AMERICAN PSYCHOLOGICAL ASSOCIATION

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

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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 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" (Hatzenbeuhler & 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, Paceley, 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, & Zerbes, 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 reponse 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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