not worthy of antidiscrimination protections.

Aside from legislation, discriminatory policies and practices exist in a variety of organizations, such as schools, workplaces, and community service settings. For instance, workplaces may not have policies in place that prohibit harassment based on gender identity or sexual orientation. Many transgender and gender diverse students attending public high schools in the United States report restrictions on their ability to access restrooms (46.5%) or locker rooms (43.6%). Further, LGBTQ+ students often report their public school prohibits or discourages the formation of gay-straight alliance groups (14.8%), prohibit same-sex partners from attending school functions (11.7%), or prevents or discourages LGBTQ+ students from participating in sports (11.3%; Kosciw, Greytak, Zongrone, Clark, & Truong, 2018). Social service agencies such as homeless shelters and domestic violence agencies may not be prepared to serve or may refuse to serve LGBTQ+ people (e.g., Ard & Makadon, 2011; Coolhart & Brown, 2017; Gay and Lesbian Medical Association, 2001; Maccio & Ferguson, 2016). These are just some examples of discriminatory policies and practices that impact LGBTQ+ people in their daily lives. The negative impact on LGBTQ+ people living in rural areas is often amplified, due to the lack of available options for resources and services in these areas (e.g., Swank, Frost, & Fahs, 2012).

Effects of Discourse Around Discriminatory Laws, Policies, and Practices

Research and clinical literature demonstrate that variations in sexual and romantic attractions, feelings, and behavior as well as gender identity and gender expression are normal and positive variations of human sexuality (Bell, Weinberg, & Hammersmith, 1981; Bullough, 1976; Ford & Beach 1951; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) and gender (Bockting, 2008; Coleman et al., 2012; Kuper, Nussbaum, & Mustanski, 2012). Simply, there is no scientific basis for discriminating against sexual and gender minorities. Despite these established scientific facts, interpersonal and structural stigma about and discrimination

directed toward sexual and gender minority people persists (Hatzenbuehler, 2017; Hendricks & Testa, 2012; Meyer, 2003) and has harmful consequences (Meyer, 2003; Veldhuis, Drabble, Riggle, Wootton, & Hughes, 2018). History illustrates that stigma, stereotypes, and propagation of fear via discourse are often used as tools in establishing and maintaining oppressive and discriminatory legislation and policy against sexual and gender minorities. In order to better combat these tactics, we must first understand how they are utilized.

Stigma may be expressed in many forms, from seemingly minor insults to violent assaults (Frost, 2011; Hendricks & Testa, 2012; Meyer, 2013). Stigma is an important foundation of health inequalities (Hatzenbuehler, Phelan, & Link, 2013), and it serves to create and promote everyday actions and broad social policies that facilitate and maintain such inequalities. Stigma typically carries an emotional component (e.g., hatred or disgust) as well as a cognitive component (e.g., negative, global beliefs, not rooted in factual evidence, that people in the group are bad or inferior). In addition, stigma carries a predisposition to behave in ways that are consistent with the emotional and cognitive aspects of the stereotype. Stigma is rooted partly in stereotypes about the members of a group, which frequently give rise to misinformation. This misinformation occurs with considerable frequency, and often across a wide range of situations. It is difficult to counter stereotype-based misinformation (Lewandowsky, Ullrich, Seifert, Schwarz, & Cook, 2012), at least in part because it is sometimes taught—directly or indirectly—to young people by adults whom they respect (e.g., parents, religious leaders, teachers). In addition, the misinformation associated with stereotypes may not be corrected by the usual sources of accurate information such as parents, schools and colleges, and print or electronic media. Over time, the stereotype-based misinformation to which people have been exposed comes to be taken as a given, or simply as common sense—even when extensive research demonstrates that it is wrong.

When they are repeated often enough (Unkelbach, Koch, Silva, & Garcia-Marques, 2019), stereotypes and related misinformation become automatic associations in the minds of most people (Bargh & Chartrand, 1999; Devine & Monteith, 1999). When a person thinks of the group, stereotyped images of that group come immediately and automatically to mind (Banse, Seise, & Zerbis, 2001). These stereotyped images can become far more influential than actual facts in shaping people's decision-making (Greenwald, Banaji, Rudman, Farnham, Nosek, & Mellort, 2002). This is especially likely when decision-makers do not have direct and sustained contact with members of the stigmatized group (e.g., Pettigew & Tropp, 2006; Sink & Mastro, 2018).

When LGBTQ+ people become the focus of political discourse and debate, these stereotypes come into play (Ball, 2010; Bull & Gallagher, 1996; Conrad, 1983; Douglass, 1997; Dugan, 2005; Eastland, 1996a; 1996b; Fingerhut, Riggle, & Rostosky, 2011; Herman, 1997; Keen & Goldberg, 2001; Moats, 2004; Russell & Bohan, 2014; Sarbin, 1996; Witt & McCorkle, 1997). They may be intentionally or even unintentionally activated by people who oppose LGBTQ+ rights (Button, Rienzo, & Wald, 1997; Fetner, 2008; Stone, 2016). Oppositional discourse and debates about LGBTQ+ people often rely on these stereotypes (Fetner, 2008; Stein, 2001; Stone, 2012, 2016; Westbrook & Schilt, 2014). Many LGBTQ+ people experience these political debates as objectifying and debasing (Russell, 2000; Russell, Bohan, McCarroll, & Smith, 2010). Sometimes the stereotypes are invoked explicitly, and sometimes they occur implicitly through the use of coded language and images, which subtly refer to commonly recognized pejorative beliefs about stigmatized communities (Gilens, 1996; Lopez, 2014; Mitchell, 1993; Stewart, Smith, & Denton, 1994). Coded language and images revive negative stereotypes about LGBTQ+ people; the

stereotypes, in turn, evoke negative associations about LGBTQ+ communities that most people have incorporated over their lifetimes into their social understandings. The use of stereotypes in such ways makes it more likely that voters and other decision-makers will act unfavorably toward LGBTQ+ people and their interests. Even if the decision is not negative for LGBTQ+ communities, it is likely that LGBTQ+ people will experience negative psychological and social consequences as a result of the barrage of subtle and more explicit anti-LGBTQ+ rhetoric in campaigns and debates (Fingerhut et al., 2011; Russell, 2000; Russell & Richards, 2003).

Effects of Discriminatory Laws, Policies, and Practices

Psychologists recognize that people work, live, and play in a variety of settings and contexts. An ecological view of people-in-context recognizes the interdependence of people in the microsystems (e.g., families and informal friendship groups), organizations (e.g., schools, churches, and workplaces), localities (e.g., neighborhoods and communities), and macrosystems (e.g., larger societal institutions) of which they are a part. Discriminatory legislation, policies, and practices can significantly negatively impact LGBTQ+ people and the microsystems, organizations, localities, and macrosystems in which they operate.

Effects on individual health and well-being

At the individual level, the cumulative impact of discriminatory legislation and initiatives is an overall reduction in the mental health and wellness of LGBTQ+ people. This includes increased alienation, sadness, and anger (Russell, 2000; Russell & Richards, 2003), depression (Baumeister, 2014), anxiety and mood disorders (e.g., Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Rostosky, Riggle, Horne, & Miller, 2009), mental distress (Mays & Cochran, 2001; Raifman et al., 2018), suicide ideation, greater substance use (Hatzenbuehler et al., 2010;), increased social isolation and stigma (e.g., Gleason et al., 2016), and increased risk of unsafe sexual practices (e.g., Hafeez, Zeshan, Tahir, Jahan, & Naveed, 2017; Preston et al., 2004).

Effects on microsystems

Microsystems consist of family, as well as groups of friends and acquaintances of which people are a part; for instance, faith or religious-based groups, recreational sports teams, and colleagues or teams at work. Discriminatory legislation and initiatives lead to increased anxiety and worry among family members of LGBTQ+ people (Arm, Horne, & Levitt, 2009). Discriminatory legislation has negative psychological and social impacts on heterosexual and cisgender people who work to support the rights of LGBTQ+ people and communities (Russell, 2011).

Effects on organizational functioning

Many LGBTQ+ people work or attend school in organizations that lack protective policies. Within the workplace, LGBTQ+ employees who work in organizations that lack protections for LGBTQ+ people are more likely to perceive their workplace as hostile and report experiences of greater discrimination and harassment (e.g., Chen, Hernando, & Panebianco, 2019; Eliason, DeJoseph, Dibble, Deevey, & Chinn, 2011; Webster, Adams, Maranto, Sawyer, & Thoroughgood, 2019). Organizations that have discriminatory practices and policies show an increase in divisive rhetoric, social distance and distrust, and erosion of organizational community cohesion. LGBTQ+ youth who say they attend schools with discriminatory policies or practices are at

increased risk of absenteeism, have lower academic achievement, and are more likely to consider dropout (Kosciw et al., 2018).

Effects on localities

At the locality level, discriminatory legislation, policies, and practices can impact communities and neighborhoods. LGBTQ+ people who experience, perceive, or are concerned about increased discrimination in their communities experience a subsequent greater sense of connection to LGBTQ+ people (Gonzalez, Ramierz, and Galupo, 2018). Similarly, research has found that perceptions that policies are discriminatory toward LGBTQ+ populations are associated with greater rates of community organizing and political advocacy (Newman-Freeman, 2013). These findings suggest that people seek out and look to build strong communities in response to discrimination. The process of participating in community-building and advocacy activities is a form of coping with discrimination, which helps explain these effects.

Effects on macrosystems

Although research on the impact of discriminatory legislation on macrosystems is scant, there is some evidence that discriminatory legislation has implications for various systems of care, which is one type of macrosystem. For instance, research has found that living in areas with anti-LGBTQ+ legislation is associated with fewer medical and mental health visits and increased healthcare costs (Hatzenbuehler, O'Cleirigh, Grasso, Mayer, Safren, & Bradford, 2012) as well as lower utilization rates of employer-based health insurance (Tran, 2016). LGBTQ+ youth are also over-represented in the child welfare system, and their needs are often unmet (Wilber, Reyes, & Marksamer, 2006; Wilson & Kastanis, 2015).

Need for Nondiscrimination/Equalizing Laws, Policies, and Practices

There is an emerging body of research suggesting that nondiscriminatory or equalizing legislation has significant positive implications for LGBTQ+ people. That is, the absence of discriminatory policies is not enough; rather, policies must be put in place which codify protections for LGBTQ+ people into law. For instance, research finds that LGBTQ+ people living in a state that legalized same-sex marriage prior to nationwide marriage equality saw a reduction in suicide attempts among adolescents (Raifman, Moscoe, Austin, & McConnell, 2017) and were more likely to seek medical care when sick (Hatzenbuehler et al., 2012). Further, the mental health of LGBTQ+ people improves when states enact nondiscriminatory or hate crime legislation that includes protections for LGBTQ+ people (Hatzenbuehler et al., 2009). Similar findings exist in organizational settings. For instance, attending a high school with an active gay-straight alliance is associated with better school experiences and lower rates of substance abuse and less psychological distress among LGBTQ+ youth (Heck, Flentje, & Cochran, 2011).

Incompatibility with APA Policies, Resolutions, and Principles

APA policies, rooted in empirical data, have established that there is no scientific basis for discrimination against LGBTQ+ people (Conger, 1975; APA, 2008b). Indeed, discriminatory legislation and initiatives in general, whether directed towards sexual minorities, gender minorities, and other marginalized groups, stand in explicit violation of APA policies including: Employment Rights of Gay Teachers (Abeles, 1981); Resolution on Stigma and Discrimination

against People with Serious Mental Illness and Severe Emotional Disturbance (APA, 1999b); Resolution on Racism and Racial Discrimination (APA, 2001); Resolution on Ageism (APA, 2002); Resolution on Prejudice, Stereotypes, and Discrimination (APA, 2006); Resolution on Anti-Semitic and Anti-Jewish Prejudice (APA, 2007); Resolution on Religious, Religion-Based and/or Religion-Derived Prejudice (APA, 2008a); Resolution on Marriage Equality for Same-Sex Couples (APA, 2011); and Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools (APA, 2015). Further, the APA Code of Ethical Principles of Psychologists and Code of Conduct (APA, 2017) includes the following principles relevant to nondiscrimination in general: Principle A (Beneficence and Nonmaleficence), Principle D (Justice), and Principle E (Respect for People's Rights and Dignity).

Therefore, there exists essential incompatibility between APA's existing policies and discriminatory laws, policies and practices that seek to limit the rights of individuals, including but not limited to sexual and gender minorities. Despite this incompatibility, it is expected that in the foreseeable future, legislation and initiatives that discriminate against LGBTQ+ people will be introduced, debated, and voted on throughout all levels of government including local, state, and federal.

Compatibility with APA Policies, Resolutions, and Principles

APA policies are consistent with developing and enacting public policies that support and protect individuals, including sexual and gender minorities, from oppression and inequality. In the 1975 Resolution to Oppose Discrimination Against Homosexuals, APA resolved that it "supports and urges the enactment of civil rights legislation at the local, and state and federal level 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." (Conger, 1975).

Since then, APA policy has promoted protecting sexual and gender minorities from discrimination and has called for legislative advocacy for civil rights, including to promote parenting and adoption rights (APA, 2005), full access to employment, housing, and education (Conger, 1975; APA, 1999a, 2008b), full inclusion in the legal privileges of marriage (APA, 2011), and safe school environments (APA & National Association of School Psychologists, 2015).

In addition, APA resolutions have promoted engagement in advocacy to inform or enact public policies, regulations, or legislation with regard to the public interest in other matters: youth mental health (APA, 1989b, 1991b, 1995, 2018, and 2019a), homelessness (APA, 2010), affirmative action and equal opportunity (APA, 1999a), immigration (APA, 1998), violence (APA, 1996), prevention of HIV transmission (APA, 1991a), serious and persistent mental illness (APA, 1990), abortion (APA, 1989a), handgun control (APA, 1982), and equal rights (APA, 1975).

Given the health benefits of protective and equalizing laws, policies, and practices, positive public policy is also consistent with the APA strategic goal to "utilize psychology to make a positive impact on critical societal issues" by the following: "Employ psychology to improve population health, increase access to services, and reduce disparities." Equalizing legislation is also consistent with APA's objectives to "increase the influence of psychology on policy decisions at the international, national, state, and local levels" and "foster the advancement of human rights, fairness, diversity, and inclusion through the application of psychological science" (APA 2019b). APA affirms that equality is "good for business, health, and families" (APA, May 17, 2019c).

Resolution

WHEREAS discriminatory laws, policies, and practices continue exist and emerge across local, state, and national levels limiting LGBTQ+ people's civil rights and protections from discrimination;

WHEREAS as of 2019, there is no federal legislation signed into law in the United States that clearly protects against discriminatory treatment of LGBTQ+ people in areas such as housing, education, access to credit, and employment (Equality Act, 2019; Editorial Board, *The New York Times*, 2015);

WHEREAS discriminatory legislation is consistent with patterns of anti-LGBTQ+ oppression and stigma (Hatzenbuehler, 2017; Hendricks & Testa, 2012; Herek, 2009; Meyer, 2003);

WHEREAS anti-LGBTQ+ stigma harms the physical and psychological health of LGBTQ+ people (Bialer & McIntosh, 2016; Burke, 2016; Cahill, 2017; Hatzenbuehler et al., 2009; Newman-Freeman, 2013; Raifman et al., 2018; Singh, & McKleroy, 2011) while equalizing laws and initiatives lead to improvement in LGBTQ+ people's physical and psychological health (Hatzenbuehler & Keyes, 2013; Mattocks et al., 2014; Parco & Levy, 2013; Tran, 2016; Wight, LeBlanc, & Badgett, 2013; Woodford et al., 2018);

WHEREAS research and clinical literature demonstrate that variations in sexual and romantic attractions, feelings, and behavior as well as gender identity and gender expression are normal and positive variations of human sexuality (Bell, Weinberg, & Hammersmith, 1981; Bullough, 1976; Ford & Beach 1951; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) and gender (Bockting, 2008; Coleman et al., 2012; Kuper et al., 2012) and there is no scientific basis for such discrimination based on LGBTQ+ identities;

WHEREAS stereotype-based information about LGBTQ+ people appearing in discourse around laws, policies, and practices contributes social stigma (Ball, 2010; Bull & Gallagher, 1996; Conrad, 1983; Douglass, 1997; Dugan, 2005; Eastland, 1996a; 1996b; Fingerhut et al., 2011; Herman, 1997; Keen & Goldberg, 2001; Moats, 2004; Russell & Bohan, 2014; Sarbin, 1996; Witt & McCorkle, 1997) and carries negative effects for LGBTQ+ people (Fingerhut et al., 2011; Russell, 2000; Russell & Richards, 2003);

WHEREAS discriminatory laws, policies, and practices occur at and impact well-being at the level of the individual, microsystem, organization, locality, and macrosystem;

WHEREAS laws, policies, and procedures that allow certain groups to exempt themselves from abiding by antidiscrimination protections for LGBTQ+ people may cause damage to LGBTQ+ people and may promote prejudice against them; (Grzanka, Spengler, Miles, Frantell, & DeVore, in press; Raifman et al., 2018; Russell & Bohan, 2014)

WHEREAS APA policies (e.g., 1975; 2006; 2008a; 2011) are in opposition with legislation that discriminates against LGBTQ+ individuals; and

WHEREAS APA policies (e.g. 1975, 1999, 2005, 2008, 2015) encourage, support, and call for non-discrimination and other equalizing legislation;

THEREFORE, BE IT RESOLVED that APA reaffirms its opposition to discrimination against LGBTQ+ people and will take a leadership role in actively opposing the adoption of discriminatory laws, policies, and practices as well as advancing equalizing laws, policies, and practices;

BE IT FURTHER RESOLVED that APA supports enactment of federal legislation in the United States that clearly protects against discriminatory treatment of LGBTQ+ people in areas such as housing, education, access to credit, and employment;

BE IT FURTHER RESOLVED that APA will continue to partner with other national health and mental health organizations to encourage active opposition to legislation and initiatives that discriminate on the basis of sexual orientation or gender identity;

BE IT FURTHER RESOLVED that APA shall consider the nature of the public policy with regard to LGBTQ+ discrimination of states and other jurisdictions as one relevant factor when making decisions about meetings and other contractual agreements;

BE IT FURTHER RESOLVED that APA shall take reasonable steps to publicly oppose discriminatory laws, policies, and practices and to promote the physical and psychological safety of its members and staff, when holding meetings or engaging in other contractual agreements in states or jurisdictions with public policy that discriminates on the basis of sexual orientation and gender identity;

BE IT FURTHER RESOLVED that APA encourages psychologists to act to oppose public policy that discriminates on the basis of sexual orientation and gender identity;

BE IT FURTHER RESOLVED that APA opposes the enactment of laws, policies, and procedures that exempt any group from following antidiscrimination laws designed to protect any group

BE IT FURTHER RESOLVED that APA shall provide scientific and educational resources that contribute to the public debate over discrimination against LGBTQ+ people and that assist APA members, divisions, and affiliated state, provincial, and territorial psychological associations to participate in the public debate;

BE IT FURTHER RESOLVED that APA encourages the United States National Committee for Psychology to develop and recommend to the International Union of Psychological Science General Assembly an international policy for psychology on discrimination against LGBTQ+ people;

BE IT FINALLY RESOLVED that APA encourages 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 United States citizen and the partner is not.

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B.(10) Council voted to archive the following 2004 *Resolution on Sexual Orientation, Parents and Children*:

Resolution on Sexual Orientation, Parents, & 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 at least 163,879 households headed by lesbian or gay parents in U.S. society, three major concerns about lesbian and gay parents are commonly voiced (Falk, 1994; 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, 2004a; Perrin, 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, 2004a; Perrin, 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 childcare evenly, and to be satisfied with their relationships with their partners (Patterson, 2000, 2004a). 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 has increased, three major concerns about the influence of lesbian and gay parents on children have been often voiced (Falk, 1994; Patterson, Fulcher & Wainright, 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.

Results of social science research have failed to confirm any of these concerns about children of lesbian and gay parents (Patterson, 2000, 2004a; Perrin, 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, 2004a). 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, 2002; Stacey & Biblarz, 2001; Tasker, 1999). However, few data regarding these concerns are available for children of gay fathers (Patterson, 2004b). Evidence also suggests that children of lesbian and gay parents have normal social relationships with peers and adults (Patterson, 2000, 2004a; Perrin, 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 APA supports policy and legislation that promote safe, secure, and nurturing environments for all children (DeLeon, 1993, 1995; Fox, 1991; Levant, 2000);

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);

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

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

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, 2004);

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, 2004; Perrin, 2002; Tasker, 1999);

Whereas research has shown that the adjustment, development, and psychological well-being of children is 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, 2004; Perrin, 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;

Therefore be it further resolved that the APA believes that children reared by a same-sex couple benefit from legal ties to each parent;

Therefore 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;

Therefore be it further resolved that 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;

Therefore be it further resolved that 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 (American Psychological Association, 2002);

Therefore 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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Council also voted to adopt as APA policy the following 2020 Resolution on Sexual Orientation, Gender Identity, Parents and their Children:

Resolution on Sexual Orientation, Gender Identity (SOGI), Parents and their Children

Research Summary

Sexual Orientation and Gender Identity (SOGI)

Sexual orientation and gender identity are related, yet distinct domains of human diversity. While the former refers to sexual desire and romantic interest, the latter extends beyond relationships and permeates many aspects of people's lives. In this document, we define sexual minority (SM) parents as those who identify as lesbian, gay, bisexual, pansexual, queer, and additional sexual minority identities underrepresented in the research literature, as well as those who are currently (or have been) in romantic or sexual partnerships with a person (cisgender or transgender) of the same gender, or with a person who identifies as gender non-binary (GNB). We define gender minority (GM) parents as those who self-identify with a gender identity that does not coincide with the individual's sex assigned at birth (e.g., transgender, non-binary, genderqueer, gender non-conforming and additional gender minority identities underrepresented in the literature). In this document, we also refer to this group of parents as transgender and gender non-binary (TGNB) given the common use of this acronym in current literature (transgender and gender-non-conforming, or TGNC, is also commonly used). Parents can hold minority statuses in either one or both of these domains of human diversity. This policy statement discusses the unique challenges and needs of sexual and gender minority (SGM) parents and their children, and states APA's resolutions for supporting and promoting the well-being of these individuals and their families.

Sexual Minority Parents and their Children

Many sexual minority adults are currently parents or desire to be parents in the future (Gates, 2013; Riskind & Tornello, 2017). Up to six million children and adults in the U.S. have a parent who identifies as lesbian, gay, or bisexual and at least 19% of all sexual minority individuals and same-sex couples have children under age 18 (Gates, 2015). Moreover, married same-sex couples are more likely to rear children than are unmarried same-sex couples (Goldberg & Conron, 2018). Same-sex parenting couples are also proportionately more likely to represent people of color (POC; Gates, 2012); Gates (2013) reported that in same-sex couples, approximately 41% of women of color and 20% of men of color in same-sex couples are raising children under 18 years as compared with 23% and 8% of white women and men, respectively. Despite the significant presence of sexual minority parent families in the U.S., several concerns about sexual minority parenting are commonly voiced (Biblarz & Stacey, 2010; Patterson, 2017). These concerns are primarily based in cultural assumptions about "traditional" families, characterized by one mother and one father (both cisgender and heterosexual) who are married and rearing their biologically related children, as the idealized norm and superior to "nontraditional" families that deviate from this pattern (Lamb, 2012; Patterson, 2017). As such, questions regarding children's adjustment, and particularly gender role development, gender identity, and future sexual orientation, have been voiced in debates about the suitability of lesbian, gay, bisexual, and queer (LGBQ) people as parents (Biblarz & Stacey, 2010).

On the contrary, research has consistently failed to uncover any empirical justification for these concerns (for reviews and meta-analyses, see Fedewa, Black, & Ahn, 2015; Goldberg & Sweeney, 2019; Golombok, 2015; Lamb, 2012; Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2017). Over the last 10-15 years, since the adoption of the last APA resolution on sexual orientation, parents, and children, research in this area has substantially expanded. Empirical studies have included more diverse samples in terms of sexual orientation identity (e.g., gay, bisexual, and queer parents in addition to lesbian mothers, although more research is needed in these areas; Ross & Dobinson, 2013), pathway to parenthood (e.g., adoption, surrogacy; Raleigh, 2012), race/ethnicity and class (Battle & Ashley, 2008; Biblarz & Savci, 2010; Carroll, 2018; Mezey, 2008; Moore & Brainer, 2013), and geographic location (e.g., the U.S., Europe, Australia), as well as greater methodological rigor such as the use of nationally representative data, large samples, multiple informants, mixed methods, and longitudinal designs. To summarize this broad body of research that began in the 1970s and continues to be relevant, when compared with heterosexual adults, sexual minority adults have not been found to substantially differ in their parenting approaches or efficacy in ways that negatively affect children (Fedewa et al., 2015; Goldberg & Sweeney, 2019; Patterson, 2017). Similarly, children of sexual minority parents seem to develop in healthy and typical ways across ages and developmental domains (e.g., academic achievement, peer relationships, behavioral adjustment, emotional well-being), at least on par with their counterparts raised by heterosexual parents (Patterson, 2017). In the specific arena of gender role development, distinct from adjustment (e.g., Lamb, 2012), children with sexual minority parents generally appear to show similar patterns of gender-typical behaviors as compared to their peers with heterosexual parents (Farr, Bruun, Doss, & Patterson, 2018; Fedewa et al., 2015; Golombok et al., 2014). In addition, several studies have indicated greater flexibility among children of sexual minority versus heterosexual parents in terms of attitudes about gender and less gender-stereotypical play (Biblarz & Stacey, 2010; Bos & Sandfort, 2010; Goldberg & Garcia, 2016; Sumontha, Farr, & Patterson, 2017).

Research continues to suggest that children of sexual minority parents, though exposed to unique experiences, perform and develop at similar rates as children with heterosexual parents (Biblarz & Savci, 2010). The literature is clear, however, in demonstrating the negative effects of minority stressors such as prejudice, harassment, and discrimination for sexual minority people and their families (Calzo et al., 2017; Hatzenbuehler, 2014; Meyer, 2010). Furthermore, these experiences are often compounded for members of sexual minority parent families who are also racial/ethnic minorities and/or who face economic challenges (Battle & Ashley, 2008; Carroll, 2018; Mezey, 2008; Moore & Brainer, 2013; Wright & Wallace, 2016). Indeed, some children and parents in sexual minority parent families report experiencing victimization on the basis of family structure (Golombok et al., 2018; Kuvalanka, Leslie, & Radina, 2014; van Rijn-van Gelderen, Bos, & Gartrell, 2015). Associations between higher levels of stigmatization and difficulties in child adjustment have also been documented (Calzo et al., 2017; Crouch, Waters, McNair, Power, & Davis, 2014; Vyncke, Julien, Jouvin, & Jodoin, 2014). Even so, children with sexual minority parents commonly report feeling positively about their families and demonstrate resilience (e.g., positive coping) in the face of adversity (Farr, Crain, Oakley, Cashen, & Garber, 2016; van Gelderen, Gartrell, Bos, van Rooij, & Hermanns, 2012).

Overall, there is consensus in the existing literature that family processes, such as the quality of parenting and family relationships, are more important to child and family outcomes than is the specific structure of the family as related to parental sexual orientation (Bos, Kuyper, & Gartrell, 2018; Farr, 2017; Farr, Bruun, & Patterson, 2019; Farr, Bruun, & Simon, 2019; Farr & Patterson, 2013; Goldberg & Smith, 2013; Golombok et al., 2018; Golombok et al., 2014; Lavner,

Waterman, & Peplau, 2014). In addition, emerging research indicates the important role of contexts outside the family, such as community and legal climates (including marriage equality), in influencing outcomes among members of sexual minority parent families (Goldberg & Smith, 2011; Lick, Tornello, Riskind, Schmidt, & Patterson, 2012; Riggle, Wickham, Rostosky, Rothblum, & Balsam, 2017; Tasker & Delvoye, 2015). Overall, research consistently shows that LGBTQ adults are just as capable and efficient at parenting children as their cisgender heterosexual counterparts.

Gender Minority Parents and their Children

Gender minority (GM) adults make up about 0.3% to 0.5% of the U.S. population (Conron, Scott, Stowell, & Landers, 2012; Flores, Herman, Gates, & Brown, 2016; Gates, 2011), with younger generations being more likely than older generations to identify as transgender (2.0%; Johns et al., 2019). These numbers are likely to be greatly underestimated due to a lack of attention to gender minority identities in research. In addition, researchers have found that gender minority people are more likely to identify as people of color (POC; Flores et al., 2016). Using a population-based sample, Flores and colleagues (2016) found that among transgender people, 16% identified as Black/African American, 21% as Hispanic/Latinx, and 55% as white/non-Hispanic, compared to the general population in which 12% identified as Black/African American, 15% as Hispanic/Latinx, and 66% as white/non-Hispanic. The limited research in this area has typically involved the use of qualitative data, consisted of small, non-representative and homogeneous samples (e.g., lacking diversity across race, ethnicity, class, ability, geographic location, and immigration status), and lacked focus on individuals who identify as gender non-binary (GNB) or gender non-conforming (GNC).

Childfree GM people report wanting to become parents in the future through various means, including that some GM individuals pursue fertility preservation methods in order to have biologically related children following their transition (Stotzer, Herman, Hasenbush, 2014; Tornello & Bos, 2017). Researchers also estimate that about a quarter to over half of GM people are currently parents (Grant et al., 2011; James et al., 2016; Stotzer et al., 2014; Wierckx et al., 2012). Some researchers have found that GM people are less likely to become parents compared to their cisgender, heterosexual peers (Cahill, Battle, & Meyer, 2003; Pyne, Bauer, & Bradley, 2015; Stotzer et al., 2014; Tornello & Bos, 2017), yet comparably higher rates of parenthood have been found among GM individuals who became parents before transitioning, especially among transgender women (Grant et al., 2011; Pyne, 2012; Riggs, Power, & von Doussa, 2016; Tornello, Riskind, & Babic, 2019).

A number of concerns have been raised regarding GM people as parents, including mental health issues related to gender dysphoria and minority stressors (e.g., transphobia) in this population, as well as the impact of parent non-conforming gender identity and expression on family functioning, parent-child relationships, and children's development. Nevertheless, limited research suggests that children with GM parents tend to show typical gender development and are no more likely than their peers with cisgender parents to be diagnosed with gender dysphoria (Freedman, Tasker, & DiCeglie, 2002; Green, 1978). Other areas of interest are the psychological adjustment and social development (e.g., peer relationships) of these children. Although much more research is needed in this area, no studies have found increased difficulties among children with GM parents (Freedman et al., 2002; Zadeh, Imrie, & Golombok, 2019). Finally, research also suggests that children of GM individuals, compared to those with cisgender parents, do not report increased rates of bullying or stigma related to their parent's gender

identity (Aitken, Kealey, & Adamson, 2007; Freedman et al., 2002; Green, 1978; Reisbig, 2007). In fact, some demonstrate that children raised by GM people experience certain social benefits, such as being more open-minded or having a better understanding of individual differences (Pyne et al., 2012; Reisbig, 2007).

Some wonder whether parental disclosure or gender transition affects GM parents and their children. Notably, the majority of this work has focused on GM parents and their children in the context of parental conflict, rather than parental identity disclosure or gender transition (e.g., medical and/or non-medical; Petit, Julien, & Chamberland, 2018); moreover, these are GM parents who often already had children prior to disclosure or transition (Freedman et al., 2002; Haines, Ajavi, & Boyd, 2014; Pyne, 2012; White & Ettner, 2007). As with all families, conflict, separation, and divorce can create difficulties within the family system, but these are typically minimal and tend to decrease over time (Lansford, 2009). When the GM individual's co-parent is negative about their gender minority identity or the co-parent team engages in high levels of conflict, these factors are negatively associated with the parent-child relationship (Freedman et al., 2002; Haines et al., 2014; White & Ettner, 2004, 2007). On the other hand, some have found that GM parents report either positive or no changes in their parent-child relationships after gender transition or disclosure; earlier transition and disclosure are associated with more positive outcomes for parents and children (Bischof, Warnaar, Barajas, & Dhaliwal, 2011; Pyne, 2012; Veldorale-Griffin, 2014; White & Ettner 2007; Zadeh et al., 2019). Researchers are beginning to understand that positive co-parent and parent-child relationships prior to transition, along with strong family support and regular contact with their children after transition, relate to more positive family functioning (Dierckx, Mortelmans, Lotmans, & T'Sjoen, 2017; White & Ettner, 2004). In short, concerns have been raised regarding GM parents and their children, yet these concerns have been unsubstantiated in the limited work available (Freedman et al., 2002; Green, 1978; Stotzer et al., 2014; Veldorale-Griffin, 2014).

There may be unique barriers and experiences among GM people that can affect children and families. Specifically, a lack of legal protections for GM people regarding parenthood, employment, housing, and education, along with experiencing gender-related stigma or discrimination (American Psychological Association, 2015; Tornello & Bos, 2017; Veldorale-Griffin & Darling, 2016), can negatively affect the functioning and well-being of these individuals and their families. For example, some children are not allowed to contact their GM parent due to stigma or discrimination related to the parent's gender identity; this may especially be the case in situations of divorce or child custody (Freedman et al., 2002; Green, 1978; Perez, 2010; Pyne, 2012; Pyne et al., 2015) and among GM POC (Lev, 2004). GM individuals, compared to their cisgender peers, are more likely to experience stigma and discrimination, as well as have less social support from their family of origin, have past negative experiences with and distrust of healthcare providers, and lack of culturally competent providers, all of which can negatively impact GM parents, their children, and their family system (Benson, 2013; Factor & Rothblum, 2007; Grant et al., 2011; Light, Obedin-Maliver, Sevelius, & Kerns, 2014). In addition, GM people are more likely to identify as POC (Flores et al., 2016), which can result in additional challenges such as legal, social, systemic, and structural stigma and discrimination (Battle & Ashley, 2008; Cahill et al., 2003; Haines et al., 2014; Lev, 2004; Moore & Brainer, 2013).

In sum, although GM people may lack basic legal protections and experience higher rates of stigma and discrimination compared with their cisgender peers, the assumption that these issues would negatively impact their children's development is currently unfounded. Although much more research is needed, GM individuals seem just as capable as their cisgender peers in

rearing typically developing children and having healthy parent-child relationships. Despite existing social barriers (e.g., lack of legal protections based on gender identity or expression of TGNB parents) and cultural barriers (e.g., access to appropriate healthcare and negative experiences of stigma/discrimination) for GM parents, parental gender identity, in itself, does not appear detrimental to family functioning and child development.

Resolution

Whereas APA supports policy and legislation that promote safe, secure, and nurturing environments for all children (DeLeon, 1993, Fox, 1991; Levant, 2000);

Whereas APA has a long-established policy to deplore “all public and private discrimination against sexual and gender minorities” and urges “the repeal of all discriminatory legislation against sexual and gender minorities” (American Psychological Association, 2005; Conger, 1975);

Whereas the APA adopted the Resolution on Child Custody and Placement in 1976 (Conger, 1977, p. 432), and the Resolution on Sexual Orientation, Parents, and Children in 2004 (Paige, 2005);

Whereas discrimination against sexual and gender minority parents deprives their children of benefits, rights, and privileges enjoyed by children of cisgender, heterosexual married couples;

Whereas the U.S. Supreme Court struck down all state bans on same-sex marriage, legalized it in all 50 states, and required states to honor out-of-state marriage licenses between same-sex couples in 2015 (*Obergefell v. Hodges*);

Whereas court rulings (*Obergefell v. Hodges*, 2015) have made access to joint adoption by same-sex married couples legal in all 50 states (Farr & Goldberg, 2018);

Whereas there is no scientific evidence that parenting ineffectiveness is related to parental sexual orientation or gender identity: sexual and gender minority parents are as likely as cisgender heterosexual parents to provide supportive and healthy environments for their children (Dierckx et al., 2017; Fedewa, et al., 2015; Freedman et al., 2002; Goldberg & Sweeney, 2019; Green, 1978; Lamb, 2012; Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2017; Stotzer et al., 2014; Veldorale-Griffin, 2014);

Whereas no research has indicated that the adjustment, development, and psychological well-being of children is related to parental sexual orientation or gender identity/expression and that the children of sexual and gender minority parents are as likely as those of cisgender heterosexual parents to flourish (Bos et al., 2018; Dierckx et al., 2017; Farr, 2017; Farr & Patterson, 2013; Goldberg & Smith, 2013; Golombok et al., 2014; Lavner et al., 2014; White & Ettner, 2004); and

Whereas current demographic evidence suggests that a majority of sexual and gender minority parents are likely to be people of color (Gates, 2012, 2013), and their experiences may involve greater social, systemic, cultural, and structural challenges (Battle & Ashley, 2008; Cahill et al., 2003; Haines et al., 2014; Moore & Brainer, 2013);

Therefore be it resolved that the APA opposes any discrimination based on sexual orientation or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling;

Be it further resolved that the APA believes that children benefit from legal ties to each parent regardless of sexual orientation or gender identity/expression;

Be it further resolved that the APA supports the protection of parent-child relationships regardless of the parent's sexual orientation or gender identity/expression through the legalization of joint adoptions and second-parent adoptions of children;

Be it further resolved that APA shall take a leadership role in opposing all discrimination based on a parent's sexual orientation and/or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling;

Be it further resolved that APA encourages psychologists to act to eliminate all discrimination of the parent based on sexual orientation and/or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling in their practice, research, education and training (American Psychological Association, 2016);

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 and/or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations in protecting the rights of sexual and gender minorities;

Be it further resolved that APA encourages psychologists to consider other dimensions of identity that intersect and compound the challenges of sexual and gender minority parents and their children, such as race, class, ability, and immigration status, in all other matters established above such as treatment, prevention and advocacy.

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C.(11) Council voted to archive the following the following 2015 *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools*:

Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools

WHEREAS people express and experience great diversity in sexual orientation and gender identity and expression;

WHEREAS communities today are undergoing rapid cultural and political change around the treatment of sexual minorities and gender diversity;

WHEREAS all persons, including those who are sexual or gender minority children and adolescents, or those who are questioning their gender identities or sexual orientations, have the right to equal opportunity and a safe environment within all public educational institutions;

Sexual Orientation and Gender Identity

WHEREAS some children and adolescents are aware of their attraction to members of the same gender or of their status as lesbian, gay, or bisexual persons by early adolescence (Remafedi, 1987; Savin-Williams, 1990; Slater, 1988; Troiden, 1988), although this awareness may vary by culture and acculturation (Morales, 1990; Rosario, Schrimshaw & Hunter, 2004);

WHEREAS sexual orientation and gender identity are separate, but related, aspects of the human experience (Bockting & Gray, 2004; Chivers & Bailey, 2000; Coleman, Bockting, & Gooren, 1993; Docter & Fleming, 2001; Docter & Prince, 1997);

WHEREAS some children and adolescents may experience a long period of questioning their sexual orientations or gender identities, experiencing stress, confusion, fluidity or complexity in their feelings and social identities (Hollander, 2000; Remafedi, Resnick, Blum, & Harris, 1992);

WHEREAS there are few resources and supportive adults available and little peer support individually or within student groups for gender and sexual orientation diverse children and adolescents, particularly those residing in rural areas or small towns, (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Robinson & Espelage, 2011);

Gender Diversity

WHEREAS a person's gender identity develops in early childhood and some young children may not identify with the gender assigned to them at birth (Brill & Pepper, 2008; Zucker, 2004);

WHEREAS it may be medically and therapeutically indicated for some transgender and other gender diverse children and adolescents to transition from one gender to another using any of the following: change of name, pronoun, hairstyle, clothing, pubertal suppression, cross-sex hormone treatment, and surgical treatment (Coleman et al., 2011; Forcier & Johnson, 2012; Olson, Forbes, & Belzer, 2011);

Consequences of Stigma and Minority Stress

WHEREAS minority stress is recognized as a primary mechanism through which the notable burden of stigma and discrimination affects minority persons' health and well-being and generates health disparities (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Meyer, 2003; Meyer, Schwartz, & Frost, 2008; Mirowsky & Ross, 1989);

WHEREAS many gender and sexual orientation diverse children and adolescents have reported higher rates of anxiety and depression, low self-esteem, engaging in self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes (Austin et al., 2009; Corliss, Goodenow, Nichols, & Austin, 2011; Gibson, 1989; Gipson, 2002; Gonsiorek, 1988; Grossman & D'Augelli, 2007; Harry, 1989; Hetrick & Martin, 1988; Mustanski, Garofalo, & Emerson, 2010; Poteat, Aragon, Espelage, & Koenig, 2009; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Dias, & Sanchez, 2010; Savin-Williams, 1990; Schutzmann, Brinkmann, Schacht, & Richter-Appelt, 2009).

WHEREAS many transgender and gender diverse children and adolescents experience elevated rates of depression, anxiety, self-harm, and other health risk behaviors (American Psychological Association, 2009; Coleman et al., 2011; McGuire, Anderson, Toomey, & Russell, 2010);

WHEREAS some gender and sexual orientation diverse adolescents are at an increased risk for pregnancy (Goodenow, Szalacha, Robin, & Westheimer, 2008; Russell et al., 2011; Ryan et al., 2010; Saewyc, Poon, Homma, & Skay, 2008; Savin-Williams, 1990);

WHEREAS, some gender and sexual orientation diverse adolescent sub-populations, including young men who have sex with men, homeless adolescents, racial/ethnic minority adolescents, transgender women of color, and adolescents enrolled in alternative schools, are at heightened risk for sexually transmitted infections, including HIV (Center for Disease Control and Prevention, 2012; Markham et al., 2003), due to complex and interacting factors related to stigma, socioeconomic class and minority stress (Hatzenbuehler, Phelan & Link, 2013; Link & Phelan, 1995; Meyer, 2003; Phelan, Link, & Tehranifar, 2010);

WHEREAS some children and adolescents with intersex/DSD¹ conditions report rates of self-harm and suicidality comparable to individuals who have experienced physical or sexual abuse (Schutzmann, et al., 2009);

¹Intersex refers to a range of conditions associated with atypical development of physical sex characteristics (American Psychological Association, 2006). Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (Organization Intersex International in the United States of America, 2013). Since 2006, the medical and research community has used the term Disorders of Sex Development. This term refers to congenital conditions characterized by atypical development of chromosomal, gonadal, or anatomical sex (Houk, Hughes, Ahmed, Lee, & Writing Committee for the International Intersex Consensus Conference Participants, 2006). An alternate term — Differences of Sex Development — has been recommended to prevent a view of these conditions as diseased or pathological (Wisemann, Udo-Koeller, Sinnecker, & Thyen, 2010). In order to be inclusive of various terminology preferences, this document will use intersex/DSD when referring to individuals who are part of this community.

WHEREAS individuals with intersex/DSD conditions often report a history of silence, stigma, and shame regarding their bodies and medical procedures imposed on them (MacKenzie, Huntington, & Gilmour, 2009; Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010);

WHEREAS invasive medical procedures that are not medically necessary in nature (e.g., genital surgery for purposes of 'normalization') continue to be recommended to parents of intersex/DSD children, often proceed without the affected individual's assent, and lack research evidence on long-term quality of life, reproductive functioning, and body satisfaction (Wiesemann et al., 2010);

WHEREAS adults with intersex/DSD conditions report negative emotional, psychological and physical consequences that result from repeated and often questionable medical exams and procedures that lack research evidence to support their purported long-term reduction of distress (MacKenzie et al., 2009; Wiesemann et al., 2010);

WHEREAS gender and sexual orientation diverse young people with intersecting identities face additional challenges to their psychological well-being as a result of the negative consequences of discrimination based on sexual orientation and ethnic/racial minority status, religious identity, and country of origin, among other characteristics (Garnets & Kimmel, 1991; Herek, Gillis, & Cogan, 2009; Moradi et al., 2010; Poteat et al., 2009; Russell et al., 2011; Ryan et al., 2009; Szymanski & Gupta, 2009);

WHEREAS gender and sexual orientation diverse children and adolescents who come from impoverished or low-income families may face additional risks (Gipson, 2002; Gordon, Schroeder, & Abramo, 1990; Russell et al., 2011);

WHEREAS gender and sexual orientation diverse children and adolescents in rural areas and small towns experience additional challenges, such as living in typically more conservative and less diverse communities (compared to those in urban settings) and having limited access to affirming community-based supports, which can lead to greater feelings of social isolation (Cohn & Leake, 2012; O'Connell, Atlas, Saunders, & Philbrick, 2010);

WHEREAS gender and sexual orientation diverse children and adolescents with physical or mental disabilities are at increased risk of negative health outcomes due to the consequences of societal prejudice toward persons with mental and physical disabilities (Duke, 2011; Hingsburger & Griffiths, 1986; Pender & Hingsburger, 1991);

¹ **Intersex** refers to a range of conditions associated with atypical development of physical sex characteristics (American Psychological Association, 2006). Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (Organization Intersex International in the United States of America, 2013). Since 2006, the medical and research community has used the term **Disorders of Sex Development**. This term refers to congenital conditions characterized by atypical development of chromosomal, gonadal, or anatomical sex (Houk, Hughes, Ahmed, Lee, & Writing Committee for the International Intersex Consensus Conference Participants,

2006). An alternate term — **Differences of Sex Development** — has been recommended to prevent a view of these conditions as diseased or pathological (Wisemann, Udo-Koeller, Sinnecker, & Thyen, 2010). In order to be inclusive of various terminology preferences, this document will use **intersex/DSD** when referring to individuals who are part of this community.

Concerns and Issues in the Context of Schools

WHEREAS many gender and sexual orientation diverse children and adolescents experience harassment, bullying, and physical violence in school environments (Brooks, 2000; Fineran, 2002; Greytak, Kosciw, & Diaz, 2009; Kosciw et al., 2010; McGuire et al., 2010; Poteat & Rivers, 2010; Russell, Franz, & Driscoll, 2001; Sausa, 2005);

WHEREAS low numbers of school personnel intervene to stop harassment or bullying against transgender and other gender diverse students in school settings and may even participate in harassment of transgender and gender diverse students (Greytak et al., 2009; McGuire et al., 2010; Sausa, 2005);

WHEREAS gender and sexual orientation diverse children and adolescents who are victimized in school are at increased risk for mental health problems, suicidal ideation and attempts, substance use, high-risk sexual activity, and poor academic outcomes, such as high level of absenteeism, low grade point averages, and low interest in pursuing post-secondary education (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Kosciw et al., 2010; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004; Russell et al., 2011);

WHEREAS some studies suggest that transgender and other gender diverse students experience even poorer educational outcomes compared to lesbian, gay and bisexual students, including low achievement levels, higher likelihood of being "pushed out" of high school prior to graduation, low educational aspirations, and high incidences of truancy and weapons possession (Greytak et al., 2009; Toomey, Ryan, Diaz, Card, & Russell, 2010);

WHEREAS recent research has identified a number of school policies, programs, and practices that may help reduce risk and/or increase well-being for gender and sexual orientation diverse children and adolescents (Blake et al 2001; Eisenberg & Resnick, 2006; Goodenow, Szalacha, & Westheimer, 2006; Graybill, Varjas, Meyers, & Watson, 2009; Heck, Flentje, & Cochran 2011; Murdock & Bolch, 2005; Szalacha, 2003; Toomey et al., 2010; Walls, Kane, & Wisneski, 2010; Watson, Varjas, Meyers, & Graybill, 2010);

WHEREAS gender and sexual orientation diverse students report increased school connectedness and school safety when school personnel intervene in the following ways: (1) addressing and stopping bullying and harassment, (2) developing administrative policies that prohibit discrimination based on sexual orientation, gender identity and gender expression, (3) supporting the use of affirming classroom activities and the establishment of gender and sexual orientation diverse-affirming student groups, and (4) valuing education and training for students

and staff on the needs of gender and sexual orientation diverse students (Case & Meier, 2014; Greytak et al., 2009; Kosciw et al., 2010; McGuire et al., 2010; National Association of School Psychologists, 2011; Sausa, 2005);

The Role of Mental Healthcare Professionals in Schools

WHEREAS school psychologists, school counselors, and school social workers advocate for inclusive policies, programs and practices within educational environments (NASP, 2010a; NASP 2010b; NASP, 2011), and

WHEREAS the field of psychology promotes the individual's healthy development of personal identity, which includes the sexual orientation, gender expression, and gender identity of all individuals (APA, 2002; APA, 2012; Coleman et al., 2011; NASP, 2010a; NASP, 2011);

THEREFORE BE IT RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm 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 American Psychological Association and the National Association of School Psychologists affirm that diverse gender expressions, regardless of gender identity, and diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience;

Policies

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will advocate for local, state and federal policies and legislation that promote safe and positive school environments free of bullying and harassment for all children and adolescents, including gender and sexual orientation diverse children and adolescents and those who are perceived to be lesbian, gay, bisexual, transgender or gender diverse;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend schools develop policies that respect the right to privacy for students, parents, and colleagues with regard to sexual orientation, gender identity, or transgender status, and that clearly state that school personnel will not share information with anyone about the sexual orientation, gender identity, intersex/DSD condition, or transgender status of a student, parent, or school employee without that individual's permission;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that school administrations and mental health providers, in the context of schools, develop partnerships and networks to promote cross-

agency collaboration to create policies that directly affect the health and wellbeing of gender and sexual orientation diverse adolescents and children;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage state educational agencies to collect data on sexual orientation, taking care to ensure student anonymity, as part of efforts to monitor and study adolescents' risk behaviors in the CDC Youth Risk Behavior Survey, and to develop and validate measures of gender identity for inclusion in the Youth Risk Behavior Survey, as well;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that inclusive data collection be incorporated into the Department of Education's Mandatory Civil Rights Data Collection, another important measurement of youth experiences in schools that could help inform effective interventions to better support gender and sexual orientation diverse children and adolescents in schools;

Programs and Interventions

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support efforts to ensure the funding of basic and applied research, and scientific evaluations of interventions and programs, designed to address the issues of gender and sexual orientation diverse children and adolescents in the schools;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that promote academic success and resiliency, that reduce bullying and harassment, that reduce risk for sexually transmitted infections, that reduce risk for pregnancy among adolescents, that reduce risk for self-injurious behaviors, and that foster safe and supportive school environments for gender and sexual orientation diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that special sensitivity be given to the diversity within the population of gender and sexual orientation diverse students, with new interventions that incorporate the concerns of sexual minorities often overlooked or underserved, and the concerns of racial/ethnic minorities and recently immigrant children and adolescents who are also gender and sexual orientation diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support affirmative interventions with transgender and gender diverse children and adolescents that encourage self-exploration and self-acceptance rather than trying to shift gender identity and gender expression in any specific direction;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to

advocate for efforts to educate and train school professionals about the full range of sex development, gender expression, gender identity, and sexual orientation;

Training and Education

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will encourage education, training, and ongoing professional development about the needs and the supports for gender and sexual orientation diverse students for educators and trainers of school personnel, education and mental health trainees, school-based mental health professionals, administrators, and school staff, and such training and education should be available to students, parents, and community members;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will encourage school-based mental health professionals to learn how strictly binary notions of sex, sex development and gender limit all children from realizing their full potential, create conditions that exacerbate bullying, and prevent many students from fully focusing on and investing in their own learning;

Practices

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to serve as allies and advocates for gender and sexual orientation diverse children and adolescents in schools, including advocacy for the inclusion of gender identity, gender expression and sexual orientation in all relevant school district policies, especially anti-bullying and anti-discrimination policies;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school staff to support the decisions of children, adolescents, and families regarding a student's gender identity or expression, including whether to seek treatments and interventions, and discourage school personnel from requiring proof of medical treatments as a prerequisite for such support;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that administrators create safer environments for gender diverse, transgender, and intersex/DSD students, allowing all students, staff, and teachers to have access to the sex-segregated facilities, activities, and programs that are consistent with their gender identity, including, but not limited to, bathrooms, locker rooms, sports teams, and classroom activities, and avoiding the use of gender segregation in school uniforms, school dances, and extracurricular activities, and providing gender neutral bathroom options for individuals who would prefer to use them; and

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

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Council also voted to adopt as APA policy policy the following 2020 *Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools*:

Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools

WHEREAS people express and experience great diversity in sexual and gender identities and expression;

WHEREAS communities today are undergoing rapid social, cultural, and political change around the policies and practices that are pertinent to the well-being of sexual and gender diverse youth;

WHEREAS rapidly changing social, cultural and political climates have given rise to periodic conflicts between professional ethics and existing or developing policies, such as efforts to enact conscience or religious exemptions from provision of health care services, which can adversely impact sexual and gender diverse students in schools;

WHEREAS all persons, including children and adolescents who are diverse in their sexuality and gender identities, expression, and/or presentation, have the inherent human right to equal opportunity and a physically and psychologically safe environment within all institutions;

Sexual and Gender Diversity

WHEREAS sexuality is typically conceptualized as encompassing romantic and/or physical attractions, sexual behaviors, and identities (American Psychological Association, 2013; Rosario, Schrimshaw, Hunter, & Braun, 2006);

WHEREAS many children and adolescents are aware of their diverse attractions and sexual behaviors, or of their identities by childhood and early adolescence (Remafedi, 1987; Savin-Williams, 1990; Savin-Williams & Diamond, 2000; Slater, 1988; Troiden, 1988); this awareness may vary by culture and by developmental stage (AAIDD, 2008; Morales, 1990; Rosario, Schrimshaw & Hunter, 2004);

WHEREAS gender is often conceptualized as a social construct encompassing identity and expression, and distinct from sex (Institute of Medicine, 2011);

WHEREAS a person's gender identity develops in early childhood and some children and adolescents may not identify with their assigned sex at birth (Brill & Pepper, 2008; Steensma et al., 2013; Zucker, 2004);

WHEREAS it may be medically and therapeutically indicated for some transgender and other gender diverse children and adolescents to transition from one gender to another using any of the following: change of name, pronouns, hairstyle, clothing, pubertal suppression, cross-sex hormone treatment, and surgical treatment (Coleman et al., 2011; Forcier & Johnson, 2012; Olson, Forbes, & Belzer, 2011);

WHEREAS some children and adolescents may undergo a long period of questioning their sexual orientations or gender identities, experiencing stress, confusion, fluidity or complexity in their feelings and social identities (Hollander, 2000; Remafedi, Resnick, Blum, & Harris, 1992);

WHEREAS there may be few resources and supportive adults available and little peer support individually or within student groups for gender and sexual diverse children and adolescents, particularly those residing in rural areas or small towns, (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Poon & Saewyc, 2009; Robinson & Espelage, 2011);

WHEREAS sexual orientation, sexual development, gender identity, and gender expression are distinct but related constructs, it is recognized that these aspects of typical human experience may vary and interact with each other (Bockting & Gray, 2004; Chivers & Bailey, 2000; Coleman, Bockting, & Gooren, 1993; Docter & Fleming, 2001; Docter & Prince, 1997);

Consequences of Stigma and Minority Stress

WHEREAS minority stress is recognized as a primary mechanism through which the notable burden of stigma and discrimination affects the physical and mental well-being of sexually and gender diverse persons (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Meyer, 2003; Meyer, Schwartz, & Frost, 2008; Mirowsky & Ross, 1989; Hendricks & Testa, 2012);

WHEREAS many sexual minority children and adolescents have reported higher rates of anxiety and depression, low self-esteem, self-injurious behaviors, suicidality, substance use, homelessness, and eating disorders among other adverse outcomes (Austin et al., 2009; Corliss, Goodenow, Nichols, & Austin, 2011; Gibson, 1989; Gipson, 2002; Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Gonsiorek, 1988; Grossman & D'Augelli, 2007; Harry, 1989; Hetrick & Martin, 1988; Marshal et al., 2016; Mustanski, Garofalo, & Emerson, 2010; Poteat, Aragon, Espelage, & Koenig, 2009; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Dias, & Sanchez, 2010; Savin-Williams, 1990; Schutzmann, Brinkmann, Schacht, & Richter-Appelt, 2009);

WHEREAS transgender and gender diverse children and adolescents disproportionately experience elevated rates of depression, anxiety, self-harm, suicide, and other health risk behaviors (American Psychological Association, 2009; Coleman et al., 2011; Grossman, Park, & Russell, 2016; McGuire, Anderson, Toomey, & Russell, 2010; Veale, Watson, Peter, & Saewyc, 2017);

WHEREAS some gender and sexual orientation diverse adolescents are at an increased risk for pregnancy, due to efforts to cope with the stigma of sexual and gender diversity (Goodenow, Szalacha, Robin, & Westheimer, 2008; Russell et al., 2011; Ryan et al., 2010; Saewyc, Poon, Homma, & Skay, 2008; Saewyc, 2011; Savin-Williams, 1990);

WHEREAS, some gender and sexual diverse adolescent sub-populations, including young men who have sex with men, homeless adolescents, racial and ethnic minority adolescents, transgender women of color, and adolescents enrolled in alternative schools, are at heightened risk for sexually transmitted infections, including HIV (Center for Disease Control and Prevention, 2012; Markham et al., 2003), due to complex and interacting factors related to stigma, socioeconomic status and minority stress (Hatzenbuehler, Phelan & Link, 2013; Link & Phelan, 1995; Meyer, 2003; Phelan, Link, & Tehranifar, 2010);

WHEREAS some children and adolescents with intersex/differences in sexual development (DSD)¹ conditions report rates of self-harm and suicidality comparable to individuals who have experienced physical or sexual abuse (Schutzmann, et al., 2009)

¹ **Intersex** refers to a range of conditions associated with atypical development of physical sex characteristics (American Psychological Association, 2006). Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (Organization Intersex International in the United States of America, 2013). Since 2006, the medical and research community has used the term **Disorders of Sex Development**. This term refers to congenital conditions characterized by atypical development of chromosomal, gonadal, or anatomical sex (Houk, Hughes, Ahmed, Lee, & Writing Committee for the International Intersex Consensus Conference Participants, 2006). An alternate term — **Differences of Sex Development** — has been recommended to prevent a view of these conditions as diseased or pathological (Wisemann, Udo-Koeller, Sinnecker, & Thyen, 2010). In order to be inclusive of various terminology preferences, this document will use **intersex/DSD** when referring to individuals who are part of this community.

WHEREAS individuals with intersex/DSD conditions often report a history of being silenced, stigmatized, and shamed regarding their bodies and the medical procedures imposed on them (MacKenzie, Huntington, & Gilmour, 2009; Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010);

WHEREAS invasive medical procedures that are not medically necessary in nature (e.g., genital surgery for purposes of 'normalization') continue to be recommended to parents of intersex/DSD children, often proceed without the affected individual's assent, and lack of research evidence on long-term quality of life, reproductive functioning, and body satisfaction (Wiesemann et al., 2010);

WHEREAS adults with intersex/DSD conditions report negative emotional, psychological and physical consequences that result from repeated and often questionable medical exams and procedures that lack research evidence to support their purported long-term reduction of distress (MacKenzie et al., 2009; Wiesemann et al., 2010);

WHEREAS sexual and gender diverse young people with intersecting identities may face additional challenges to their psychological well-being, but also access resources for resiliency in light of intersecting identities (Garnets & Kimmel, 1991; Herek, Gillis, & Cogan, 2009; Kosciw et al., 2016; Moradi et al., 2010; Poteat et al., 2009; Russell et al., 2011; Ryan et al., 2009; Singh, 2013; Szymanski & Gupta, 2009);

WHEREAS sexual and gender diverse children and adolescents who come from impoverished or low-income families may face additional risks of school dropout or lower academic achievement (Gipson, 2002; Gordon, Schroeder, & Abramo, 1990; Russell et al., 2011);

WHEREAS sexual and gender diverse children and adolescents in rural areas and small towns experience additional challenges, such as living in typically more conservative and homogenous communities (compared to those in urban settings) and having limited access to affirming community-based supports, which can lead to greater feelings of social isolation and stigmatization (Cohn & Leake, 2012; Daniels et al, 2019; Lyons, Hosking & Rozbroj, 2015; O'Connell, Atlas, Saunders, & Philbrick, 2010);

WHEREAS sexual and gender diverse children and adolescents with physical or mental disabilities are at increased risk of negative health outcomes due to the consequences of societal prejudice toward persons with mental and physical disabilities (Duke, 2011; Hingsburger & Griffiths, 1986; Pender & Hingsburger, 1991);

Concerns and Issues in the Context of Schools

WHEREAS many sexual and gender diverse children and adolescents experience harassment, bullying, and physical violence in school environments (Brooks, 2000; Kosciw et al., 2018); Fineran, 2002; Greytak, Kosciw, & Diaz, 2009; Kosciw et al., 2010; Kosciw et al., 2018; McGuire et al., 2010; Poteat & Rivers, 2010; Russell, Franz, & Driscoll, 2001; Sausa, 2005);

WHEREAS low numbers of school personnel intervene to stop harassment or bullying against transgender and other gender diverse students in school settings and may even participate in contributing intentionally or unintentionally to the harassment of transgender and gender diverse students (Kosciw et al., 2018; Greytak et al., 2009; McGuire et al., 2010; Sausa, 2005);

WHEREAS gender and sexual diverse children and adolescents who are victimized in school are at increased risk for mental health problems, suicidal ideation and attempts, substance use, high-risk sexual activity, and poor academic outcomes, such as high level of absenteeism, low grade point averages, and less interest in pursuing post-secondary education (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Kosciw et al., 2010; Kosciw et al., 2018; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004; Russell et al., 2011);

WHEREAS some studies suggest that transgender and other gender diverse students experience even poorer educational outcomes compared to lesbian, gay and bisexual students, including low achievement levels, higher likelihood of being "pushed out" of high school prior to graduation, low educational aspirations, and high incidences of truancy and weapons possession (Greytak et al., 2009; Pearson & Wilkinson, 2018; Toomey, Ryan, Diaz, Card, & Russell, 2010);

WHEREAS recent research has identified a number of school policies, programs, and practices that may help reduce risk and/or increase well-being for gender and sexual diverse children and adolescents (Blake et al 2001; Eisenberg & Resnick, 2006; Goodenow, Szalacha, & Westheimer, 2006; Graybill, Varjas, Meyers, & Watson, 2009; Heck, Flentje, & Cochran 2011; Murdock & Bolch, 2005; National Association of School Psychologists, 2017; Szalacha, 2003; Toomey et al., 2010; Walls, Kane, & Wisneski, 2010; Watson, Varjas, Meyers, & Graybill, 2010);

WHEREAS gender and sexual diverse students report increased school connectedness and school safety when school personnel intervene in the following ways: (1) addressing and stopping bullying and harassment, (2) developing administrative policies that prohibit discrimination based on sexual orientation, gender identities and gender expression, (3) supporting the use of affirming classroom activities and the establishment of gender and sexual diverse-affirming student groups, and (4) valuing education and training for students and staff on the needs of gender and sexual diverse students; (5) including positive representations of LGBTQ identities in curricula (Case & Meier, 2014; Greytak et al., 2009; Kosciw et al., 2010; Kosciw et al., 2018; McGuire et al., 2010; NASP, 2017; Sausa, 2005);

The Role of Mental Healthcare Professionals in Schools

WHEREAS school psychologists, school counselors, and school social workers advocate for inclusive policies, programs, and practices within educational environments, in collaboration with parents and families (NASP, 2010a; NASP 2010b; NASP, 2017);

WHEREAS the field of psychology promotes the individual's healthy development of personal identity, which includes sexual orientation, sexual development, gender identity, gender expression, and gender presentation of all individuals (APA, 2002; APA, 2012; Coleman et al., 2011; Harper et al., 2013; NASP, 2010a; NASP, 2017; Harper et al., 2013);

THEREFORE, BE IT RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm that same-sex physical, 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 American Psychological Association and the National Association of School Psychologists affirm that diverse gender expressions and presentations,

regardless of gender identity, and diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience;

Policies

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists advocate for local, state, and federal policies and legislation that promote safe and positive school environments free of bullying, discrimination, and harassment for children and adolescents of all ages and in all school settings, specifically including gender and sexual diverse children and adolescents and those who are perceived to be gender or sexual diverse;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend schools develop policies that respect the right to privacy for students, parents, and colleagues with regard to sexual orientation, sexual development, gender expression, gender identity, and transgender status, and clearly state that school personnel will not share information with anyone about the sexual orientation, gender expression, gender identity, intersex/DSD condition, or transgender status of a student, parent, or school employee without that individual's informed consent;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that school administrations and mental health providers, in the context of schools, develop partnerships and networks to promote cross-agency collaboration to create policies that directly improve, affirm, and support the health and wellbeing of gender and sexual diverse children and adolescents of all ages;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists strongly encourage state educational agencies to collect data on sexual orientation and gender identity (SOGI), taking care to ensure student anonymity, in order to better identify the size and scope of this population and to facilitate the development of effective public policy and funding allocations;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm the importance of including questions pertaining to sexual orientation and gender identities on the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance Survey (YRBSS), support the requirement of collection of data about sexual orientation and gender identity in federal surveys that gather other demographic data, and urge continued inclusion of sexual orientation questions and advocacy for a validated gender identity question on the YRBSS as part of efforts to monitor and study adolescents' risk behaviors;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that inclusive sexual orientation and gender identity data collection be incorporated into the Department of Education's Mandatory Civil Rights Data Collection, another important measurement of youth experiences in schools, to help inform effective interventions that support gender and sexual orientation diverse children and adolescents in schools;

Programs and Interventions

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support efforts to ensure the funding of basic and applied research, and scientific evaluations of interventions and programs, designed to address the issues of sexual and gender diverse children and adolescents in the schools;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that promote academic success and resiliency, that reduce bullying and harassment, and that foster safe and supportive school environments for sexual and gender diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that reduce risk for sexually transmitted infections, that reduce risk for pregnancy among adolescents, that reduce risk for self-injurious behaviors, that reduce risk for substance abuse among sexual and gender diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that diversity among the population of gender and sexual diverse students be considered as part of the design and implementation of programs and interventions, with new interventions that incorporate the concerns of sexual minorities often overlooked or underserved, and the concerns of racial and ethnic minorities and immigrant children and adolescents who are also sexual and gender diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support affirmative interventions with transgender and gender diverse children and adolescents that encourage self-exploration and self-acceptance rather than trying to shift gender identity and gender expression in any specific direction;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support interventions and programs that include the roles of parents and families in facilitating school engagement, school belongingness, and facilitating the implementation of programs and interventions to support the psychological well-being of gender and sexual diverse students;

Training and Education

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to advocate for efforts to educate and train school professionals and any and all school personnel, as well as students, about the full range of sex development, gender expression, gender identities, and sexual orientation;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will advocate for education, training, and professional development about the needs of sexual and gender diverse students for educators and trainers of school personnel, education and mental health trainees, school-based mental health professionals, administrators, and school staff; and advocate for training and education on how

to support sexual and gender diverse students to all students, parents, and community members;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will encourage school-based mental health professionals to learn how strictly binary notions of sex and gender limit all children from realizing their full potential, create conditions that exacerbate bullying, and prevent students from fully focusing on and investing in their own learning;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will support training and professional development for school-based mental health professionals to assess impacts of trauma and minority stress on sexual and gender diverse students; and promote in-service training for school-based mental health professionals to lower risks among sexual and gender diverse students for self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes;

Practices

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will work with other professional and community-based organizations in efforts to improve the safety and health of sexual and gender diverse children and adolescents;

BE IT FURTHER RESOLVED that in keeping with principles for professional practice, the American Psychological Association and the National Association of School Psychologists encourage school psychologists to adhere to established ethical principles which support the physical and psychological safety of sexual and gender diverse children and adolescents when school/local policy is contrary to the best interests of children and adolescents (NASP, 2010a).

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to serve as allies and advocates for gender and sexual diverse children and adolescents in schools, including advocacy for the inclusion of gender identity, gender expression and sexual orientation in all relevant school district policies, especially anti-bullying, anti-harassment, and anti-discrimination policies;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school staff to honor self-determination by supporting the decisions of children, adolescents, and families regarding a student's gender identity or expression, including whether to seek treatments and interventions, and discourage school personnel from requiring proof of medical treatments as a prerequisite for such support;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that administrators create safer environments for gender diverse, transgender, and intersex/DSD students, allowing all students, staff, teachers and other school personnel to have access to the gender-segregated facilities, activities, and

programs that are consistent with their gender identity, including, but not limited to, bathrooms, locker rooms, sports teams, physical education, and classroom activities, and avoiding the use of gender segregation in school uniforms, school dances, and extracurricular activities, and providing gender neutral bathroom options for individuals who request or prefer them.

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D.(15) Council received as information an update on the business pending item, “Police/Citizen Contact New Business Item from Peace Psychology Division Violence Summit (NBI#21A/Feb 2017).”

XIII. ETHNIC MINORITY AFFAIRS

No items.

XIV. INTERNATIONAL AFFAIRS

A.(20) Council received as information the 2019 Annual Report from APA’s non-governmental organization representative team at the United Nations.

XVI. FINANCIAL AFFAIRS

A.(21) Council received as information the 2018 IRS Tax Form 990 and 990-T Amendment.

On Friday morning, Council engaged in a discussion about transformation change and how to make Council a more effective policy-making body. Table notes were collected by staff and will be provided to a work group charged with making recommendations to Council in August 2020.

On Friday afternoon, Dr. Heather O’Beirne Kelly was presented with a presidential citation. Additionally, APA’s Chief Diversity Officer, Dr. Dawnavan Davis, provided Council with an update on the Association’s work regarding equity, diversity, and inclusion. Following Dr. Davis, Dr. Bernardo Ferdman led a learning session on diversity and inclusion.

On Saturday morning, Dr. Jean Carter provided Council with a brief financial report.

On Saturday afternoon, Dr. Janet Swim was presented with a presidential citation.
