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PROMOTION OF GENDER DIVERSITY AND EXPRESSION AND PREVENTION OF GENDER-RELATED HATE AND HARMⁱ

A Position Statement of the Canadian Psychological Association (CPA)

Approved by the CPA Board of Directors - June 2022

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ABOUT THE CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students. Psychologists are the country's largest group of regulated and specialized mental health providers, making our profession a key resource for the mental health treatment Canadians need.

VISION

A society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities.

MISSION

Advancing research, knowledge and the application of psychology in the service of society through advocacy, support and collaboration.

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SUMMARY

The **Canadian Psychological Association (CPA)** through its Code of Ethics and policy statements, has long held a commitment to human rights, social justice, and the dignity of persons. Despite this commitment, echoed in amendments to Canada's Human Rights Act and the Criminal Code, and in the Universal Declaration of Human Rights, gender-based stereotypes, prejudice, and discrimination continue to persist across social systems and services (e.g., education, health, justice).

With the rise of gender minority hate and violence worldwide¹⁻⁴, this policy statement outlines the discrimination that people of gender minority face, as well as the changes that need to be made to redress it. The CPA commits to helping to bring about these changes and calls on legislators, policy makers, and agencies and individuals who deliver health and social services to assert their commitments to join us.

INTRODUCTION

In 2022, the Canadian government celebrated the 5-year anniversary of an amendment to Canada's Human Rights Act and the Criminal Code which established the legal authority to "counter discrimination based on gender identity and gender expression".⁵ Despite this step, gender minorities in Canada remain at increased risk for myriad negative outcomes throughout the lifespan including forced-gender conformity, suicidality, sexual and physical violence, criminalization, and poor health outcomes.

Each person's experience of their gender identity is deeply personal and may differ from birth-assigned sex. Individuals have the right to define and express gender identities without discrimination, harassment, and/or violence. International and Canadian human rights declarations affirm that *everyone has the right to life, liberty, and security of the person*^{1,2} (Universal Declaration of Human Rights, Article 3) and the right not to be deprived thereof (Canadian Charter of Rights and Freedoms, Section 7).³ Cissexist⁴ Discrimination and Systemic Barriers to living authentically (e.g., transitioning) violate human rights by way of increasing Gender Minority Stress and Mental Health Impact, Suicidality, Physical and Sexual Violence, Barriers to Health Care, and Poor Health and Social Outcomes.

Gender-based stereotypes, prejudice, and discrimination continue to persist across social systems and services (e.g., education, health, justice). Mental health professionals, inclusive of psychologists, have a history of pathologizing people with diverse gender identities (e.g., Gender Identity Disorder). **With the rise of gender minority hate and violence worldwide¹⁻⁴, this policy statement calls on legislators, policy makers, and agencies and individuals who deliver health and human services to assert their commitments to protect gender diversity and human rights.**

i For purposes of this policy statement, we use the initialism 2STNBGD to stand for Two-Spirit, Trans, Non-binary, and other Gender Diverse. Other Gender Diverse includes, but is not limited to, genderfluid, agender, genderqueer, and questioning individuals. We represent Two-Spirit individuals first out of respect for Indigenous ancestry and ancestral homelands and acknowledgement of past violence and human rights violations. Terms used are further defined using footnotes for clarity and readability

ii *The right to life, liberty and security of the person* refers to the right to live (life); the right to be free from physical restraints and to be free to make fundamental personal choices (liberty); the right to control one's bodily and psychological integrity, the right to be free from the threat of physical punishment or suffering and the right to be free from state-imposed stress and state action that causes a risk to health (security of the person).

CISSEXIST DISCRIMINATION AND SYSTEMIC BARRIERS

2STNBGD people experience significantly more physical and sexual violence, intimate partner violence, harassment and discrimination in education, employment discrimination and economic insecurity, housing discrimination and homelessness, discrimination in public accommodations, discrimination in health care and poor health outcomes, as well as abuse by police and in correctional settings.⁶⁻⁹ Genderqueer⁵ people and those who present in ways that challenge the gender binary experience even higher risks of violence and discrimination compared to trans⁶ people.¹⁰

People who are not allowed the legal documents that match their lived gender (legal name and/or sex marker) face significant barriers to everyday activities such as banking, accessing health care, employment and education, travelling, navigating social contexts or any situation where ID has to be shown.¹¹⁻¹² This incongruence between one's lived gender and identity documentation leads to several negative outcomes. In A Report of the National Transgender Discrimination Survey¹³, 44% of individuals who had to present incongruent IDs reported facing harassment, physical assault or being asked to leave the premises. Other outcomes include forced "outing" and in some cases, denial of services; assumption that there is an identity mistake; intrusive and disrespectful questioning, as well as hostile and unsafe situations.¹¹

Delays and impediments faced by people seeking legal transition are imposed by institutional regulation. These regulations (e.g., medical attestation requirement to change sex markers, parental consent for youth name change) exemplify the systemic barriers that expose gender diverse people to higher rates of depression, suicidal ideation, suicidal behaviour, transphobic violence, and socioeconomic instability.

Respecting trans and non-binary people's chosen name is associated with improvement in mental health issues such as reduction in depressive symptoms, suicidal ideation, and behaviour.¹⁴ Often, a legal name change is necessary to having one's chosen name respected, pointing to the importance of increasing access to legal transition by removing existing societal and organizational barriers. The Trevor Project's National Survey on LGBT Youth Mental Health¹⁵ echoed those findings, suggesting legal transition (i.e. changing gender marker on legal documents and/or legal name change) was linked to reduced suicide attempts among trans and non-binary youth. Similarly, a study conducted among low-income trans women of colour suggested legal name change is a powerful protective factor that can increase socioeconomic stability and access to transition-related health care and mitigating negative social determinants of health.¹⁶

iii *The right not to be deprived thereof* refers to the requirement for laws or state actions resulting in deprivation to life, liberty or security of the person to be in accordance with the principles of fundamental justice.

iv Cis refers to cisgender - someone whose gender identity aligns with their sex assigned at birth; here we use the term cissexist to refer to the assumption that cis identities are more legitimate and valid than trans identities, as well as the system of oppression that causes harm to 2STNBGD people.

v Genderqueer is an umbrella term that includes gender identities outside of the gender binary (i.e., man and woman) and may include, but is not limited to, moving between genders (genderfluid), a combination of genders, other-gender, agender, or those who do not and/or cannot name their gender

vi Transgender or Trans is an umbrella term that refers to people whose gender identity differs from their sex assigned a birth; this includes trans women, trans men, and may also include non-binary people as well.

GENDER MINORITY STRESS AND MENTAL HEALTH IMPACT

Cisnormative⁷ discrimination and stigma create excess stress for 2STNBGD individuals that limits opportunities and access to important societal resources, creating significant mental health disparities between 2STNBGD and cisgender people.¹⁷ Systemic structures create an environment of social inequality whereby 2STNBGD individuals internalize negative societal attitudes¹⁸ which can be experienced as prejudice events, internalized stigma, and expectations of rejection¹⁹ and increases the risk for mental health disorders.

The stressors experienced by gender diverse individuals predict their mental health outcomes.²⁰ There are higher prevalence rates of anxiety, depression, trauma, substance use, and suicide in gender diverse individuals compared to their cisgender counterparts. 2STNBGD individuals aged 50 and over, facing dual discrimination of age and gender identity, disproportionately experience physical and mental health conditions because of the associated stress.²¹

Particular subgroups of older 2STNBGD people (i.e. racial/ethnic minorities, those with lower income or a stigmatizing health condition) often face greater risk of heightened social exclusion, accelerated aging and poorer health outcomes.²² These mental health disparities reflect a level of societal injustice and marginalization for 2STNBGD people across the lifespan, perpetuating harmful and stigmatizing narratives that maintain health inequities and lead to poor mental health outcomes.

SUICIDALITY

Suicide is one of the most concerning mental health outcomes that disproportionately impacts gender diverse individuals. Because of systemic barriers and structural stigma, 2STNBGD people experience one of the highest rates of suicidality, with a lifetime prevalence of suicide attempt of 40.4% and 81.7% of gender diverse people having seriously considered suicide at some point in their lives.⁶ Within the trans community, trans youths have the highest rate of suicidality, with two thirds of suicide attempts taking place before age 20.²³ The suicide risk for Indigenous Two-Spirit⁸ and/or trans peoples is also greater than other Indigenous populations.²⁴

Factors linked with an increased likelihood of suicidal ideation and attempts include discrimination, transphobia, family rejection, physical attacks, and lack of access to gender-affirming care.^{6,23} Conversely, protective factors associated with a significant reduction in suicidality include parental and social support, reduced exposure to transphobia, having identity documents that reflect one's authentic gender designation and access to gender-affirming care when needed.²⁵ Collectively, these findings point to an issue of social justice; they illustrate how detrimental social factors, endemic to our systems, contribute to increased rates of suicidality and mental health issues within the 2STNBGD population.²³

vii Cisnormativity refers to the assumption that everyone is cisgender and privileges cisgender identities above other gender identities.

PHYSICAL AND SEXUAL VIOLENCE

There is a concerning upward trend in transphobic violence. 2021 marks the deadliest year on record since the Trans Murder Monitoring Report (TMMR) began in 2008. This work reports on homicides of trans and gender-diverse people worldwide: 375 reported murders in 2021, 350 in 2020 and 331 in 2019.²⁶ The TMMR revealed migrant trans women of colour and trans sex workers are the most targeted victims. Although alarming, those numbers are just the tip of the iceberg since most cases go unreported. Gender-based violence, including sexual assault and physical violence, has been reported to have been committed against 78% to 85% of Two-Spirit individuals.²⁷ Two-thirds of 2STNBGD older adults have experienced victimization and discrimination more than three times in their lives, with an average of 6.5 reported lifetime victimization and discrimination events.²⁸⁻²⁹

BARRIERS TO HEALTH CARE AND POOR HEALTH OUTCOMES

2STNBGD people experience significant health disparities and barriers across the lifespan in accessing health care. Sexual orientation and gender identity have been identified as key gaps in health disparities research. 2STNBGD older adults are an especially underrepresented and largely invisible segment of the older adult population. Among the most cited obstacles to accessing health care reported by trans individuals across the lifespan are difficulty accessing competent health care providers due to lack of knowledgeable practitioners and lack of cultural competency, financial barriers and discrimination.³⁰

THE ROLE OF HEALTH CARE PROVIDERS IN GENDER AFFIRMING INTERVENTION

A 'gatekeeping role' has been assigned to medical professionals, psychologists and other mental health professionals by the World Professional Association for Transgender Health (WPATH)⁹ in relation to gender diverse people who pursue gender affirming medical interventions. This role challenges basic human rights, including equal access to health care and the right to self-determination. Delegating expertise on gender identity to healthcare professionals (who are most often cisgender) continues to pathologize normal gender diversity and perpetuates pathological views of gender diversity and medical mistrust within the trans and non-binary community.

In keeping with the current version of the WPATH Standards of Care (version 8, 2022) utilized by the international community, individuals seeking gender affirming surgery must obtain a letter of recommendation by a licensed health care professional to access essential health care service. Not only does this create barriers to accessing health care, it creates ethical challenges for health professionals like psychologists whose Code of Ethics assert the rights of individuals to self-determination, respect for the dignity of persons, and freedom of consent in any health assessment process.³

viii The term Two-Spirit reflects complex Indigenous understandings of gender, sexuality, and culture and is used within some Indigenous communities. This term is diverse and is best viewed as an entry point for understanding in collaboration with Indigenous communities and peoples.

Mental health professions perpetuate gatekeeping practices and pathological views on gender diversity by asserting the false notion that gender diverse people need to show “clinically significant distress” or gender dysphoria in order to qualify for gender affirming medical care. Gender diverse people's distress stems largely from societal injustices, cisnormative discrimination and violence rather than from gender diversity itself.

Accessing gender affirming medical care should not be contingent on demonstrating psychological distress. Efforts to “depathologize” without “demedicalizing” are essential to fostering a respectful and humanizing approach to gender affirming health care. Recent changes in ICD-11³² classification are a step in that direction: the term “gender dysphoria” was dropped and replaced with “gender incongruence”, where the focus is more on the incongruence between a person's gender and their birth-assigned sex and not so much on the distress. More importantly, the gender incongruence designation was removed from the “Mental, behavioural or neurodevelopmental disorders” category.

Obstacles such as the requirement for letter(s) of recommendation prior to accessing gender affirming medical intervention, combined with the lack of health care providers trained and willing to work with gender diverse folks creates long wait times to access medical transition which in turn is linked to increased suicidal thoughts and attempts. Gender diverse individuals who want to medically transition but have not yet been able to begin because of wait times, show the highest risk of suicide. Fifty-five percent of gender diverse individuals finding themselves in this situation have seriously considered suicide in the past year and 27% have attempted.²³ Those numbers drop considerably when gender diverse individuals wanting to medically transition are able to do so, with 23% reporting past year suicidal thoughts and 1% reporting past year suicidal attempt. Accessing gender affirming medical care in a timely manner is lifesaving and such requests should be prioritized, minimizing waiting time via capacity-building in health care settings.

At a legislative and regulatory level, the requirement for medical approval to change sex markers goes against current best practices of trans-affirmative models where self-determination and autonomy are central. The only person who owns the authority to determine gender identity is the person in question.³³ No amount of medical or other external assessment can validate or confirm a person's gender identity. Laws that require the involvement of a healthcare professional in a trans or non-binary person's legal transition is an unnecessary and harmful medicalization of the legal transition. Such laws aggravate systemic distrust and increase gender diverse people's risk of poorer health outcomes.³⁴⁻³⁵

ix The WPATH is an interdisciplinary international organization who developed the Standards of Care (SoC) in trans health and seeks to promote quality health care for trans and gender diverse individuals. Although the current version of the SoC (version 8) was released in 2022, many institutions have not yet adopted the newer SoC and still operate under the more restrictive 7th version of the SoC.

CRIMINAL JUSTICE

Trans people around the world are overrepresented in criminal justice systems³⁶ and report shared negative experiences.³⁷ This includes fear of police, being ridiculed by law enforcement owing to gender identity or expression and experiencing transphobic violence in prison.³⁸⁻³⁹ Correctional agencies have also struggled to address incarcerated individuals' accommodation requests based on gender identity or expression. In Canadian corrections, human rights concerns have been raised about placement policies defaulting to birth-assigned sex, the use of gender binary risk assessments and classification tools, and more onerous safety reviews for 2STNBGD persons.⁴⁰ Only a few provinces have placement policies and guidelines for 2STNBGD people in provincial custody, and often these individuals are kept in more secure custodial environments for protection and have unmet medical needs.

WELLBEING AND GENDER EUPHORIA

Although gender dysphoria and distress may be part of some 2STNBGD peoples' experience, focusing on those aspects exclusively eclipses other important layers of their experience such as gender euphoria. The term gender euphoria refers to the range of positive thoughts and feelings, confidence, enjoyment, and satisfaction that emerges when one's authentic gender is affirmed or when a person feels aligned or "at-home" in their embodied authentic gender.⁴¹⁻⁴³ Research shows experiences of gender affirmation create opportunities for gender euphoria, and together, act as catalyzing forces triggering positive behavioural responses (ex.: connecting and acting on newfound strengths, increased desire to engage in life more fully, positive impact on interpersonal processes) and increased well-being.⁴¹ Providing gender affirming care requires adopting a strength-based, humanizing lens that centers gender euphoria and well-being.

CONCLUSION AND COMMITMENT

Throughout history and through legislation, policy and programming governing health and social services, societies have created and sustained a cissexist understanding of gender diversity. This understanding and its consequences are evident in medical gatekeeping around gender incongruence, erasure, and the presence of a predominantly transnormative¹⁰ narrative.⁴⁴

The current dominant narrative perpetuated by health professions, the media and society at large focuses almost exclusively on the notions of gender dysphoria and distress and fails to recognize other central elements of gender diverse peoples' experience such as gender euphoria. Given that gender euphoria and its resulting positive impacts on well-being are intimately tied to experiences of gender affirmation, addressing the barriers to gender affirmation (ex.: discrimination, erasure, and gatekeeping) will ensure 2STNBGD people can flourish, have agency, engage more fully in their life and society and thrive from an "empowered relationship to the world".^{42,44}

The rise of cissexist and anti-trans messages in media outlets goes hand in hand with the rise of cissexist and anti-trans policymaking and lawmaking (e.g., the initial draft of recent Bill 2 in QC).⁴⁵ These messages also infringe

on 2STNBGD people's right to life, liberty and security of the person by legitimizing and encouraging further cissexist discrimination and violence.

The increased mental health disparities and poor health outcomes of 2STNBGD people are direct consequences of cissexist discrimination; discrimination within societal systems and structures that create social exclusion and limit access to important social determinants of health. We must work to make legal and policy changes that eliminate cissexist discrimination, decrease social exclusion, and increase access to safer and gender affirming health care for 2STNBGD peoples.²⁵

Psychologists and other health professionals must take on this work. We must take responsibility for dismantling cissexism within the field, but also dismantling the cissexism to which we have heavily contributed, and which echoes in legislation, policy and health and social services.

It is in recognition of this responsibility, that the CPA has developed this policy statement. It is our hope that other health professionals, legislators and policymakers, and those who deliver health and human services will join us in amplifying the voices of 2STNBGD individuals and communities and their lived experience, advocate for and contribute to social, legal and policy changes that will eliminate cissexist discrimination, mitigate negative social determinants of health, and protect 2STNBGD people's rights to life, liberty and security of the person.

x We use the term transnormative as defined by Riggs et al. (2019), to "refer to the ways in which dominant narratives about what it means to be transgender emphasize a particular and narrow set of tropes to which all transgender people are expected to adhere," and includes "expectation that all trans people conform to a "wrong body narrative" when describing their gender, all transgender people require medical treatment, and all transgender people should seek to present and be perceived as cisgender."

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