



April 25, 2022

Statement from the Arizona Psychological Association: LGBTQ+ Rights and Advocacy Efforts

Arizona Governor Ducey signed into law SB1165 and SB1138 on March 30th, 2022, which deny gender-affirming surgical care to Transgender individuals before the age of 18 and access to sports for Transgender athletes.

Such legislation is harmful to the children and adults who identify as LGBTQ+. Many states have recently passed similar anti-LGBTQ+ legislation, which denies the basic human rights of individuals and communities that identify as LGBTQ+.

The Arizona Psychological Association (AzPA) strongly opposes the passage of anti-LGBTQ+ legislation, policies, and practices. The negative long-term and societal costs of passing legislation that discriminates against LGBTQ+ individuals are well documented in psychological science and research.

According to the American Psychological Association (APA, 2020):

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).

Transgender children vary in athletic ability, just as other youth do. There is no evidence to support claims that allowing transgender student athletes to play on the team that fits their gender identity would affect the fairness of the sport or competition (ACLU, 2020).

Stereotype-based information about LGBTQ+ people appearing in discourse around laws, policies, and practices contributes to 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).

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.

There is ample evidence that an opportunity for adolescents to participate in sports results in positive outcomes, such as better grades, greater homework completion, higher educational and occupational aspirations, and improved self-esteem (Darling et al., 2005; Fredericks & Eccles, 2006; Marsh & Kleitman, 2003; Nelson, & Gordon-Larsen, 2006; Ortega et al., 2008; U.S. Department of Health and Human Services, 2008). Additionally, excluding any subset of gender from sports can encourage divisiveness and compromise group cohesion, undermining the benefits all youth deserve from team sports (ACLU, 2020). All youth should have access to the benefits of sports.

Transgender youth foregoing gender-affirming care can have tragic consequences. Evidence has shown Transgender youth experience disproportionate levels of violence and bullying. Transgender youth are also more likely to feel less safe at school than cisgender youth, that is youth whose gender identity is consistent with their assigned sex at birth (Day et al., 2018).

Access to gender-affirming care has a positive relationship with the mental health of transgender youth and lowers their risk of depression and suicide (Bauer et al., 2015; Green et al., 2021). Transgender youth who have access to gender-affirming medical care experience improvements in mental health and often show mental health comparable to their cisgender peers (Toomey et al., 2022). Additionally, the distress experienced by youth who are provided treatments, but then decide to discontinue them and grow up to be cisgender, is significantly less than that which is experienced by transgender youth when such treatments are delayed (Ashley, 2021).

Decisions about whether to seek gender-affirming care, and what specific services to utilize, must be made between a provider, patient, and the patient's parents or guardians. Such decisions are relative to the youth's individual clinical situation. Gender affirming care typically includes



steps toward social transition, potentially treatments to temporarily postpone puberty, and in some instances, gender affirming hormone therapy (Coleman et al., 2012). Rather than allow flexibility to account for the varying needs of individuals, SB1138 adopts a “one size fits all” approach by categorically banning the provision of appropriate gender-affirming surgery for minors.

Therefore, the Arizona Psychological Association, ask the federal and state governments to support equal opportunity, fairness, and equal access to care for LGBTQ+ individuals and all minority communities.

We call upon the AzPA membership to advocate for Arizona’s LGBTQ+ and other minority communities by opposing discriminatory legislation such as SB1165 and SB1138.

AzPA asks state policymakers and leaders to join with us in opposing unjust practices and policies in order to promote the well-being of LGBTQ+ communities and all of Arizona’s minority communities.

AzPA asks the citizens of Arizona to join us in urging our leaders to respect and protect the well-being of LGBTQ+ individuals from discriminatory laws, policies, and practices such as SB 1165 and SB 1138.

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