



Sexual and Gender Diversity Position Statement

1. Rationale and aim of the Position Statement

The South African Constitution and its Bill of Rights affirm sexual orientation and gender as grounds for non-discrimination and equality, thereby providing a national imperative for the respect of related human rights (Republic of South Africa, 1996). In line with this imperative, the South African Health Professions Act provides general ethical rules for health professionals to ensure a “do no harm” stance when serving clients (Department of Health, 2006). The aforementioned and associated legal and policy protections¹ go some way in creating a more accepting legal framework for lesbian, gay, bisexual, transgender and intersex (LGBTI²) individuals accessing psychological services. Legal protection, however, does not address the harmful impact of prejudice and stigmatisation prevalent in South African society, and the realisation of equal rights in everyday life has been more challenging (Nel, 2007). In practice, the reality ranges from everyday experiences of discrimination to human rights violations and hate crimes against sexual and gender non-conforming minorities, such as lesbian and bisexual women living in informal settlements (Human Rights Watch, 2011; Nel & Judge, 2008). Furthermore, the harm-avoidance approach in the Health Professions Act does not provide a clear position on affirmative responses to sexual and gender diversity among recipients of psychological services.

Current healthcare practices are often based on an assumption of sameness, rather than ensuring equal access to services while taking into account the needs of different people and groups (Klein, 2008; Rispel & Metcalf, 2009). Consequently, there are indications that LGBTI individuals are less likely to access healthcare in the public sector due to experiences of discrimination (Stevens, 2012; Wells & Polders, 2003).

Male and female sexualities remain heavily influenced by patriarchal systems that privilege heterosexuality (Jackson, 2006). A patriarchal model of gender and sexuality perpetuates unequal power relations between men and women and entrenches male privilege, both of which contribute to high levels of sexual- and gender-based violence against women in South Africa (Dartnall & Jewkes, 2013; Jewkes, Sikweyiya, Morrell, & Dunkle, 2011). In addition, such a rigid and oppressive model of gender and sexuality limits the courses of action available to men, in that a normative male identity is associated with expectations of invulnerability and self-reliance, which, in turn, contribute to risky sexual behaviour and low health-seeking behaviour among many South African men (Lynch, Brouard, & Visser, 2010). Through adopting an affirmative stance towards sexual and gender diversity, psychology professionals can assist in the transformation of unjust sexual and gender systems, the harmful effects of which extend beyond their impact on LGBTI individuals to all South African citizens.

¹ These include the *National policy guidelines for victim empowerment* by the Department of Social Development (2009) and advocacy by the South African National AIDS Council (SANAC) Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Sector (March 2011).

² These and other terms are elucidated in the Glossary

1. Rationale and aim of the Position Statement continued...

The aim of this document is to provide, under the auspices of the Psychological Society of South Africa (PsySSA), an affirmative Position Statement on sexual and gender diversity, including LGBTI, queer and asexual concerns. This Position Statement is aimed primarily at psychology professionals in South Africa, though it is applicable to all mental health professionals on the continent of Africa, and supplements the harm-avoidance approach in the South African Health Professions Act by outlining specific themes to consider in assuming an affirmative stance in psychological research and practice. This statement acknowledges that, regardless of sexual or gender identification, individuals seeking psychological services may experience various difficulties in life, including the negative impact of prejudice, stigmatisation and victimisation associated with patriarchal and heteronormative societies.

2. Historical and institutional context

PsySSA is a not-for-profit non-governmental association of psychology practitioners and persons involved in the academic, research and practical application of the discipline of psychology. PsySSA is the nationally representative professional body for psychology in South Africa and recognised as such by the International Union of Psychological Science (IUPsyS). As set out in its constitution, PsySSA is committed to the transformation and development of South African psychology to serve the needs and interests of all of South Africa's people, and aims to advance psychology as a science, a profession, and as a means of promoting human well-being (Psychological Society of South Africa, 2011).

PsySSA was established in 1994 through the amalgamation of various bodies representing psychology in South Africa at the time, including the Psychological Association of South Africa (PASA), the Psychology against Apartheid (PA) group and the Organisation for Appropriate Social Services in South Africa (OASSSA). This development was a considerable step towards healing the racial and political rifts in psychology and reflected changes occurring in the country at large (Psychological Society of South Africa, 2011).

2. Historical and institutional context continued...

In an effort to address other oppressive systems and their consequences, such as those based on sexual and gender hierarchies, PsySSA became a member of the International Psychology Network on Lesbian, Gay, Bisexual and Transgender Concerns (IPsyNet), which comprises national, multinational and international psychological associations that cooperate to achieve the following goals:

- to build member capacity for developing, educating, training, and supporting IPsyNet psychologists in the diverse psychologies of sexuality and gender identity;
- to build member capacity for utilising scientific psychological knowledge to influence regional public debate on human rights and LGBTI issues;
- to influence regional and international debate in the scientific community on the diverse psychologies of sexuality and gender identity in order to advance human rights and the mental health and well-being of LGBTI populations;
- to further regional and international scientific psychological research pertaining to LGBTI issues and the well-being of LGBTI populations; and
- to utilise findings from the diverse field of sexuality and gender identity psychology to influence regional and international laws and public policies relating to human rights and LGBTI issues - International Psychology Network on Lesbian, Gay, Bisexual and Transgender Concerns (IPsyNet).

This Position Statement represents a further development for PsySSA in its aim of transformation and serving the needs of all people in South Africa, including, but not limited to, LGBTI, queer and asexual populations, by taking a more inclusive and affirming stance on sexual and gender diversity.

3. Background of the development of the Position Statement

The PsySSA African LGBTI Human Rights Project, which is primarily funded by the Arcus Foundation, is a collaboration between IPsyNet and PsySSA. In accordance with its social justice strategy, the Arcus Foundation³ supports initiatives that strengthen the recognition of LGBTI rights as part of a broader international human rights framework (Arcus Foundation, 2013). The aim of this collaborative project is to build PsySSA capacity to serve as a regional hub from which to (a) promote membership in INET from Africa, and (b) foster active and regional participation in debates re LGBTI issues and concerns. In addition, the need was expressed at local level for support of psychology professionals working in a heteronormative context and the challenges they may face in overcoming prejudice. To this end, PsySSA is establishing a Sexuality and Gender Division, with its first two objectives being the articulation of an affirmative stance towards sexual and gender diversity, and the development of a PsySSA/University of South Africa postgraduate psychology course in African perspectives on sexuality and gender. The first of these objectives is the focus of this document.

The development of a South African Position Statement that is affirmative of sexual and gender diversity follows on similar initiatives by other professional associations, including

- the American Psychological Association’s “Practice guidelines for lesbian, gay and bisexual clients”, which was originally adopted in 2000 and updated in 2011 (American Psychological Association, 2011);
- the Australian Psychological Society’s “Guidelines for psychological practice with lesbian, gay and bisexual clients” (Australian Psychological Society, 2010);
- the British Psychological Society’s “Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients” (The British Psychological Society, 2012);
- the “Competencies for counsellors working with gay, lesbian, bisexual and transgender clients” (Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling, 2003);
- the World Professional Association for Transgender Health (WPATH)’s “Standards of care for the health of transsexual, transgender, and gender nonconforming people” (World Professional Association for Transgender Health, 2011);
- the “Blueprint for the provision of comprehensive care for trans persons and their communities in Latin America and the Caribbean” (Pan American Health Organization, 2012);
- the “Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression” (Psychological Association of the Philippines, 2011); and
- the “Position Paper for Psychologists working with Lesbians, Gays, and Bisexual Individuals” (Hong Kong Psychological Society: Division of Clinical Psychology, 2012).

³ Additional funding support was provided by the Humanist Institute for Cooperation with Developing Countries (HIVOS) Multi-Agency Grants Initiative (MAGI) Fund, and the University of South Africa.

3. Background of the development of the Position Statement *continued...*

Some previous efforts to develop a position statement excluded both transgender concerns and intersex issues. In developing this Position Statement, the reference to LGBTI concerns has been expanded to include a broader conceptualisation by referring to sexual and gender diversity, including queer identities and positions. The decision to adopt this terminology was based on the fact that (a) a broader set of people are facing the potentially negative impact of a heteronormative and homonormative patriarchal society, which implies a shared struggle, and (b) a broader affirmative statement could potentially hold greater utility and relevance for colleagues wanting to develop similar position statements in their respective African countries.

4. Affirmative stance

The term “gay-affirmative” was coined by Weinberg in 1972 to refer to a “political-ideological” approach that significantly resembles feminist approaches to psychotherapy in that it attends to the specific or the own interest (Weinberg, 1972). An affirmative stance proposes that the practitioner adopts a specific attitude and pays attention to specific themes when conducting a therapeutic conversation and group process facilitation (Schippers, 1997). This Position Statement extends such an affirmative stance to represent a broader inclusiveness of sexual and gender diversity with specific reference to LGBTI concerns. The adoption of an affirmative stance towards sexual and gender diversity also reflects other developments in the mental health context, including a shift in diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013) and the International Statistical Classification of Diseases and Related Health Problems (ICD) (World Health Organisation, 1993) concerning transgender concerns away from pathologising positions towards more affirmative approaches. Informed by the ideas of Davies (1996), Milton, Coyle and Legg (2002), Ritter and Terndrup (2002) and others, the characteristics of the affirmative approach emphasised in this Position Statement include that:

- LGBTI sexualities and gender identities are recognised as normal and natural variances⁴;
- sexuality, gender identity, and biological variance per se are not seen as the cause of psychological difficulties or pathology;
- contextual awareness is important, and includes an understanding of how factors such as homophobia, transphobia, heterosexism, prejudice and stigma impact on mental health and well-being;

⁴ The implication is the inclusion of all sexualities and gender identities as normal and natural.

4. Affirmative stance *continued...*

- it is important for practitioners to be able to empathise with the experience of LGBTI clients, including being knowledgeable about LGBTI sexualities and gender identities, diversity and lifestyles, without the assumption that a client's difficulties are necessarily related to her or his sexual and gender identity; and
- practitioners need to be comfortable with and open about their own sexuality and gender identity to avoid their own biases impacting on their research and practice.

Developing the ideas of Schippers (1997), an affirmative position also holds that

- LGBTI clients have the potential creativity and internal resources to deal with their difficulties and problems, and
- it is important to deal with and explore the impact of society and significant others on the LGBTI client, actively take a positive view of LGBTI lives, and be aware of the damaging effect of discriminatory sentiments in practice.

Considering the emphasis on contextual awareness as an integral part of an affirmative stance, a key challenge in developing the Position Statement was to ensure that it is grounded in a South African body of knowledge. The small but growing body of work that constitutes South African LGBTI psychology and related subject areas that was consulted includes research on [identifications and expressions of sexuality](#) in a post-1994 democracy (Reid, 2013; Steyn & Van Zyl, 2009), the achievements and challenges of LGBTI activism in South Africa (Martin, 2010), discourses around people living outside the male-female binary (Klein, 2008), transgender life stories (Morgan, Marais & Wellbeloved, 2009) and the experiences of prejudice, victimisation and hate crimes in the country (Nel & Judge, 2008; Reddy, Potgieter, & Mkhize, 2007; Reid & Dirsuweit, 2002). The research consulted that is concerned with LGBTI people's [experience of healthcare providers in South Africa](#) includes studies on gay males' experience in psychotherapy groups (Nel, Rich, & Joubert, 2007), LGB people's experience of psychological therapy and counselling (Victor, 2013), transgender people's experience of sexual health services (Stevens, 2012), and research exploring perceptions of healthcare providers' attitudes towards sexual orientation and treatment refusal due to sexual orientation (Rich, 2006; Wells, 2005; Wells & Polders, 2003).

Local policy and [practice guidelines](#) that were consulted include healthcare provision for victims of hate crime (Nel, 2007), guidelines for service providers working with LGBTI people (OUT, 2007), guidelines when working with men who have sex with men (MSM) in an HIV/AIDS health service context (Anova Health Institute, 2011), and indigenous comments on the World Professional Association for Transgender Health's Standards of Care (Gender Dynamix, 2011).

4. Affirmative stance continued...

Further relevant studies include those dealing with **specific contexts, intersectionalities and relationships**, such as the experiences of lesbian- and bisexual-partnered families (Distiller, 2011; Donaldson & Wilbraham, 2013; Lynch, 2013), the experiences of children in same-sex-headed family configurations (Breshears & Le Roux, 2013; Lubbe, 2007), bisexual women's engagement with heteronormative marriage and family discourses (Lynch & Maree, 2013), the experiences of LGBTI youth in South Africa (Bloch & Martin, 2005; Nell & Shapiro, 2011), bullying of LGBTI learners in schools (Mostert, Myburgh, & Poggenpoel, 2012; Watson & Vally, 2011), same-sex sexualities and HIV/AIDS (Reddy, Sandfort, & Rispel, 2009), displaced LGBTI people and asylum seekers (People Against Suffering Oppression and Poverty (PASSOP), 2012) and same-sex sexualities and religion (Dreyer, 2006).

5. The way forward

The Sexual and Gender Diversity Position Statement is a much needed and important point of engagement for psychology professionals as it encompasses the intricacies and complexities of human lived experience understood from an affirmative stance that is consciously inclusive of a broad sexual and gender diversity spectrum. This is a stance of openness, acceptance and affirmation of such diversity and respect for the unique and fluid lived experience of the person who is open to adaptation and change, rather than an effort to enforce or coerce change according to preconceived notions and categories.

The next step will be the development of South African guidelines for LGBTI-affirmative psychological practice – another key objective in the Arcus Foundation-funded African LGBTI Human Rights Project. This will potentially be followed by collaboration with colleagues from the rest of Africa in developing statements and practice guidelines suited to their unique contexts.

6. The team

The members of the PsySSA African LGBTI Human Rights Project who composed this Position Statement included Prof Juan Nel, Mr Niel Victor, Mr Khonzi Mbatha and Dr Ingrid Lynch. They were assisted by a core group including Prof Carien Lubbe-De Beer, Ms Caretha Laubscher, Dr Diana Breshears, Ms Delene van Dyk, Mr Raymond Nettman, Ms Liesl Theron and Ms Lusajo Kajula.

The broader working group comprised Ms Melanie Judge, Ms Angeline Stephens, Dr Adele Marais, Dr Simon Pickstone-Taylor, Dr Jessica Ezekiel-Hart, Dr Joseph Kinanee, Mr Joachim Mbetbo Ntetmen, Dr Lem Lilian Atanga, Dr Glenda Hicks, Mr Julius Kaggwa, Dr Gordon Isaacs, Ms Jenna Praschma and Dr Stella Nyanzi.

The entire team would like to express their gratitude to the Arcus Foundation, HIVOS, Clinton Anderson and Ron Schlittler from the American Psychological Association's Lesbian, Gay, Bisexual and Transgender Concerns Office, Ms Fatima Seedat and the Executive Committee of PsySSA, Prof Saths Cooper and others in the PsySSA Council, as well as each and every other individual and organisation who provided their voice in the creation of this Position Statement.

The Psychological Society of South Africa

Sexual and Gender Diversity Position Statement

This Position Statement provides an affirmative view for psychology professionals regarding sexual and gender diversity, including, but not limited to, lesbian, gay, bisexual, transgender and intersex (LGBTI), queer and asexual concerns. It provides a framework for understanding the challenges that individuals and their significant others face in societies that are patriarchal, heteronormative, and that discriminate on the basis of sexuality and gender. This Position Statement is a significant step towards providing psychology professionals with more comprehensive practice guidelines.

Recognising the harm that has been done in the past to individuals and groups by the prejudice against sexual and gender diversity in South African society as well as in the profession of psychology, PsySSA hereby affirms the following: (see next page)

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Sexual and Gender Diversity
Position Statement *continued...*

Psychology professionals

1. Respect the human rights of sexually and gender diverse people, and are committed to non-discrimination on the basis of sexuality and gender, including, but not limited to, sexual orientation, gender identity and biological variance;
2. Subscribe to the notion of individual self-determination, including having the choice of self-disclosure (also known as “coming out”) of sexual orientation, gender diversity or biological variance;
3. Acknowledge and understand sexual and gender diversity and fluidity, including biological variance;
4. Are aware of the challenges faced by sexually and gender diverse people in negotiating heteronormative, homonormative, cisgendered and other potentially harmful contexts;
5. Are sensitised to the impact of multiple and intersecting forms of discrimination against sexually and gender diverse people, which could include discrimination on the basis of gender; sexual orientation; biological variance; socio-economic status, poverty and unemployment; race, culture and language; age and life stage; physical, sensory and cognitive-emotional disabilities; HIV and AIDS; internally and externally displaced people and asylum seekers; geographical differences such as urban/rural dynamics; and religion and spirituality;
6. Have an understanding of stigma, prejudice, discrimination and violence, and the potential detrimental impact of these factors on the mental health and well-being of sexually and gender diverse individuals;
7. Recognise the multiple and fluid sexual and gender developmental pathways of all people from infancy, childhood and adolescence into adulthood and advanced age;
8. Understand the diversity and complexities of relationships that sexually and gender diverse people have, which include the potential challenges;
 - a. Of sexually and gender diverse parents and their children, including adoption and eligibility assessment;
 - b. Within families of origin and families of choice, such as those faced by parental figures, caregivers, friends and other people in their support networks, for example in coming to terms with the diversity, non-conformity, and/or minority status of their sexually and gender diverse significant other; and
 - c. For people in different relationship configurations, including polyamorous relationships;

The Psychological Society of South Africa
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Position Statement *continued...*

Psychology professionals

9. Adhere to an affirmative stance towards sexual and gender diversity in policy development and planning, research and publication, training and education (including curriculum development, assessment and evaluation of assessment tools), and intervention design and implementation (including psychotherapeutic interventions);
10. Support best practice care in relation to sexually and gender diverse clients by;
 - a. Using relevant international practice guidelines in the absence of South African-specific guidelines;
 - b. Cautioning against interventions aimed at changing a person's sexual orientation or gender expression, such as "reparative" or conversion therapy;
 - c. Opposing the withholding of best practice gender-affirming surgery and treatment and best practice transgender healthcare as outlined by the World Professional Association for Transgender Health (WPATH); and
 - d. Encouraging parents to look for alternatives to surgical intervention in the case of intersex infants, unless for pertinent physical health reasons;
11. Are, if it be the case, aware of their own cultural, moral, or religious difficulties with a client's sexuality and/or gender identity, in which case they should disclose this to the client and assist her or him in finding an alternative psychology professional should the client so wish; and
12. Are committed to continued professional development regarding sexual and gender diversity, as well as to promoting social awareness of the needs and concerns of sexually and gender diverse individuals, which includes promoting the use of affirmative community and professional resources to facilitate optimal referrals.

The Psychological Society of South Africa
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Position Statement
Glossary⁵:

Affirmative approach: An approach to psychological practice which, in the context of this Position Statement, recognises LGBTI sexualities and gender identities as normal variations of human sexuality and not as psychopathological. It emphasises the importance of contextual awareness, including an understanding of how factors such as homophobia, transphobia, heterosexism, prejudice and stigma impact on mental health and well-being.

Asexual: A person who has low or no sexual desire, little or no sexual behaviour, and a concomitant lack of subjective distress. Identifying as asexual does not preclude the ability for the person to have a romantic or love relationship with someone of the same and/or different genders.

Biological sex: The biological and physiological characteristics that are socially agreed upon as informing the classification of a person as male or female.

Bisexual: A person who is capable of having sexual, romantic and intimate feelings for or a love relationship with someone of the same gender and/or with someone of other genders. Such an attraction to different genders is not necessarily simultaneous or equal in intensity.

Cisgender: A term describing a person whose perception and expression of her or his own gender identity matches the biological sex she or he was assigned at birth.

Coming out: A term describing the process of disclosing one's sexual orientation. In heteronormative contexts the expectation to disclose one's sexual orientation is typically associated with non-heterosexual orientations, while heterosexuality is generally assumed unless indicated otherwise. Coming out is a process of how one wants to be identified in relation to others. When an individual chooses not to come out (which is their right), the colloquial term used is "to be in the closet".

Gay: A man who has sexual, romantic and intimate feelings for or a love relationship with another man (or men).

Gender: The socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for either men or women.

Gender-affirming treatment/procedure: Medical treatment and other procedures, such as cross-gender hormones and gender-affirming surgeries, which transgender persons can choose to undergo in order to make their bodies more congruent with their gender identity, thus affirming their gender.

⁵ Sources used in compiling the Glossary include Barker (2005), Halperin (1995), Human Rights Watch (2011), Nel (2007), Ouspenski (2013), PASSOP (2012) and Seidman (1996).

The Psychological Society of South Africa
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Glossary⁵:

Gender diversity: The range of different gender expressions that spans across the historically imposed male-female binary. Referring to “gender diversity” is generally preferred to “gender variance” as “variance” implies an investment in a norm from which some individuals deviate, thereby reinforcing a pathologising treatment of differences among individuals.

Gender identity: A person’s private sense of being male, female or another gender. This may or may not match the biological sex a person was assigned at birth.

Gender non-conformity: Displaying gender traits that are not normatively associated with a person’s biological sex. “Feminine” behaviour or appearance in a male is considered gender non-conforming, as is “masculine” behaviour or appearance in a female.

Hate crime: Any incident that may or may not constitute a criminal offence, perceived as being motivated by prejudice or hate. The perpetrators seek to demean and dehumanise their victims, whom they consider different from them based on their actual or perceived race, ethnicity, gender, age, sexual orientation, disability, health status, nationality, social origin, religious convictions, culture, language or other characteristic.

Hegemony: An ideology which dominates in a society and exerts power over rival ideologies. Central to the notion of hegemony is that it dominates in taken-for-granted ways, where the dominant ideology elicits the support of the oppressed by being seen as legitimate and accepted. In this manner the power relations stipulated by the hegemonic ideology are regarded as normal, inevitable and beneficial to everyone.

Heteronormativity: Related to “heterosexism”, it refers to the privileged position associated with heterosexuality based on the normative assumptions that there are only two genders, that gender always reflects the person’s biological sex as assigned at birth, and that only sexual attraction between these “opposite” genders is considered normal or natural. The influence of heteronormativity extends beyond sexuality to also determine what is regarded as viable or socially valued masculine and feminine identities, i.e. it serves to regulate not only sexuality but also gender.

Heterosexism: A system of beliefs that privileges heterosexuality and discriminates against other sexual orientations. It assumes that heterosexuality is the only normal or natural option for human relationships and posits that all other sexual relationships are either subordinate to or perversions of heterosexual relationships. In everyday life, this manifests as the assumption that everyone is heterosexual until proven otherwise.

Heterosexual: Having sexual, romantic and intimate feelings for or a love relationship with a person or persons of a gender other than your own.

Homonormativity: The system of regulatory norms and practices that emerges within homosexual communities and that plays a normative and disciplining function. These regulatory norms and practices need not necessarily be modelled on heteronormative assumptions, but they often are.

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Glossary⁵:

Homophobia: Also termed “homoprejudice”, it refers to an irrational fear of and/or hostility towards lesbian women and gay men, or same-sex sexuality more generally.

Intersectionality: The interaction of different axes of identity, such as gender, race, sexual orientation, ability and socio-economic status, in multiple and intersecting ways, resulting in different forms of oppression impacting on a person in interrelated ways.

Intersex: A term referring to a variety of conditions (genetic, physiological or anatomical) in which a person’s sexual and/or reproductive features and organs do not conform to dominant and typical definitions of “female” or “male”. Such diversity in sex characteristics is also referred to as “biological variance” – a term which risks reinforcing a pathologising treatment of differences among individuals, but is used with caution in this document to indicate an inclusive grouping of diversity in sex characteristics, including, but not limited to, intersex individuals.

Lesbian: A woman who has sexual, romantic and intimate feelings for or a love relationship with another woman (or women).

LGBTI: An abbreviation referring to lesbian, gay, bisexual, transgender and intersex persons. “LGB” are sexual orientations, while “T” is a gender identity and “I” is a biological variant. They are clustered together in one abbreviation due to similarities in experiences of marginalisation, exclusion, discrimination and victimisation in a heteronormative and heterosexist society, in an effort to ensure equality before the law and equal protection by the law. However, the possible differences between persons who claim these labels or to whom these labels may be assigned ought not to be trivialised. Their respective issues, experiences and needs may in fact differ significantly and in several respects. In solidarity with the activist position regarding this matter, however, in this document, reference is made to LGBTI and distinctions among the diversity of identities that exist are minimised.

Polyamory: A relationship configuration where a person has more than one intimate or sexual partner with the knowledge and consent of all partners involved, and with an emphasis on honesty and transparency within relationships. It is also described as “consensual non-monogamy”.

Position statement: Refers to a document outlining a professional body’s stance on a specified area.

Practice guidelines: Related to “position statement”, this term refers to recommendations regarding professional practice in a specified area. The function of practice guidelines in the field of psychology is to provide psychology professionals with applied tools to develop and maintain competencies and learn about new practice areas.

Queer: An inclusive term that refers not only to lesbian and gay persons, but also to any person who feels marginalised because of her or his sexual practices, or who resists the heteronormative sex/gender/sexual identity system.

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Glossary⁵:

Sexual behaviour: Sexual behaviour is distinguished from sexual orientation because the former refers to acts, while the latter refers to feelings and self-concept. People may or may not express their sexual orientation in their behaviour.

Sexual diversity: The range of different expressions of sexual orientation and sexual behaviour that spans across the historically imposed heterosexual-homosexual binary.

Sexual orientation: A person's lasting emotional, romantic, sexual or affectional attraction to others (heterosexual, homosexual/same-sex sexual orientation, bisexual or asexual).

Significant other(s): Person(s) who have an important influence on an individual's life and well-being. These could include their romantic partner(s), friends, and biological or social family.

Trans*: The word "trans" with an asterisk is increasingly used to replace "transgender" and indicates a rejection of the hegemony of the global North in providing the language used to describe the identities and experiences of transgender people.

Transgender: A term for people who have a gender identity, and often a gender expression, that is different to the sex they were assigned at birth by default of their primary sexual characteristics. It is also used to refer to people who challenge society's view of gender as fixed, unmoving, dichotomous, and inextricably linked to one's biological sex. Gender is more accurately viewed as a spectrum, rather than a polarised, dichotomous construct. This broad term encompasses transsexuals, genderqueers, people who are androgynous, and those who defy what society tells them is appropriate for their gender. Transgender people can be heterosexual, bisexual, homosexual or asexual.

Transgender man: A person who was assigned "female" at birth, but identifies as male. Such a person is also referred to as a "female-to-male (FtM) trans person".

Transgender woman: A person who was assigned "male" at birth, but identifies as female. Such a person is also referred to as a "male-to-female (MtF) trans person".

Transphobia: An irrational fear of and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms.

Transsexual: A medical term used to describe a transgender person who may or may not opt to undergo gender-affirming treatment to align their body with their self-identified sex and gender identity.

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