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STATEMENT UPHOLDING THE BASIC HUMAN RIGHTS AND WELL-BEING OF LGBT PERSONS BASED ON THE PSYCHOLOGICAL SCIENCE OF SOGIE

Issued on 2ND October 2019

The Psychological Association of the Philippines (PAP) reiterates its stand against discrimination on the basis of sexual orientation and gender identity and expression (SOGIE) and rejects recent narratives that directly or indirectly use psychology in ways that misinform the public and stigmatize LGBT+ Filipinos. Stigma and discrimination against sexual and gender minorities, including misinformed claims associating their identities and experiences with mental illness, have a negative impact on the mental health and well-being of LGBT+ individuals, families, and communities (Meyer, 2003). The PAP reaffirms its position alongside global initiatives (International Psychology Network for Lesbian, Gay, Bisexual, Transgender, and Intersex Issues, 2018; PAP, 2011) to remove the stigma of mental illness associated with diverse sexualities and gender identities and to promote the well-being of all Filipinos, including those who are LGBT+.

We present the following evidence and inferences from psychological, clinical, and social science research:

- Sexual orientation, gender identity, and gender expression (SOGIE) are various characteristics of ALL human beings.** Sexual orientation refers to one's enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both genders and one's sense of identity based on these attractions (American Psychological Association, 2008). Gender identity refers to one's internal sense of being a man, woman, or other gender, and gender expression refers to the way one communicates one's gender identity to others through behavior, clothing, hairstyles, body characteristics, and others (American Psychological Association, 2011). Legislation against discrimination on the basis of perceived or actual SOGIE protects all Filipinos from discrimination in education, employment, healthcare, and other important areas.
- Being transgender is different from being gay/lesbian.** Transgender people are individuals whose gender identity and/or gender expression differ from those typically associated with the sex they were assigned at birth (APA, 2011). Thus, transwomen were assigned male at birth and identify as women; transmen were assigned female at birth and identify as men. The terms *transpinay* (for transwomen) and *transpinoy* (for transmen) are also used by transgender individuals of Philippine descent to describe their identity (Rainbow Rights Project, 2014). On the other hand, being gay/lesbian, bisexual, or straight pertains to sexual orientation (APA, 2008). Gay men are men who are attracted to other men; lesbians are women

who are attracted to other women; and bisexual individuals are men and women who are attracted to both men and women.

3. **Being lesbian, gay, bisexual, and transgender are part of the NORMAL variation of human sexuality and gender identity and expression.** They do not indicate either mental or developmental disorders (APA, 2008; APA, 2011). This is the consensus of mental health professional organizations worldwide (including the American Psychiatric Association, the American Psychological Association, the British Psychological Society, the Chinese Society of Psychiatry, the Colombian Society of Psychology, Psychological Society of South Africa, and the Australian Psychological Society) based on decades of scientific research.
4. **Attempts to change an individual's sexual orientation, gender identity, and/or gender expression are ineffective and harmful to the individual.** Substantial research shows that efforts to "convert" LGBT+ individuals do not lead to lasting changes in SOGIE, and can lead to the development of mental health problems (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009). These findings have led mental health professional organizations (including the American Medical Association, the American Psychiatric Association, the American Psychological Association, and the British Psychological Society) to disavow such interventions on the grounds that these are ineffective, dangerous, and unethical.
5. **The diagnosis "gender dysphoria" does not apply to all transgender individuals.** The Diagnostic and Statistical Manual of Mental Disorders, 5th edition defines **gender dysphoria** as a conflict between one's physical or assigned gender and the gender with which one identifies (American Psychiatric Association, 2013). Gender dysphoria involves "clinically significant distress or impairment in social, occupational, and other important areas of functioning" (DSM-5 302.6/F64.2; DSM-5 302.85/F64.1). Transgender people do not necessarily experience clinically significant distress in their desire to transition to the other gender. While many transgender people do experience distress, it is mostly from societal stigma, prejudice, and discrimination.
6. **LGBT+ individuals in the Philippines experience stigma, discrimination, and violence on the basis of their sexual orientation, gender identity, and/or gender expression, which has negative consequences on their mental health and well-being throughout their life span.** This stigma can take varied forms including: bullying and harassment of LGBT+ children in families and schools; physical and sexual violence against LGBT+ Filipinos; denial of entry of transgender Filipinos into commercial establishments and public spaces; and discrimination on the basis of SOGIE in hiring practices, health care services, and housing (Lim & Jordan, 2013; Rainbow Rights Project, 2014). Research shows that such experiences of stigma and discrimination are linked to increased risk of mental health problems (including depression and suicide) among LGBT+ people (Manalastas, 2013; Manalastas, 2016; Meyer, 2003).

7. **The experience of other countries shows that policies and legislation promoting equal rights and prohibiting discrimination can reduce stigma on the basis of SOGIE and lead to better mental and physical health.** Anti-discrimination legislation is associated with decreased risk for mental and physical health problems, and therefore improved well-being among LGBT+ individuals (Evans, 2018).

Given these, we reiterate our support of the basic human rights of all people in the SOGIE spectrum. In addition, we recommend (1) continuing education of medical and mental health professionals in order to enhance their knowledge and skills in providing humane and evidence-based care for clients seeking help with SOGIE-related concerns; (2) dissemination of research that addresses the needs and concerns of LGBT+ Filipinos and their families through workshops, seminars, and similar activities; and (3) continuing dissemination of information on the importance of seeking out certified psychologists for media practitioners and individuals who wish to get professional psychological advice on SOGIE-related concerns (a list of certified psychologists can be found at the PAP website: www.pap.org.ph).

The PAP affirms that by virtue of their gender identity, transwomen (*transpinays*) are women and transmen (*transpinays*) are men; and that all human beings, including LGBT individuals, deserve to live with dignity and respect for their rights and well-being. We will uphold any law, ordinance, and policy against discrimination in any form as a means to promote the mental health and well-being of Filipinos of diverse sexual orientations, gender identities, and gender expressions.

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