

POSITION PAPER FOR PSYCHOLOGISTS WORKING WITH GENDER AND SEXUALLY DIVERSE INDIVIDUALS

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Work Group Convenor, HKPS Co-Representative, IPsyNet, Representative DIOP | **KAREN GOTTHELF**

Representative DCoP | **SIN YIN JANET YICK**

Representative DCP | **JIM CHEUNG**

Representative DEP | **VIVIAN LAI**

HKPS Co-Representative, IPsyNet, Graduate Member, HKPS | **KITTY CHOI**

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Understanding the Structure of this Position Paper

The following position paper for psychologists working with gender and sexually diverse individuals has been structured with three sections:

SECTION

1.0

INTRODUCTION

An Introduction to the revision's background, work group's processes, rationale and evidence underpinning the paper's aims and revised positioning.

2.0

POSITION PAPER FOR PSYCHOLOGISTS WORKING WITH GENDER AND SEXUALLY DIVERSE INDIVIDUALS

The position paper and HKPS's positioning across six domains of practice.

3.0

APPENDICES

Appendices including a glossary of terms, legal considerations, an overview of minority stress theory and affirmative psychology, a summary of the local and international evidence underpinning the paper's revised positioning.

For practicality and ease of use, the position paper is accessible via the HKPS's website as:

- » An end-to-end PDF.
- » Independent and downloadable sections.

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SECTION
1.0

INTRODUCTION

Background, Rationale & Aims

In 2011, the Hong Kong Psychological Society (HKPS) took a pioneering role in addressing sexual diversity in Asia. It established a Work Group to research and publish a position paper and background supplement for psychologists working with lesbian, gay and bisexual individuals in Hong Kong (Hong Kong Psychological Society, 2012a, 2012c). Spearheaded by the Division of Clinical Psychology, the Work Group also invited representatives across other HKPS Divisions, including the Division of Counselling Psychology (DCoP), Division of Industrial-Organisational Psychology (DIOP) and Division of Educational

Psychology (DEP), which ensured relevance to sub-disciplines within Psychology. The paper's 11 statements, as endorsed by the Hong Kong Psychological Society on August 1, 2012, sat in solidarity with positioning across various global psychological and medical associations, were supported with accumulative research evidence, and promoted an affirmative stance to mental health practice (Hong Kong Psychological Society, 2012a, 2012c). The implicit message underscoring the HKPS's pledge for psychologists to uphold ethical practice and professional standards, which serve to:



Protect the welfare of service users and society at large.



Endorse evidence-based interventions at individual and community levels that promote wellbeing and enhance mental health.

(Hong Kong Psychological Society, 2012a, 2012b, 2012c).

The past decade has witnessed a growth in local and international research efforts relevant to gender and sexually diverse individuals. Accordingly, in 2021, another cross-divisional work group was established by Hong Kong's

Representative for the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNet), with the charge to review and update the existing position paper.

Position Paper's Review – Timely in 2021?

Three questions inspired the review of the HKPS's (2012) position paper:

01

How relevant are the paper's content and positioning considering the proliferation of local and international research during the past decade, which has informed knowledge and practice related to gender and sexually diverse populations? (American Psychological Association, 2021a; Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2020, 2021; Chan et al., 2020; Cochran et al., 2014; Drescher, 2015; Drescher et al., 2012; Fingerhut & Frost, 2020; Hatzenbuehler, 2014; Hatzenbuehler, 2016; Hatzenbuehler & Link, 2014; Horne, 2020; Huang & Chan, 2022; Huang et al., 2020; Hung & Chan, 2022; Jowett & Drescher, 2020; Kwok, 2016; Kwok & Wu, 2015; Victor & Nel, 2017; World Health Organization, 2019).

02

How aligned are the language and terminologies with that employed by other psychology and mental health-related associations, which have published papers embracing an affirmative approach to psychological practice? (American Psychological Association, 2009a, 2009b, 2015, 2021a; Australian Psychological Society, 2014a, 2014b; British Association for Counselling and Psychotherapy, 2019; British Psychological Society, 2019a; Psychological Association of the Philippines, 2020a, 2020b; Psychological Society of South Africa, 2013, 2017; Victor & Nel, 2017).

03

Is it timely to strengthen and delineate the HKPS's stance against conversion therapies, a set of practices that aim to change or alter an individual's sexual orientation or gender identity?



Work Group Processes

Research, Aims and Drafting

To ensure representation and applicability across various psychology specialisations, the cross-divisional workgroup comprised representatives from each of the HKPS's Divisional EXCOs:

- » Counselling Psychology (DCoP)
- » Clinical Psychology (DCP)
- » Educational Psychology (DEP)
- » Industrial Organisational Psychology (DIOP)

Work Group members attended 19 meetings between May 2021 and October 2022, exclusively using synchronised video conferencing software as a requisite adaptation due to public health restrictions linked with the COVID-19 global pandemic in Hong Kong.

Topics and content domains were assigned per work group members' academic or practice-based specialisation, subject matter knowledge and professional experience. Between May 2021 and April 2022, members independently researched and drafted content for specific sections of the paper, while monthly meetings provided a space to:

- » Share news, findings, and knowledge from existing and emerging academic literature, studies and non-academic surveys and publications,
- » Voice observations, opinions, ideas and concerns,

- » Collaboratively review and make decisions on structure and content areas, language and terminologies, and incorporation of appendices and notes to facilitate psychologists' ongoing education and understanding,
- » Agree on action points and ongoing processes, mobilising the paper's various iterations.

In line with conceptual foundations adopted by the HKPS's existing paper (HKPS, 2012), the revised position paper has been grounded in the following:

- » An affirmative psychological practice which views gender and sexual diversity as natural and nonpathological (Pachankis, 2018; Pachankis et al., 2015; Pachankis et al., 2019; Parrish, 2017)¹,
- » Minority stress theory acknowledges the impact of structural, societal and interpersonal prejudice and stigma on gender and sexually diverse individuals' mental health and wellbeing (Flentje et al., 2020; Frost et al., 2015; Meyer, 2003; Meyer et al., 2017)²,

Content has also been informed with developing standards of practice in psychology, and topics covered in exemplary publications, authored by other psychology and mental health-related associations (American Psychiatric Association, 2020; American Psychological Association, 2015, 2021a, 2021b, 2021d; British Association for Counselling and Psychotherapy,

¹ Refer to **Appendix F: The Premise for an Affirmative Stance**

² Refer to **Appendix E: Systemic and Cultural influences on Mental Health – Minority Stress Theory**

2019; British Psychological Society, 2019b; Canadian Psychological Association, 2015; HKPCA, 2011; Nel, 2014; New Zealand Psychologists Board, 2019; Psychological Association of the Philippines, 2020a, 2020b; Psychological Society of South Africa, 2013, 2017; Victor & Nel, 2017).

Three key observations underpinned the revised position paper's aims:

1. A Need for Expansion, Considering Advances in Empirical Evidence, Knowledge, and Standards of Practice in Psychology, Including the Growth of Studies in Hong Kong.

It was deemed timely and important to expand on the existing paper's breadth of topics and issues³ to ensure the currency of psychological practice with gender and sexually diverse individuals in Hong Kong.

The revision is structured with the HKPS's positioning clustered against six domains of practice and/or topics, considering:

- » Advancement of local research efforts with documented evidence of discrimination and stigma experienced by gender and sexually diverse individuals⁴,
- » Applicability for psychologists working across various settings,

- **Scientist-practitioner** (Chan, 2022; Chan & Leung, 2022; Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2020, 2021; Chan et al., 2020; Suen et al., 2018; Suen, Chan, & Wong, 2020; Suen et al., 2021a; Suen et al., 2016),
- **Research and public education** (Chan & Mak, 2018c; Chan & Mak, 2021; Chan, Wong, et al., 2022; Hong Kong Public Opinion Research Institute, 2022),
- **Conversion therapies** (Chan, Leung, et al., 2022),
- **Youth, school, and education** (Chan & Mak, 2018a, 2018b; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Kwok, 2016; Kwok et al., 2012; Kwok & Wu, 2015),
- **Fostering safe and inclusive workplaces** (Chan & Mak, 2018a, 2018b; Community Business Limited, 2012; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Equal Opportunities Commission, 2021; Lau & Stotzer, 2011),
- **Family and relationship systems** (Chan & Mak, 2018a, 2018b, 2018c; Chan, Wong, et al., 2022; Huang & Chan, 2022; Suen, Chan, & Wong, 2020; Suen et al., 2021a; The Boys and Girls' Clubs Association of Hong Kong, 2009; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b).

³ The HKPS's (2012) position paper, had not explicitly addressed issues relevant to youth, school, and education; workplaces and diversity in relationships and family systems.

⁴ It remained beyond scope and timelines, to support the paper's revision with an in-depth and systematic literature

review. Various sources of information and evidence have been consolidated, ensuring that positioning statements are supported with an empirical backbone of international and local citations, of relevance to gender and sexually diverse individuals' mental health and wellbeing.

2. A Call for Inclusive and Representative Language and Terminologies.

The existing paper's use of initialism LGB, represents lesbian, gay and bisexual, but remains exclusive of transgender, and all non-heterosexual or gender non-conforming individuals, more recently recognised by researchers and professional associations (British Psychological Society, 2019a; Psychological Society of South Africa, 2013, 2017). Accordingly, it was resolved to employ inclusive and non-essentialist terminology, gender and sexually diverse individuals, rather than the abbreviation and acronym LGBTQIA+, which tends towards more discrete or categorical labels (e.g. lesbian, gay, transgender, queer, intersex,

asexual, etc.)⁵. Therefore, the proposed position paper was subsequently titled Position Paper for Psychologists Working with Gender and Sexually Diverse Individuals⁶. As Practitioners upholding a professional duty towards autonomy and self-determination, this decision was underpinned by the recognition that some individuals may not identify or wish to employ an existing term or label (Hong Kong Psychological Society, 2012b)⁷.

Decisions linked with the position paper's use of language acknowledged that terminologies have a powerful impact on the lives of all individuals, sought to recognise current trends in science, research and psychological practice, and remained considerate towards Hong Kong's cultural context⁸. **Appendix A** includes a glossary to familiarise readers with emerging nomenclature.



⁵ The favour for non-essentialist language, and decision to move away from acronyms (e.g., LGBTQIA+), which categorise preferences, orientations, and identities into labels, such as lesbian, gay, bisexual, queer, intersex, or asexual, rests on social constructionist philosophies, which recognises that reality is dynamic, continuous, and changeable, heterogeneous, and with blurred boundaries (Nathan, 2015). It is also an implicit dismissal of Plato's philosophy of essentialism, which underpins the positivist philosophy of science, positing that every person, place, or thing has an essence that's static, fixed, deterministic, and lends itself with stereotyping of individuals, defining and constraining behaviours according to fixed and homogenous categories (DeLamater & Hyde, 1998; Nathan, 2015).

⁶ While the position paper cites or quotes historical research and studies, which employed language such as homosexuality or homosexual, the intention is to move away from terminologies, previously used to pathologise sexually diversity

⁷ Where cited literature has referred specifically to lesbian, gay, bisexual, or transgender populations, the abbreviations LGBTIA or LGBT or LGB have been documented.

⁸ The work group's conversations and decisions linked with the use of words and phrases, rested on the postmodern and dialogic notion that language matters and constructs reality, and shifts in mindset and behaviours, result when people are offered renewed frameworks or ways of talking and thinking about things (Bushe, 2013; Marshak, 2015; Marshak & Bushe, 2013).

The paper employed the terminologies “gender identity” or “gender identity and expression”⁹ to address gender diversity in consideration of:



Unanimity in thinking across psychiatry and psychology has described gender as a non-binary construct. The two fields acknowledge that a person’s gender identity may not align with the sex assigned at birth and present in a variety of ways as part of the human condition (American Psychiatric Association, 2018, 2020; American Psychological Association, 2009b, 2015; Australian Psychological Society, 2014b; Cameron & Stinson, 2019; Hyde et al., 2019; Richards et al., 2016).



Researchers across scientific and social science disciplines have challenged the notion that humans can be understood as belonging to only two discrete categories: women and men (Hyde et al., 2019; Richards et al., 2016)¹⁰.



The duty of ethical psychologists, in striving for accuracy with the conceptualisation and operationalisation of constructs when involved in research, education and practice. Accordingly, the use of two categories for gender, “man” or “woman”, has been posited as inaccurately representing psychologists’ developing understanding of gender, potentially resulting in gender misclassification and infringing on ethical principles as scientists (Cameron & Stinson, 2019). Apropos, in 2015, the American Psychological Association (APA)’s guidelines for psychological practice with transgender and gender nonconforming people described gender identity as “a person’s deeply-felt, inherent sense of being a boy, a man, or a male; a girl, a woman, or a female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics” (p. 832).

⁹ For information on the evolution of thinking on gender diversity, including the depathologisation of diversity in gender identity and expression by key mental health authorities, see [Appendix D issue 1](#).

¹⁰ Hyde et al (2019) adroitly summarised evidence from various scientific and social science disciplines, which has challenged the notion that humans can be understood as belonging to only two discrete categories: women and men

- Neuroscience that refutes gender/sex dimorphism of the human brain,
- Behavioural endocrinology challenging the notion of biologically fixed, gender dimorphic hormonal systems,
- Psychological research underscoring the similarities between males and females,
- Developmental studies suggesting that a tendency to view gender/sex as binary is culturally entrenched.

3. The Necessity to Strengthen and Delineate the HKPS's Stance Against Conversion Therapies.

Considering psychologists' ethical duty to address misconceptions and promote evidence-based practices, the revised paper delineates the HKPS's positioning against practices aimed at changing sexual orientation and gender identity, more commonly described as "conversion therapies"¹¹. The above is timely, given advances in empirical evidence accentuating the adverse impact of conversion

therapies on psychological health (Blosnich et al., 2020; Glassgold, 2022; Haldeman, 2022; Przeworski et al., 2021) and recent empirical evidence that has highlighted the prevalence of such practices across Hong Kong's local communities (Chan, Leung, et al., 2022).

Review and Endorsement

In May 2022, the position paper's initial draft entered a consultative and staged review process, inviting feedback from various stakeholders at the HKPS:



Members of the Executive Committee (EXCO) from the HKPS's four Divisions, including the Division of Clinical Psychologists (DCP), Division of Educational Psychologists (DEP), Division of Industrial and Organisational Psychologists (DIOP) and Division of Counselling Psychologists (DCoP).



Professor Winnie Mak, a professor in the Department of Psychology at The Chinese University of Hong Kong who has published numerous empirical studies relevant to gender and sexually diverse individuals' stigma and wellbeing.



Doctor Randolph Chan, Associate Professor and Associate Head of the Department of Special Education and Counselling at The Education University of Hong Kong who has authored or co-authored various local empirical studies related to minority stress and mental health among gender and sexually diverse individuals.



HKPS Council Members including President, Vice President, Divisional and Committee Chairs, and Council Members Elect.

¹¹ The practice to change an individual's sexual orientation or gender identity has been documented as Conversion Therapies, Reparative Therapies, Sexual Orientation Change Efforts (SOCE), Gender Identity Change Efforts (GICE) or Sexual Orientation Gender Identity Change Efforts (SOGICE) by other Psychology Associations, Mental Health Authorities, and researchers in the field. The term

"conversion therapies", has been employed, since it is more widely adopted and recognised by Hong Kong society, and the term sexual orientation change efforts (SOCE), as employed throughout the HKPS's (2012) existing position paper, doesn't address the prevalence and impact of change efforts perpetrated amongst individuals with non-binary or non-conforming gender identity.

For consistency, reviewers were provided guidelines covering the initiative's background, aims, work group's processes, why the position paper matters to psychologists, key criteria for consideration and feedback, and the proposed publication plan.

A fundamental premise underpinning the work group's consultative approach to editing the paper's structure and content was ensuring a final publication remained relevant, culturally appropriate, and widely accepted. This approach aligns with the philosophy and practices of dialogic organisational development,¹² an assumption that sustainable change most often occurs through changing the conversations in a

system (Bushe & Marshak, 2015, 2016). Reviewers' feedback and diversity of opinions opened discourse about matters which may not have surfaced or been considered otherwise. Importantly, this review and feedback cycle enriched conversations, editing, and critical reflection on addressing emerging issues that warrant the attention of psychological science and practice in the most inclusive and sensitive manner. In November 2022, the position paper's revised structure and content were presented to all HKPS Council Members, stimulating further revisions. On January 20, 2023, the position paper was unanimously endorsed by HKPS Council Members for publication on the Society's website.



¹² In solidarity with notions from post modernistic, dialogic organisational development (OD), the work group's aims, rested on an epistemological notion that reality is socially constructed, with language, social interaction, and shared assumptions, pertinent to how people interpret experience, or make sense of the world (Marshak & Bushe, 2013). Relevantly, social constructivism, or anthropological view

that perception is formed through the conceptual and linguistic structures of culture, with meaning formulated through interaction, shared assumptions, and guiding rules, sits at the root of discrimination, a well-recognised minority specific stressor (Cheung-Judge & Holbeche, 2011; Meyer, 1995, 2003; Peterson, 2012).

Evidence-Informed Approach to Research and Practice

The revision, titled, Position Paper for Psychologists Working with Gender and Sexually Diverse Individuals, has been underpinned by an integration of various sources of evidence and factors:

Local and Global Empirical Efforts.

Research efforts, which have illuminated risk and protective factors linked with gender and sexually diverse individuals' mental health and wellbeing across Asian and Western regions internationally, including but not limited to Hong Kong, China, Taiwan, the Philippines, India, Australia, the United Kingdom, Europe, South America and the United States of America (USA; (Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; Hatzenbuehler, 2014; Hatzenbuehler, 2016; Hatzenbuehler et al., 2009; Hatzenbuehler & Link, 2014; Hatzenbuehler et al., 2010; Kwok, 2016; Kwok & Wu, 2015; Lau & Stotzer, 2011; Meyer, 1995, 2003; Suen, Chan, & Wong, 2020; Suen et al., 2021a).

Initiatives By Global Mental Health Authorities.

The HKPS showed solidarity with position papers or guidelines published by various psychology or mental health-related associations around the globe, including psychology, psychiatric and counselling associations, which uphold respect for the dignity

and worth of all people and remain affirmative of sexual and gender diversity (American Psychiatric Association, 2020; American Psychological Association, 2015, 2021a, 2021b, 2021d; British Association for Counselling and Psychotherapy, 2019; British Psychological Society, 2019b; Canadian Psychological Association, 2015; HKPCA, 2011; McLachlan et al., 2019; New Zealand Psychologists Board, 2019; Psychological Association of the Philippines, 2020a, 2020b; Psychological Society of South Africa, 2013, 2017; Victor & Nel, 2017).

Positioning of the APA's IPsyNet.

To remain informed of research and scientific advancements across the field, the HKPS joined International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNet). The network is housed at the LGBT Concerns office of the APA, comprising 21 psychological associations across the globe. The HKPS, an active member of the IPsyNet global network, will align itself with the collective vision of ensuring that "all psychological organisations are effective leaders in ensuring that all persons fully enjoy health and human rights, regardless of their sexual orientation, gender identity, gender expression or sex characteristics, by incorporating the goals of celebrating and valuing the full range of human diversity, including diversity in gender, sexual orientation and sex, and into their structure, programs and activities" (American Psychological Association, 2020).

Recognition and Respect For Hong Kong's Local Context and Legal Remit of Practice.

The HKPS, as a learned society, expects its members to:

1. Remain abreast of scientific, ethical and legal developments relevant to their professional activities with gender and sexually diverse individuals, as well as ongoing shifts in the broader cultural, social, political and organisational context in which they work (Hong Kong Psychological Society, 2012b, Ethical Principle B:Competence),
2. Display cultural sensitivities while building competencies that best address the needs of individuals from diverse, marginalised and at times intersectional groups, including but not limited to diversities based on gender, sexuality, ethnicity, age, race, religion, dis/ability¹³, language and socio-economic status¹⁴.

3. Drive educational efforts that identify and call out biased, discriminatory or stigmatising practices against sexually and gender-diverse minorities (Barrow, 2020; Chan & Mak, 2018a, 2018b, 2018c; Hatzenbuehler, 2016; Kwok, 2016; Kwok & Wu, 2015; Suen et al., 2016; Tang & Stephanie, 2019).

Refer to [Appendix B](#) to review legislation relevant for psychologists working with gender and sexually diverse individuals in Hong Kong.

Refer to [Appendix C](#) for a summary of empirical studies which have examined the experience and mental health outcomes of gender and sexually diverse individuals in Hong Kong.



¹³ The authors acknowledge that the use of “disability” frequently entails undue negative connotation and ignores the individual’s abilities despite their impairments. The term “dis/ability” is spelled with a slash intentionally to represent the various levels of physical and mental abilities and disabilities of that any individuals possess.

¹⁴ For gender and sexually diverse individuals, the concept intersectionality has been applied across literature to describe how a person’s experience and expression of gender and sexuality, is intrinsically bound up with factors including but not limited to their race, culture, religion/faith, class, disability, nationality, age etc.

SECTION
2.0

POSITION PAPER FOR PSYCHOLOGISTS WORKING WITH GENDER AND SEXUALLY DIVERSE INDIVIDUALS

Intended Audience/Users

This position paper outlines the HKPS positioning for psychologists currently providing services, in training, or aspiring to support the mental health and wellbeing of gender and sexually diverse

individuals. Positioning statements are clustered across sub-sections for inclusivity, relevance and applicability to various contexts of psychological practice in Hong Kong:



Medical, Hospitals and/or Private Practice.



Educational or Schooling Environments.



Corporate Consultancy, Organisations, Institutions, and Social Enterprises.



Academic, Research, and Public Education.

Code of Ethics: Living the Principles and Values Espoused By the HKPS

The HKPS respects that people are entitled to diverse opinions on normative or expected behaviours and preferences based on societal, religious and cultural beliefs and values. However, this does not negate the obligations that HKPS members must uphold in their professional practices to protect and safeguard the welfare of the individuals they serve.

Accordingly, as a key psychological and learned society responsible for public education and public protection, it remains the HKPS's duty to:



Take the lead in the dissemination of information that is underpinned by the latest empirical research and scientific thinking.



Address misconceptions that increase the potential for harm.



Promote the use of evidence-based practices that are in the best interests of individuals' welfare and wellbeing.

(Hong Kong Psychological Society, 2012b).



The HKPS, therefore, expects that all registered psychologists and members uphold the principles and values of the HKPS's professional code of conduct, which guides thinking, decisions, and behaviours in all research and professional practice (Hong Kong Psychological Society, 2012b).

Following the principles and values of the HKPS's professional code of conduct, psychologists working with gender and sexually diverse individuals should:



Remain sufficiently self-aware of their own cultural, religious, and moral values or biases during professional practice to not permeate or impose prejudice and discriminatory actions on client relationships, and if experiencing difficulties, seek supervision, and refer out appropriately (Hong Kong Psychological Society, 2012b, Principle A Respect, A1 Standard of General Respect).



Respect individuals' human rights and self-determination, including the choice of self-disclosure¹⁵ (Hong Kong Psychological Society, 2012b, Principle A Respect, A4 Standard of Self Determination).



Keep abreast of the scientific, ethical, legal, and societal developments in Hong Kong relevant to their professional practice with gender and sexually diverse clients (Hong Kong Psychological Society, 2012b, Principle B Competence, B3 Standard of Recognising Limits of Competence).



Take a leadership role in opposing discrimination based on sexual orientation and gender identity (SOGI) and advocate policies that support the equal rights of all individuals¹⁶ (Hong Kong Psychological Society, 2012b, Principle A Respect, A4 Standard of General Respect & Principle C Responsibility C1 Standard of General Responsibility).

¹⁵ The process of disclosing sexual orientation or gender identity to others verbally or behaviourally by gender and sexually diverse individuals is commonly called as "coming out", a term that has been widely used in the western countries as well as in Asian cultures, such as Hong Kong, Japan, Taiwan, and China (Brainer, 2017; Chow & Cheng, 2010; Wang, 2021). In heteronormative contexts, a normative gender or sexuality is often assumed, unless people "come out" otherwise. It is important to also consider that "coming out" may not necessarily be the most psychologically sound option for all gender and sexually diverse individuals, and can have various implications depending on the intersection of family pressure, cultural, religious, race and legal contexts (Brainer, 2017; Huang & Chan, 2022; Wang, 2021).

¹⁶ While other forms of practice are not within purview of this publication, content may be useful to other mental health-related or professional associations seeking to draw upon research and evidence to educate and inform on matters relevant to gender and sexually diverse individuals.

Integrating Science with An Affirmative Stance

The current position paper sits in solidarity with international mental health authorities, which have published statements or guidelines communicating affirmative psychology, which considers the role of stigma, discrimination, and marginalisation throughout various aspects of psychological practice. An affirmative stance regards diversities in sexual orientation and gender identity as a normative aspect of human sexuality rather than pathologising gender and sexually diverse individuals (American Psychiatric Association, 2020; American

Psychological Association, 2015, 2021a, 2021c; McLachlan et al., 2019; New Zealand Psychological Society, 2020; New Zealand Psychologists Board, 2019; Psychological Association of the Philippines, 2020a, 2020b; Psychological Society of South Africa, 2013, 2017; Singapore Psychological Society, 2021; Victor & Nel, 2017).

Following principles of affirmative psychology, the HKPS encourages all psychologists to:



Understand that sex, sexuality, and gender are heterogeneous and non-binary, and that variance exists in the experiences, challenges, and strengths within gender and sexually diverse populations (American Psychological Association, 2015, 2021a; Australian Psychological Society, 2014b; Cameron & Stinson, 2019; Flores, 2020; Hyde et al., 2019; Richards et al., 2016).



Remain consciously open, affirming, and inclusive of gender and sexually diverse individuals.



Recognise the influence of dominant and deeply entrenched social ideologies and heteronormative attitudes and behaviours.



Demonstrate respect for individual differences and recognise that imposing change according to preconceived notions and biases is a premise for infringement on professional and ethical practice.

Refer to [Appendix F](#) for more information about application of an affirmative stance across various domains of professional practice.



HKPS Position Statements

Position statements have been clustered for relevance and practicality across domains of professional practice and further supported by scientific literature and research studies.

2.1 HKPS Position: Scientist-Practitioner

Psychologists in professional practice should:

- 2.1.1** Understand that diversity in sexual orientation and gender identity exists as part of the human condition, is not mental illness, implies no impairment in judgement, stability, or social capabilities, and constitutes natural variants of human sexuality (Academy of Science of South Africa, 2015; American Psychiatric Association, 2020; American Psychological Association, 2015, 2021a; Australian Psychological Society, 2014b; Richards et al., 2016; World Medical Association, 2013).
- 2.1.2** Acknowledge the difference between sexual orientation and gender identity, particularly how stereotypical gender conformity or non-conformity does not necessarily reflect an individual's sexual orientation or gender identity (American Psychological Association, 2015, 2021a; Australian Psychological Society, 2014b; Hyde et al., 2019; Richards et al., 2016).
- 2.1.3** Adhere to evidence-based and diverse-affirming frames of reference in mental health assessment and interventions across the lifespan, research and publication, training, education, advocacy and policy (American Psychiatric Association, 2020; American Psychological Association, 2021a; Australian Psychological Society, 2014b; British Association for Counselling and Psychotherapy, 2019; British Psychological Society, 2019a; Fuller & Riggs, 2018; Horne et al., 2019; Huang & Chan, 2022; Nel, 2014; Pillay et al., 2019; Richards et al., 2016; Riggs et al., 2020). **Refer to Appendix F: The Premise for an Affirmative Stance.**
- 2.1.4** Call out institutionalised discrimination and structural stigma, inclusive of legal barriers, social policies, prejudice, bias and unequal opportunities, as minority stressors, evidenced as compromising on the mental health and wellbeing¹⁷ of gender and sexually diverse individuals (American Psychiatric Association, 2020; American Psychological Association, 2021a; Chan, Leung, et al., 2022; Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; Cochran et al., 2016; Fingerhut & Frost, 2020; Fingerhut et al., 2011; Hatzenbuehler, 2014; Hatzenbuehler, 2016; Hatzenbuehler et al., 2009; Hatzenbuehler & Link, 2014; Hatzenbuehler et al., 2010; Meyer, 1995, 2003; Meyer et al., 2017; Suen et al., 2018; Suen, Chan, & Wong, 2020; Suen et al., 2021a). **Refer to Appendix B** for a summary of legislation and social policy relevant to psychologists working with gender and sexually diverse individuals in Hong Kong.

¹⁷ The authors acknowledge that various alternative terminologies, including psychological health, wellbeing, etc., have been employed across the literature due to different operationalisations in research. The positioning states have employed "mental health and wellbeing" as a broad concept encompassing mental, physical, interpersonal/social, and spiritual health.

2.2

HKPS Position: Research and Public Education

Psychologists should act to ensure that the public is accurately informed about sexual orientation and gender identity¹⁸ through:

- 2.2.1** Addressing misconceptions linked with diversity in sexual orientation and gender identity and disseminating information representing evidence from credible and scientifically peer-reviewed sources to avoid any possible misuse or misrepresentation of these findings (Cameron & Stinson, 2019; Przeworski et al., 2021; Richards et al., 2016).
- 2.2.2** Promoting public knowledge and understanding of minority stressors and risk factors evidenced to impact on the livelihood, welfare, and health disparities of gender and sexually diverse individuals, including marginalisation, bullying, harassment, social policies and other forms of stigmatisation (Academy of Science of South Africa, 2015; American Psychological Association, 2021a, 2021b, 2021c, 2021d; Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; Fingerhut & Frost, 2020; Fingerhut et al., 2011; Hatzenbuehler, 2016; Riggs et al., 2020; Riggs et al., 2019; Suen, Chan, & Badgett, 2020; Suen et al., 2018; Suen, Chan, & Wong, 2020; Suen et al., 2021a; Suen et al., 2021b; Suen et al., 2016).
- 2.2.3** Increasing public knowledge and understanding of protective factors (e.g., family support, social acceptance, community connectedness) evidenced to buffer the impact of minority stressors on the mental health and wellbeing of gender and sexually diverse individuals (Chan, 2022; Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2020, 2021; Huang & Chan, 2022; Ioverno et al., 2016; Reczek, 2020).
- 2.2.4** Abiding with rigorous, population-based, observational, and cohort studies of health aimed at expanding scientific knowledge about risk factors or health disparities evidenced across gender and sexually diverse individuals while remaining sensitised to the vulnerabilities of participants through ensuring informed consent, confidentiality, and anonymity (Institute of Medicine, 2011b; Patterson et al., 2017).

¹⁸ It is important that psychologists recognise potential variability with people's assimilation and understanding of gender and sexual diversity, and it will take ongoing public education, shifts in discourse and time for transitions to take place.

2.3

HKPS Position: Conversion Therapies

As a professional body governing the practice of psychologists in Hong Kong, the Hong Kong Psychological Society (HKPS):

2.3.1 Denounces the use of conversion therapies in light of such practices having been publicly discredited based on priori assumptions not scientifically proven as effective and evidenced as potentially harmful (American Psychiatric Association, 2020; American Psychological Association, 2021c, 2021d; Bhugra et al., 2016; Blosnich et al., 2020; Chan, Leung, et al., 2022; Fish & Russell, 2020; Green et al., 2020; Independent Forensic Expert Group, 2020; Jowett et al., 2021; Madrigal-Borloz, 2020; Przeworski et al., 2021; Substance Abuse and Mental Health Services Administration, 2015; World Medical Association, 2013). **Refer to Appendix D: Background Research: Gender and Sexual Diversity: Moving Away from Change Efforts towards Scientifically Informed Care.**

2.3.2 Declares all practices that attempt to change a person's sexual orientation and gender identity as unethical for professional practice (Academy of Science of South Africa, 2015; American Psychiatric Association, 2018, 2020; American Psychological Association, 2021c, 2021d; Bhugra et al., 2016; Blosnich et al., 2020; Chan, Leung, et al., 2022; Fish & Russell, 2020; Green et al., 2020; Hong Kong College of Psychiatrists, 2011; Independent Forensic Expert Group, 2020; Jowett et al., 2021; Madrigal-Borloz, 2020; World Medical Association, 2013).

2.3.3 Advocates for scientifically informed, ethical and affirmative practices across all work and organisational contexts, which uphold self-determination and remain in clients' best interest (Academy of Science of South Africa, 2015; American Psychological Association, 2015, 2021a; British Psychological Society, 2022; Canadian Psychological Association, 2015; Hong Kong Psychological Society, 2012a, 2012c; Jowett et al., 2021; McLachlan et al., 2019; Pachankis et al., 2019; Pillay et al., 2019; Psychological Association of the Philippines, 2020a; Psychological Society of South Africa, 2013, 2017; Singapore Psychological Society, 2021; Soullard et al., 2021).

The HKPS, therefore, expects that all ethical psychologists:

2.3.4 Avoid discredited and/or potentially harmful interventions, and report other psychologists or licensed professionals observed to be using conversion practices to relevant ethics committees.

2.3.5 Advocate evidence-based, inclusive and affirmative practices which provide a safe space for gender and sexually diverse individuals to explore their identities and sexualities free from coercion. **Refer to Appendix F: The Premise for the Affirmative Stance.**

2.4

HKPS Position: Youth, School, and Education

Psychologists working in school and educational settings in Hong Kong should:

- 2.4.1** Understand how existing legal, social and educational policies potentially impact the welfare, safety, development and psychological health of gender and sexually diverse youth and adolescents, therefore assume leadership to:
- » Condemn discriminatory practices and behaviours, including bias or bullying
 - » Foster acceptance, equality and safety through support services that protect youth and students from discrimination, harassment, and violence (Chan & Mak, 2018b; Hatzenbuehler, 2016; Kwok, 2016; D. K. Kwok & K Kwok, 2021; Kwok & Wu, 2015; McLachlan et al., 2019; National Association of School Psychologists, 2014, 2017). Refer to **Appendix B** for a summary of legislation and social policy relevant to psychologists working with gender and sexually diverse individuals in Hong Kong.
- 2.4.2** Draw upon empirical data and scientifically peer-reviewed sources to better understand risk factors impacting the development, mental health and wellbeing of gender and sexually diverse youth and adolescents (Kosciw et al., 2018; Reczek, 2020; Ryan, 2021; The Boys and Girls' Clubs Association of Hong Kong, 2009; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b; The Trevor Project, 2021).
- 2.4.3** Pledge the importance of social inclusion and perceived connectedness with parents and/or family of origin as protective factors for the development, mental health and wellbeing of gender and sexually diverse youth and adolescents (Bebes et al., 2013; Chan & Mak, 2018b; Health & Medicine, 2013; D. K. Kwok & K Kwok, 2021; Reczek, 2020; Ryan, 2021; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b).
- 2.4.4** Recognise that sexual orientation and gender identity and expression may develop and evolve over time, and therefore advocate for:
- » Affirmative practices, education and regular training on issues and topics relevant to gender and sexual diversities during adolescence for parents, teaching staff, social workers, and students
 - » Safe spaces where youth and adolescents can access counselling support as well as explore identity and feelings without coercion or preconceived labels (Chan & Mak, 2018a, 2018b, 2018c; Chan, Wong, et al., 2022; Health & Medicine, 2013; Kwok & Wu, 2015; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b; The Trevor Project, 2021).

2.5

HKPS Position: Fostering Safe and Inclusive Workplace Practices

Psychologists consulting into and/or working within workplace¹⁹ settings should:

- 2.5.1** Understand how existing legal and social policies potentially impact opportunities, human rights, and mental health and wellbeing of gender and sexually diverse individuals across workplaces (Barrow, 2020; Hatzenbuehler, 2016; Tang & Stephanie, 2019). **Refer to Appendix B** for a summary of legislation and social policy relevant to psychologists working with gender and sexually diverse individuals in Hong Kong.
- 2.5.2** Acknowledge that reliance upon a non-legally binding approach to preventing discrimination on the grounds of gender and sexual diversity transfers the onus onto science and education to drive safe and inclusive workplace policies, business cases and initiatives (Barrow, 2020; Colgan et al., 2007; Constitutional and Mainland Affairs Bureau Hong Kong, 2014; Equal Opportunities Commission, 2021; Suen et al., 2016).
- 2.5.3** Condemn any forms of discrimination or stigma, inclusive but not limited to incivility, bullying or unequal workplace practices, as minority stressors empirically linked with compromised mental health and wellbeing outcomes of gender and sexually diverse individuals (Chan & Mak, 2018b; Chan & Mak, 2021; Colgan et al., 2007; Colgan & Wright, 2011; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Lau & Stotzer, 2011; McLachlan et al., 2019; Meyer, 1995, 2003; Nel, 2014; Suen et al., 2021a; Victor & Nel, 2017).
- 2.5.4** Advocate for inclusion policies through an empirical approach, which affirms how recognition, social acceptance, and equality impact the mental health and wellbeing of gender and sexually diverse individuals (Association of World Citizens Hong Kong China, 2020; Barrow, 2020; Chan & Mak, 2018b; Colgan et al., 2007; Community Business Limited, 2012; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Equal Opportunities Commission, 2021; Lau & Stotzer, 2011; Lloren & Parini, 2016; Longarino, 2019; Meyer, 1995, 2003; Suen, Chan, & Wong, 2020; Suen et al., 2021a; Suen et al., 2016).

¹⁹ Workplaces has been employed as an umbrella term to cover all employment settings, including paid and unpaid employment, multinational and local entities, professional services, and consulting, small to medium enterprise, start-ups, and family-owned businesses.

2.6

HKPS Position: Diversity in Family and Relationship Systems

Psychologists researching or in professional practice with gender and sexually diverse couples and family systems should:

- 2.6.1** Remain abreast of existing and evolving legal and social policies in Hong Kong which impact the livelihood, aspirations, mental health and wellbeing of gender and sexually diverse individuals and their families and relationship systems. **Refer to [Appendix B](#)** for a summary of legislation and social policy relevant to psychologists working with gender and sexually diverse individuals in Hong Kong.
- 2.6.2** Understand the changing landscape of family composition and respect various forms of partnerships or relationships that are not necessarily heteronormative-based, legally recognised or biologically related (American Psychological Association, 2021a; British Psychological Society, 2019b; Chapman et al., 2012; McLachlan et al., 2019; Papernow, 2018; Teska et al., 2018).
- 2.6.3** Recognise the influence of diversity and complexities of relationships on the livelihood, mental health and wellbeing of sexually and gender diverse individuals, their children, families of origin and other people in their support networks (American Psychological Association, 2021a; Chan, Wong, et al., 2022; McLachlan et al., 2019; Psychological Society of South Africa, 2013; Teska et al., 2018).
- 2.6.4** Acknowledge that gender and sexually diverse parents could be equally competent as their heterosexual and cis-gender counterparts, considering the evidence base that has affirmed that family constellation is not an important factor contributing to children's wellbeing and healthy development (Bos et al., 2018; Bos & van Balen, 2008; Bos et al., 2007; Crouch et al., 2015; Flaks et al., 1995; Gates, 2015; Mallon, 2014; Prickett et al., 2015; Reczek, 2020; Short et al., 2007).
- 2.6.5** Pledge unequal or discriminatory social policies and perceived social stigma as key factors empirically associated with the compromised mental health and wellbeing of children and adolescents of gender and sexually diverse parents²⁰ (Crouch et al., 2015; Knight et al., 2017; Tabor, 2019).

²⁰ A breadth of peer reviewed studies has reported no significant differences in development, adaptability, or overall wellbeing between children raised by lesbian or gay parents and children of heterosexual parents. In fact, studies have found that unequal or discriminatory social policies and perceived social stigma are key factors empirically associated with the compromised mental health and psychological wellbeing of children and adolescents of gender and sexually diverse parents.

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SECTION
3.0

APPENDICES

Appendix A: Glossary of Terms

The definitions in this glossary have been compiled in accordance with terminology and language employed across various publications (Academy of Science of South Africa, 2015; American Psychological Association, 2009b, 2015, 2021a, 2021c, 2021d; Australian Psychological Society, 2014b, n/d; Bachkirova & Kauffman, 2008; Barrow, 2020; British Association for Counselling and Psychotherapy, 2019; British Psychological Society, 2019a; Clarke et al., 2010; Huang & Chan, 2022; Institute of Medicine, 2011a; Kwok & Wu, 2015; Mardell, 2016; Psychological Society of South Africa, 2013; Suen et al., 2021a; Suen et al., 2016).

ASEXUAL

A person who does not have sexual attraction towards or sexual interest in other people, however, can experience romantic attraction and form intimate relationships, and satisfy their own sexual desire.

BIPHOBIA

Dislike of or prejudice against bisexual people.

BISEXUAL

A person 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 more typically employed to describe the process of disclosing one's sexual orientation,

however, has also been linked with the choice to be open about gender identity.

CONCEALMENT

A form of identity management by sexual minority individuals driven by a desire to prevent disclosure or avoid being discovered may involve various behavioural strategies, decision-making, and implications (Huang & Chan, 2022).

CONFUCIAN

Confucianism is a set of rules to guide the individual in self-cultivation and social education. But, importantly, it has evolved into a morality-flagged paradigm of social politics with the ultimate aim of public governing (Dawson, 1993).

CONVERSION THERAPY

An umbrella term for therapy or persuasive techniques designed to alter one's sexual orientation or gender identity. The term Reparative Therapies, Sexual Orientation Change Efforts (SOCE) or Gender Identity Change Efforts (GICE) has been used by other Psychology Associations, Mental Health Authorities, and researchers in the field.

GAY

This can refer to a man who has sexual, romantic, and intimate feelings for or is in a love relationship with another man. It can also be an umbrella term used to refer to anyone primarily attracted to the same or similar gender as their own.

GENDER

In the context of the individual self, gender is the state of being a man, a woman, both, neither, somewhere in between, or something entirely different. In the context of society, gender is a system of classification rooted in social ideas about masculinity and femininity.

GENDER IDENTITY CHANGE EFFORTS (GICE)

A range of techniques used by mental health professionals and non-professionals to change gender identity, gender expression, or associated components of these to align with gender role behaviours that are stereotypically associated with the sex assigned at birth (Hill et al., 2010; SAMHSA, 2015).

GENDER DYSPHORIA

Distress or discomfort experienced because one's gender does not match the sex and/or gender assigned at birth.

GENDER DIVERSITY

The range of different gender expressions spanning 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 pathologizing treatment of differences among individuals.

GENDER EXPRESSION

The manifestation of one's gender as masculine or feminine.

GENDER IDENTITY

The identifier (or lack of identifier) someone uses to communicate how they understand their gender, navigate within or outside our societal gender systems, and/or desire to be perceived by others.

GENDER NONCONFORMING

These are umbrella terms and descriptors which refer to people who identify and/or express themselves in ways different from society's binary norms regarding gender roles.

HETERONORMATIVE

Related to "heterosexism", it refers to the privileged position associated with heterosexuality. It is based on the normative assumption that there are only two genders. It assumes that gender always reflects the person's sex assigned at birth. It also infers that only sexual attraction between these "opposite" genders is regarded as viable or socially valued masculine and feminine identities (i.e., it regulates 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

An enduring pattern of emotional, romantic and/or sexual attraction to people of the opposite sex.

HOMOPHOBIA / HOMONEGATIVITY

A fear, avoidance or dislike of gay people that is shaped by broader societal factors and personal, subjective, and irrational fears.

HOMOSEXUAL

An enduring pattern of emotional, romantic and/or sexual attraction to people of the same sex.

INTERNALISED HOMONEGATIVITY

The direction of negative societal attitudes toward the Self (Meyer, 1995).

INTERSECTIONALITY

A term that addresses how different power structures or systems of privilege or oppression interact as overlapping social identities in the lives of minorities. For gender and sexually diverse individuals, this concept describes how a person's experience and expression of gender and sexuality is intrinsically bound up with factors including but not limited to their race, culture, religion/faith, class, disability, nationality, faith, age etc.

INTERSEX

A sex category that includes people whose anatomy does not entirely fit into either of society's typical definitions of male or female.

LESBIAN

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

LGBT

An acronym employed to represent lesbian, gay, bisexual, and transgender people. However, since it is more closely associated with a western understanding of sexuality and gender, it is imperative to remain respectful and mindful of how these land with people of differing cultural backgrounds. It is also important to consider that not all individuals will necessarily identify with these categories.

LGBTQIA+

An expanded abbreviation that attempts to encompass all genders and sexualities, including lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/aromantic. The 'plus' is for other identities that are not straight and/or not cisgender.

MINORITY STRESS

Psychological distress associated with being stigmatised, excluded, marginalised, or discriminated against, due to having a sociocultural framework that differs from the majority of the population, otherwise described as the juxtaposition of minority and dominant values and the resultant conflict with the social environment experienced by minority group members (Meyer, 1995; New Zealand Psychologists Board, 2019).

NON-BINARY

An umbrella term for people who exist or identify outside the sex/gender binary or experience themselves as being neither a man nor woman or being only partially or a combination of these things. In the US, the umbrella term genderqueer is more commonly used.

QUEER

An umbrella term or identity taken on by some LGBTQIA+ people to describe a sexual and/or gender identity that falls outside societal norms. This term has a history of being used as a slur. Although many LGBTQIA+ people have reclaimed it, not everyone is comfortable using it.

SEX

A socially constructed classification system based on a person's biology. Society typically recognises only two sex categories, male and female, each with specific biological requirements. However, the reality is that people's biology is often more diverse than society's categories and requirements. Intersex people are an example of this.

SEXUAL

Connected with the physical activity of sex.

SEXUALITY

The feelings and activities connected with a person's sexual desires. Sexual diversity: The range of different expressions of sexual orientation and sexual behaviour that spans across the historically imposed heterosexual-homosexual binary.

SEXUAL ORIENTATION

The fact that someone prefers to have sexual relationships either with men, with women, or with both.

STIGMA

Negative associations and/or expectations tied to specific groups/labels/identities usually based on misconceptions and/or stereotypes (Meyer, 1995).

STRUCTURAL STIGMA

Societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatised (Hatzenbuehler, 2016).

SOCE

Sexual Orientation Change Effort which refers to methods used to change the sexual orientation of homosexual and bisexual people to heterosexuality.

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

Sexual orientation and gender identity (SOGI) is an inclusive term and acronym used to refer to both sexual orientation and gender identity. SOGI is most often used in the United Nations and the context of international human rights.

TONGZHI (同志)

The term Tongzhi (同志) has been adopted since the 1980s as an identity label by some members of the Chinese-speaking LGBT communities for self-identification and employed to embrace members of the LGBT community across some academic research efforts in Hong Kong (Kwok et al., 2012; Suen et al., 2016). "Tongzhi" is a Chinese term which literally means "comrades" or the contemporary Chinese word for a member of what Westerners might call the LGBT community (GVGK Tang, 2018). It has also been described as an indigenous "queer" identity that upholds traditional Chinese values such as family and social harmony.

TRANSGENDER/TRANS

An umbrella term for anyone whose gender identity does not match their sex and/or gender assigned at birth.

TRANSGENDER AND GENDER NON-CONFORMING (TGNC)

An umbrella term that refers to people who identify or express themselves differently from what is normatively expected of their assigned sex or from society's binary norms.



Appendix B: Sexual and Gender Diversity in Hong Kong – Legal Remit

Legal Considerations in Hong Kong

Discrimination based on sexual orientation or gender identity has not been explicitly included in the Hong Kong Bill of Rights Ordinance (Cap. 383, “BORO”). However, Article 25 in Chapter III of the Basic Law stipulates that “all Hong Kong residents shall be equal before the law”. Most relevantly, Article 22 of the Hong Kong Bill of Rights under section 8 of the BORO provides that “all persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinions, national or social origin, property, birth or other status”.

Employment

In response to a public consultation in 1996, the Hong Kong Special Administrative Region (HKSAR) government opted for a non-legislative approach to promote equal opportunity and address concerns linked with discrimination on the ground of sexual orientation in employment settings (Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Equal Opportunities

Commission, 2021). Accordingly, in 1998, the Equal Opportunities (Sexual Orientation) Funding Scheme was launched. In addition, the HKSAR government adopted a Code of Practice facilitating an independent and self-regulatory approach for employers and employees to eliminate discrimination across employment in public and private institutions (Constitutional and Mainland Affairs Bureau Hong Kong, 2014; Equal Opportunities Commission, 2021). As a non-legally binding approach, this has transferred the onus on organisations to independently drive educational efforts, business cases and policies to prevent or protect gender and sexually diverse individuals from unfair treatment, incivility or harassment linked with their minority status (Barrow, 2020; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Equal Opportunities Commission, 2021; Kwok & Wu, 2015; Lau & Stotzer, 2011; Suen et al., 2016; Tang & Stephanie, 2019).

Across other service domains, including schools and education settings, specific actions aimed at addressing concerns linked with discrimination on the grounds of sexual orientation or gender identity have been less documented.

Sexual Harassment Matters

Although no ordinance on anti-sexual orientation discrimination is present in Hong



Kong, any discriminatory acts against one's sexual orientation are unconstitutional under the Basic Law. On the contrary, it is unlawful to discriminate against a person on the ground of sex under the Sex Discrimination Ordinance (Cap. 480, the "SDO") in different areas of public life, such as employment, education and the provision of goods, services and/or facilities. In addition, persons are also protected from sexual harassment and victimisation under the SDO.

According to the Equal Opportunities Commission (EOC), sexual harassment refers to any behaviours of a sexual nature that are unwelcome, including actions and environments that are sexually offensive and humiliating where the victims would feel intimidated (Equal Opportunities Commission, 2022). Examples of verbal harassment may include remarks or commentary linked with an individual's sexuality, such as asking a woman if she is a lesbian because "she has never had a real man", and physical harassment could involve touching a man's body due to an assumption that his sexuality or appearance welcomes contact from other men. Under such circumstances, victims can lodge a complaint with the Equal Opportunities Commission and bring their claim against the harassers to the Court, requesting written apologies and monetary compensations for injuries in feelings and exemplary damages. It should be noted, however, that violation of the Sex Discrimination Ordinance is not a criminal offence. Therefore, no prosecution will be conducted, and the perpetrators will have no legal consequences to bear (Equal Opportunities Commission, 2022).

Disability Discrimination Ordinance and Transgender

At present, transgender people who wish to receive partial or full gender reassignment/affirmation surgery (previously called "sex reassignment surgery") in Hong Kong must first be assessed and diagnosed with gender identity disorder/gender dysphoria. They can then attain medical care and treatments at the Gender Identity Clinic at the Prince of Wales Hospital under the public health care sector.

Considering the absence of an anti-discrimination ordinance on the grounds of gender identity in Hong Kong, discrimination against transgender people remains unlawful under the Disability Discrimination Ordinance (Cap. 487, the "DDO"). Similar to the SDO, the DDO protects people from discrimination, harassment and vilification on the ground of their disability. The loss of physical or mental functioning and the presence of chronic illnesses and conditions that would impair one's ability to behave or learn are all covered as disabilities.

Transgender people diagnosed with gender identity disorder are then protected under the DDO as people with mental illness. In addition, the EOC receive and handle a number of complaints from people with gender dysphoria on issues relating to disability discrimination every year (Equal Opportunities Commission, 2014b). The complaints usually relate to the person's affirmed name and former name.



However, many transgender people and organisations working with transgender people do not wish for diversities in gender identities to be considered mental disabilities (Equal Opportunities Commission, 2017).

Marriage Equality

Same-sex marriage (including civil partnership and same-sex unions) is not legally recognised in Hong Kong. However, same-sex couples with contracted marriage or civil unions overseas can access a certain degree of benefits following different rulings and approvals at the Hong Kong Courts (Chow Ruskin Brown, 2022; Wong et al., 2022). For example,

- » Same-sex spouses can apply for a dependent visa to visit Hong Kong,
- » For civil servants, their same-sex spouses can access the same medical, dental, housing and other benefits available to spouses of civil servants as the opposite-sex spouses,
- » Same-sex spouses are entitled to elect for joint tax assessment,
- » Same-sex widows and widowers can handle their deceased spouse's after-death arrangements as "surviving spouses".

The right for married same-sex couples to apply as "spouses" or be added as authorised occupants for public rental housing was confirmed by the Court of First Instance. However, the Government has appealed these judgements to the Court of Appeal, with decisions pending (Chow Ruskin Brown, 2022; Wong et al., 2022).

These progressive changes have been attributed to the efforts of individual Hong Kong citizens with the tenacity to challenge different unconstitutional stances towards same-sex couples through judicial reviews (Chow Ruskin Brown, 2022). Various obstacles, however, remain, including access to human reproductive technology treatment, adoption of children as a married couple, or application for a parental order for a child born out of surrogacy.



Appendix C: Sexual and Gender Diversity in Hong Kong – The Evidence Base: Why It Matters for Psychologists!

Between 2007 and 2012, the Equal Opportunity Commission (EOC) documented 2,687 enquiries linked with discrimination based on gender or sexual diversity (Equal Opportunities Commission, 2014a). However, between 2013 and November 2021, it logged a total of 988 (Equal Employment Commission, personal communication, December 9, 2021). Despite a downward trend, such data has evidenced Hong Kong's continued prevalence of discrimination against gender and sexually diverse individuals, warranting further attention.

The harmful impact of discrimination, prejudice, stigma and marginalisation on the mental health and wellbeing of gender and sexually diverse individuals has been widely acknowledged across Asian and Western cultures (Equal Opportunities Commission, 2021; Longarino, 2019; Suen, Chan, & Badgett, 2020; Suen et al., 2021a; Suen et al., 2016). In Hong Kong, the past decade has witnessed a sharp increase in quantitative and qualitative studies, which have examined factors impacting the mental health of gender and sexually diverse individuals (Barrow, 2020; Chan, Leung, et al., 2022; Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; Chan et al., 2020; Equal Opportunities Commission, 2021; Huang & Chan, 2022; Hung & Chan, 2022; Kwok, 2016; Diana K. Kwok & Kim Kwok, 2021; Kwok et al., 2012; Kwok & Wu, 2015; Lau & Stotzer, 2011; Policy 21, 2015; Suen, Chan, & Badgett, 2020; Suen, Chan, & Wong, 2020; Suen et al., 2021a; Suen et al., 2016). While reliance upon non-random or “snowball” sampling techniques has sometimes limited generalisability, collectively, these research efforts have empirically illuminated the

pervasiveness of discriminatory behaviours and practices, including employment and education.

Employment

A review of localised studies examining gender and sexually diverse individuals' experiences across workplace settings has highlighted a need for more recent and systematic empirical scholarship (Community Business Limited, 2012; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Lau & Stotzer, 2011).

In a landmark quantitative study conducted by Lau and Stotzer (2011), 29% of respondents reported that in the previous five years of employment, they had experienced discrimination due to their sexual orientation, including rejection from a job, being fired or being denied promotion. Findings also suggested that respondents who experienced discrimination reported reduced life satisfaction and increased internalised homophobia (Lau & Stotzer, 2011).

In 2014, an Advisory Group chaired by Professor Fanny Cheung Mui-ching was established to provide empirically supported recommendations to the Secretariat of the Constitutional and Mainland Affairs Bureau of Hong Kong on the aspects and extent of discrimination faced by sexual minorities across various contexts (Constitutional and Mainland Affairs Bureau Hong Kong, 2019). In addition, a qualitative study was commissioned with Policy 21 Limited, which examined the experience of discrimination by sexual minorities across

employment, education, and the provision of other domains and services (Constitutional and Mainland Affairs Bureau Hong Kong, 2015, 2019; Policy 21, 2015). The publication described researchers conducting in-depth interviews and focus groups with 274 sexual

minorities. The sample comprised gender and sexually diverse individuals from diverse socio-economic backgrounds, including those who identified as lesbian, gay, bisexual, transgender and intersex (LGBTI).



KEY FINDINGS: LGBTI Respondents with Work Experience in Hong Kong (n=180) (Policy 21, 2015)

- » Slightly less than half of respondents reported having experienced discrimination, with 59 citing unwelcome verbal conduct and 10 reporting direct discrimination, including being asked to leave their jobs or denial of promotion.
- » Slightly less than half of respondents reported having concealed or not disclosed their sexuality or identity in the workplace. It is important to note that individuals who experienced discrimination had not necessarily opted to be open about their sexuality or identity at work. Some individuals who opted for not “coming out” or non-disclosure at work also experienced discrimination.
- » Most or 140 respondents attributed discriminatory attitudes and behaviours to a lack of adequate or accurate knowledge about sexual orientation, gender identity and related issues.

While limited by non-random sampling and exclusive use of qualitative data-gathering methodologies, the Advisory Group’s (2015) findings resonated with key themes previously reported in a quantitative and representative survey published by Community Business (2012), including:

- » Non-disclosure or not being open about sexual orientation or gender identity at work,
- » A lower level of social acceptance,
- » Stigma.

Relevantly, in 2011, Community Business commissioned Hong Kong University’s Public Opinion Programme (POP) for two studies:

1. Random telephone interviewing of Hong Kong’s working population (n = 1,002),
2. An anonymous online survey of LGBT individuals working full-time, part-time or seeking employment (n = 626).



KEY FINDINGS: Working Population Hong Kong (n=1,002) (Community Business, 2012)

- » 80% of Hong Kong's working population surveyed at the time perceived that LGBT individuals faced discrimination or unfair treatment in Hong Kong.
- » 24% of Hong Kong's working population expressed reservations about working alongside openly LGBT individuals.
- » 18% of Hong Kong's working population had observed LGBT individuals being openly bullied, harassed or discriminated against (Community Business Limited, 2012).



KEY FINDINGS: LGBT Employees Hong Kong (n=626) (Community Business, 2012)

- » 13 % of LGBT respondents experienced negative treatment associated with their sexual orientation and /or gender identity at work.
- » The majority of LGBT respondents, however, reported not being open about their sexuality or gender identity at work:
 - 60% of LGBT employees reported not being open with colleagues,
 - 74% not open with clients,
 - 71% are not open with human resources departments.
- » Key reasons for not being open or disclosing sexual orientation and/or gender identity:
 - 56% of respondents were concerned about what people think,
 - 46% expressed concern about being stereotyped,
 - 42% reported concern about losing connection with colleagues.

Most recently, another quantitative survey of 1,050 LGBT respondents above age 18 also empirically accentuated the continued prevalence of workplace discrimination across Hong Kong (Chan & Mak, 2018a, 2018b,

2018c). In addition, while limited with non-probability sampling and the majority of respondents under age 25, social acceptance and prejudice were underscored as key determinants of mental health and wellbeing.



KEY FINDINGS: Social Acceptance and Mental Health – Work (n=1,050)

(Chan & Mak, 2018)

- » 21.7% of respondents reported having experienced sexual orientation-based rejection or unequal treatment from employers or supervisors.
- » LGBT individuals who have been rejected or treated unfairly by employers or supervisors due to sexual orientation or gender identity reported significantly more severe levels of anxiety symptoms, as measured by the 7-item measure on Generalised Anxiety Disorder (GAD-7), than those who have not been rejected or treated unfairly.
- » LGBT individuals rejected or treated unfairly by employers or supervisors due to sexual orientation, or gender identity reported significantly more severe levels of depression, as measured by the 9-item Patient Health Questionnaire (PHQ-9), than those who have not received such treatment.



IN SUMMARY

In the past decade, studies have documented the prevalence of stigma and discrimination against gender and sexually diverse individuals and the social and psychological impact on them across Hong Kong's settings (Chan & Mak, 2018b; Community Business Limited, 2012; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Lau & Stotzer, 2011; Suen et al., 2016). Across studies, a notable theme has been non-disclosure in the workplace (or reluctance to "come out" at work), widely recognised by local and international researchers as weighing in on wellbeing, innovation, engagement and performance (Huang & Chan, 2022; Lau & Stotzer, 2011; Longarino, 2019; Suen, Chan, & Badgett, 2020; Webster et al., 2018). These studies offer useful data for researchers and practitioners seeking to empirically inform policy on diversity, inclusion and workplace health and wellbeing. In Hong Kong, however, more recent and systematic mixed-method studies examining gender and sexually diverse individuals' experiences across workplace settings are warranted.

In 2022, a large-scale survey on LGBT+ issues in Hong Kong, with a sample of 2,120 individuals aged between 18 and 40, showed that 49% of respondents had witnessed or heard about LGBT+ discrimination. Furthermore, only 8% (n =166) of respondents indicated that their institution (workplace or educational) had explicit policies prohibiting discrimination against LGBT+ individuals (Hong Kong Public Opinion Research Institute, 2022).



IN SUMMARY (CONTINUED)

Considering Hong Kong's reliance on a non-legally binding code of practice to eliminate discrimination in employment, exclusively on the grounds of sexual orientation, this elevates the duty of psychologists and allied health professionals in assuming the leadership to:

1. Call out discriminatory practices as minority stressors, empirically linked with the mental health and wellbeing of gender and sexually diverse individuals (Chan & Leung, 2022; Flentje et al., 2020; Frost et al., 2015; Lo et al., 2022; Meyer, 1995, 2003; Policy 21, 2015; Suen, Chan, & Badgett, 2020; United Nations Development Programme, 2016, 2018).
2. Leverage science and empirical evidence to mobilise contextual workplace support and inclusive policies, including training on sex, gender, and sexual diversity at regular intervals, revised corporate communication strategies that employ non-gender specific terminology and designated committees to deal with matters linked with equal opportunities and evidence of incivility, bullying or other discriminatory behaviours (Barrow, 2020; Chan & Mak, 2018b; Colgan et al., 2007; Community Business Limited, 2012; Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Lloren & Parini, 2016; Suen, Chan, & Badgett, 2020; Suen et al., 2021a; Webster et al., 2018).

School and Education

In the past decade, more multi-disciplinary research has evidenced the prevalence of discrimination, marginalisation and/or lower levels of social acceptance experienced by gender and sexually diverse individuals across school settings (Chan & Mak, 2018a, 2018c; Kwok, 2016; Kwok et al., 2012; Kwok & Wu, 2015; Policy 21, 2015; The Boys and Girls' Clubs Association of Hong Kong, 2009).

Researchers at the Department of Special Education and Counselling at the Education University of Hong Kong (EduHK) enriched literature examining how prejudice, or negative attitudes towards sexually or gender diverse

communities, have been framed from a historical, legal and sociocultural perspective (Kwok, 2016, 2018; Kwok, 2021; D. K. Kwok & K Kwok, 2021; Diana K. Kwok & Kim Kwok, 2021; Kwok et al., 2012; Kwok & Wu, 2015). Kwok and colleagues paid particular attention to heterosexism as a sociocultural bias and its core and assumed heteronormative values, beliefs and expected behaviours within localised Confucian family systems. In addition, such bias has permeated religious schooling curricula or teaching practices, impacting the experience of gender and sexually diverse individuals in the educational system (Kwok, 2016; Kwok et al., 2012; Kwok & Wu, 2015).

One of the pioneering surveys conducted by the Boys' and Girls' Club Association (BGCA)

reported that nearly 80% of 492 self-identified “Tongzhi” (同志) or LGBT secondary school students indicated that classmates knew their sexual orientation, with 53% having experienced discrimination, including verbal insults (42%), social exclusion (40%), suffering physical injury or sexual harassment (14%) (BGCA, 2009).

Notably, the advisory group’s qualitative inquiry into the LGBTI’s experience across various settings in Hong Kong underscored perceived social acceptance as an obstacle for this population within educational settings (Constitutional and Mainland Affairs Bureau Hong Kong, 2015; Policy 21, 2015).



KEY FINDINGS: LGBTI Respondents’ Experience in Educational Settings in Hong Kong (n = 274) (Policy 21, 2015)

- » 154 respondents reported having concealed their sexual orientations/gender identities from their schoolmates and teachers due to fear of gossip or bullying.
- » Some respondents regarded schools, particularly secondary school settings, as unwelcoming or hostile towards homosexual individuals. Others indicated they had attempted to conform to behaviours deemed more appropriate to conventional gender role expectations.
- » Out of the 69 respondents who had experienced discrimination, including unwelcoming verbal conduct, or physical and sexual harassment, 61 had not sought assistance due to a perception that teachers and social workers were not equipped with adequate knowledge and skills to handle cases of discrimination against sexual minorities.

Kwok’s (2016) qualitative inquiry into the lived experience of 23 LGBTQ (lesbian, gay, bisexual, queer or questioning) students in Hong Kong reinforced that psychological and cultural heterosexism affected students’ learning and mental health. More recently, Chan and Mak’s (2018) survey of 1,050 LGBT respondents above age 18 revealed that 19% of respondents reported having experienced rejection or unequal treatment from teachers.

Discrimination, Social Acceptance and Mental Health – Why It Matters for Psychologists!

The impact of psychosocial factors on the mental health and wellbeing of gender and sexually diverse individuals has been documented by various local researchers (Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; Suen et al., 2018; Suen, Chan, & Wong, 2020; Suen et al.,

2021a; Suen et al., 2016; The Boys and Girls' Clubs Association of Hong Kong, 2009; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b).

Chan and Mak's (2018b) quantitative survey accentuated social acceptance and prejudice as key factors linked with mental health outcomes.

Anxiety symptoms were measured using the GAD-7, with one in four LGBT respondents displaying moderate or severe levels of anxiety symptoms, more than double the proportion reported by the Mental Health Association of Hong Kong in a similar study of the general population in Hong Kong (孫玉傑, 2016).



KEY FINDINGS: Social Acceptance, School, and Family (n=1,050) (Chan and Mak, 2018b)

- » 36.1% reported having experienced rejection or unequal treatment with family members.
- » LGBT individuals who have been rejected or treated unfairly by family members or teachers due to sexual orientation or gender identity reported significantly more severe levels of anxiety symptoms, as measured by the 7-item measure on Generalised Anxiety Disorder (GAD-7), than those who have not been rejected or treated unfairly by these groups.
- » LGBT individuals who have been rejected or treated unfairly by a family member or teachers due to sexual orientation or gender identity reported significantly more severe levels of depression, as measured by the 9-item Patient Health Questionnaire (PHQ-9), than those who have not received such treatment from such groups.

Consistent with findings reported by Community Business' (2012) survey of the LGBT working population in Hong Kong, Chan and Mak (2018b) also showed that 44% of respondents had opted not to come out to family members, citing that family may not understand (66%), concerns about the acceptance (63%) or family being ashamed (38%). In a recent study, which examined the impact of minority stressors and general stressors on the mental health of lesbian, gay, and bisexual (LGB) individuals during the Covid-19 pandemic, Suen et al. (2020) strengthened the empirical link between

psychosocial factors, family and mental health outcomes. Suen et al.'s (2020) reported that during social restrictions, two minority stressors, family conflict linked with sexual orientation and reduced connectivity with the LGB community, accounted for a significant variance in depressive and anxiety symptoms, above and beyond general stressors such as disrupted daily routine or concerns about health or finance.

In line with the abovementioned studies, a more recent quantitative examination of the mental health of 552 lesbian, gay and bisexual

individuals and their parents, commissioned by the Boys' & Girls' Clubs Association, in collaboration with the Gender Research Centre at CUHK, reinforced the influence of social acceptance, in particular parental acceptance or

lack of acceptance, on the experience, life satisfaction and mental health outcomes of LGB individuals in Hong Kong (The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b).



KEY FINDINGS

(The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b)

- » 33.9% of the LGB individuals surveyed reported moderate to severe levels of depressive symptoms, 48.9% were not satisfied with their life, 19.5% had thought about suicide, and 1.6% had attempted suicide.
- » 324 out of the 552 LGB individuals surveyed had disclosed their sexual orientation to their mothers and 196 to their fathers. Amongst those who had come out to their parents, 55.2% reported their mothers' and 56.6% their fathers' first reaction was unaccepting or very unaccepting, with 30% having been encouraged to pursue heterosexual relationships, 25.8% reminded to watch their behaviour and appearance, and 21.5% reporting parents' refusal to acknowledge their sexual orientation.
- » Notably, out of the 146 parents surveyed, 45.1% admitted that they had not accepted their child's sexual preference when they first came out, 33.8% remained neutral, and 21.2% claimed to have accepted their child.
- » 67.6% of the parent participants responded negatively to their child's sexuality. Namely, data indicated that 41.3% of sampled parents reminded their children of their behaviour and image, 29.6% encouraged their children to have heterosexual relationships, and 20.1% cried in front of their children.
- » Extreme forms of negative treatment were reported, including considering letting their children receive conversion therapy (20.6%), restricting their children's personal freedom (2.1%), financial control (4.9%), letting their children receive conversion therapy (6.4%), physical violence (0.7%), and threatening to commit suicide (0.7%).

Experience of Transgender and Gender Nonconforming People

International and local studies have well-documented transgender and gender

nonconforming (TGNC) people as having relatively diminished psychological health when compared with cisgender counterparts (Davey et al., 2014; Dhejne et al., 2016; Meyer et al., 2017; Suen et al., 2018; Suen et al., 2021a; Warren et al., 2016). Researchers at the Sexualities Research Programme at the Chinese

University of Hong Kong (Suen et al., 2018; Suen et al., 2021a) found similar findings in the two large-scale surveys concerning TGNC people in Hong Kong, with results shedding light on the higher suicidality and mental health needs of TGNC people.

Notably, the pervasiveness of discrimination faced by transgender people in Hong Kong was underscored in a recent web-based survey of 234 transgender people between 2019 and 2020 (Suen et al., 2021a). Findings indicated that 51.1% of respondents reported having faced discrimination in at least one of various settings in the previous year. Among them, 36.9% encountered discrimination in employment, 35.8% in education, and 36.9% with the provision of goods or services.

Of relevance to psychologists and other mental health practitioners, such social and legal marginalisation or lower levels of acceptance of TGNC people observed in the Hong Kong community has been documented as taking its toll on mental health outcomes, with 42.8% of respondents reporting moderate to severe

levels of depressive symptoms and 34.7% reporting moderate to severe levels of anxiety symptoms (Suen et al., 2021a).

In the United States, a study reported suicide attempt rates across the transgender population as between 30% and 81%, compared to the general population, which is only around 5% (Narang et al., 2018). In Hong Kong, increased rates of self-injurious and suicidal behaviours are also observed in TGNC people. Suen et al.'s (2021) survey, as mentioned earlier, evidenced that in the past 12 months, 31.2% of respondents reported non-suicidal self-injurious behaviour, 76.9% had contemplated suicide, 25.6% had made a suicide plan, and 12.8% had attempted suicide (Suen et al., 2021a). Although the latest study has revealed that suicide risk was lower than an earlier study using a similar methodology (Suen et al., 2018), the adverse psychological consequences associated with discrimination and marginalisation of gender-diverse minorities in Hong Kong's community continue to persist.



IN SUMMARY

Considering the absence of legal protection on the grounds of discrimination based on gender and sexual diversity in Hong Kong, the onus remains on psychologists, service providers and other professionals mental health professionals working across educational and school settings to support gender and sexually diverse students navigate sociocultural heterosexism, call out discriminatory practices, and advocate for equality, safety and inclusion (Equal Opportunities Commission, 2021; Hong Kong Council on Professional Conduct in Education, 2014; National Association of School Psychologists, 2014).

In Hong Kong, the local evidence sits in solidarity with international research efforts, which have highlighted social acceptance and connectedness with peers or family of origin as protective factors linked with mental health (Chan & Mak, 2018a, 2018b; Kosciw et al., 2018; Reczek, 2020; Ryan, 2021; The Boys and Girls' Clubs Association of Hong Kong, 2009; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b; The Trevor Project, 2021).

A common and noteworthy recommendation across researchers, despite differences in geographic locations, cultures or study design, has been the importance of:

- » Adequate and accessible mental health services for gender and sexually diverse youth,
- » Providing youth and adolescents with access to safe spaces where they can explore identities and feelings without coercion or imposition of preconceived labels,
- » Public education on gender identity, sexuality, sexual health, and diversity.

(Chan & Mak, 2018a, 2018b, 2018c; Health & Medicine, 2013; Kwok, 2016; Diana K. Kwok & Kim Kwok, 2021; Kwok et al., 2012; Kwok & Wu, 2015; National Association of School Psychologists, 2014; Policy 21, 2015; The Boys and Girls' Clubs Association of Hong Kong, 2009; The Boys' and Girls' Clubs Association of Hong Kong, 2020a; The Trevor Project, 2021).

In summary, multi-disciplinary research efforts have provided ample local and empirical evidence in support of psychologists' duty to:

1. Publicly denounce misconceptions associated with sexual and gender minorities,
2. Increase public knowledge and awareness of risk and protective factors that impact the mental health and wellbeing of gender and sexually diverse individuals in Hong Kong,
3. Seek opportunities to drive education on gender and sexual diversity in schools and community settings for parents, teaching staff, social workers, and students,
4. Advocate for safe spaces and affirmative mental health services for gender and sexually diverse youth and young adults.

(Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; National Association of School Psychologists, 2014; Przeworski et al., 2021; Reczek, 2020; Suen et al., 2018; Suen, Chan, & Wong, 2020; Suen et al., 2021a; The Boys' and Girls' Clubs Association of Hong Kong, 2020a, 2020b; The Trevor Project, 2021).

Appendix D: Background Research: Gender and Sexual Diversity – Moving Away from Change Efforts Towards Scientifically Informed Care

This appendix summarises four key issues, along with local and international research and empirical evidence, which scientifically and ethically support the HKPS's stance against the practice of conversion therapies:

1. Conversion therapies are underpinned by a priori and publicly discredited assumption,
2. Conversion therapies are unethical and harmful,
3. Absence of scientific evidence which validates the practice of conversion therapies,
4. A continued prevalence of conversion therapies in Hong Kong.

ISSUE **01** **Conversion Therapies Underpinned By A Priori and Publicly Discredited Assumption**

Conversion therapies, described across the literature as a set of practices aiming to manage, suppress, or alter an individual's sexual orientation or gender identity (American Psychological Association, 2021c, 2021d; Independent Forensic Expert Group, 2020), are based on a priori assumption that diversities in sexual orientation and gender expression such as identifying as LGBTQIA, are mental disorders or defects that should be rectified or changed (American Psychiatric Association, 2018, 2020; American Psychological Association, 2009a; Drescher, 2015). Such a stance has been deemed archaic and unscientific and denounced by major professional associations and the scientific community since the 1970s (Hendricks, 2022).

It has been decades since principal authorities for formulating the diagnostic system of psychiatric and mental disorders, departed from the pathologisation of homosexuality or same-sex attraction and orientation (American Psychiatric Association, 2000; Bayer, 1987; Hong Kong Psychological Society, 2012a, 2012c; World Health Organisation, 1992). In 1973, the American Psychiatric Association (APA) removed "homosexuality" from the Diagnostic Statistical Manual of Mental Disorders (DSM). In 1974, the APA passed a resolution which affirmed the positioning of the APA, declaring:

"Homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities. Further, the APA urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations" (American Psychological Association, 1975, p. 633).

On May 17 1990, the World Health Organization (WHO) removed homosexuality from their list of mental and behavioural disorders, and following a period of scientific review, listed "psychological and behavioural disorders associated with sexual development and orientation" coded as F66 in the International Classification of Diseases 10th Revision (ICD-10; (Cochran et al., 2014; Jowett & Drescher, 2020; World Medical Association, 2013). In 2014, in anticipation of the release of the International Classification of Diseases 11th Revision (ICD-11), WHO appointed a joint

Working Group on Sexual Disorders and Sexual Health charged with a review of F66. In light of the lack of evidence that such categories were clinically useful, met the needs of public health surveillance or facilitated research, the working group resolved to remove F66 from the ICD-11, released on June 18, 2018 and endorsed during the 72nd World Health Assembly on May 25 2019 (Cochran et al., 2014; Jowett & Drescher, 2020). A key tenet is that such categorisation cultivated a potential to create unnecessary harm, with their exclusion enabling ICD-11 to “address the needs of people with same-sex orientation in a manner consistent with good clinical practice, existing human rights principles and the mission of WHO” (Cochran et al., 2014, p. 676).

In alignment with this consensus and evolution of thinking, in 2011, the Hong Kong College of Psychiatrists published a statement that “homosexuality is not a psychiatric disorder”. They further declared, “there is, at present, no sound scientific and clinical evidence supporting the benefits of attempts to alter sexual orientation”. Additionally, they said, “a psychiatrist should provide care with no discrimination and maintain a high level of sensitivity to the needs of people from diverse backgrounds” (Hong Kong College of Psychiatrists, 2011). In 2012, the HKPS’s publication of the position paper for psychologists working with LGB individuals affirmed that “homosexuality and bisexuality are not mental illnesses” and “efforts to change sexual orientation are not proven to be effective or harmless” (Hong Kong Psychological Society, 2012a, 2012c).

Fast forward to 2022, global research efforts, evidence and understanding of gender and sexual diversity have evolved immensely, with

more interest in the application of social and psychological science to assist in informing policies that impact the livelihood, mental health and wellbeing of gender and sexually diverse individuals in both Western and Asian cultures (Chan & Mak, 2018a, 2018b, 2018c; Chan & Mak, 2021; Drescher, 2015; Drescher et al., 2012; Fingerhut & Frost, 2020; Fingerhut et al., 2011; Hatzenbuehler, 2014; Hatzenbuehler et al., 2009; Hatzenbuehler & Link, 2014; Hatzenbuehler et al., 2010; Horne, 2020; Horne et al., 2019; Jowett & Drescher, 2020; Mak et al., 2007; Nel, 2014; Suen, Chan, & Badgett, 2020; Suen et al., 2021a; Victor & Nel, 2017).

Notably, in 2016, the World Psychiatric Association (WPA) published a position statement in the journal, *World Psychiatry*, acknowledging discrimination as a significant factor impacting the distress experienced by gender and sexually diverse individuals groups, further affirming that “lesbian, gay, bisexual and transgender individuals are and should be regarded as valued members of society, who have exactly the same rights and responsibilities as all other citizens. This includes equal access to health care and the rights and responsibilities that go along with living in a civilised society” (Bhugra et al., 2016, p. p.299).

Mental health authorities have moved away from diagnostic nomenclature that previously classified transgenderism or transgender and nonconforming (TGNC) individuals with a disorder. In the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed; DSM-5; American Psychiatric Association, 2013) and *International Statistical Classification of Diseases and Related Health Problems* (11th ed; ICD-11; World Health Organization, 2019), transgenderism is termed gender dysphoria in DSM-5 and gender incongruence in ICD-11

(5th ed; DSM-5; American Psychiatric Association, 2013; 11th ed; ICD-11; World Health Organization, 2019). In 2021, the APA further resolved that “diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, incongruence between one’s sex and gender is neither pathological nor a mental health disorder” (American Psychological Association, 2021c, p. 2).

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Conversion Therapies – Harmful and Unethical

There is a widespread consensus across scientific literature that efforts to “convert” sexual orientation and gender identity, adversely impact mental health and wellbeing, are harmful and unethical (Blosnich et al., 2020; Chan, Leung, et al., 2022; Green et al., 2020; Turban et al., 2020). Such findings resulted in various researchers and mental health authorities publicly disavowing and discrediting conversion therapies (American Psychiatric Association, 2018, 2020; American Psychological Association, 2009a, 2021c, 2021d; Blosnich et al., 2020; Chan, Leung, et al., 2022; Fish & Russell, 2020; Glassgold, 2022; Green et al., 2020; Haldeman, 2022; Independent Forensic Expert Group, 2020; Jowett et al., 2021; Madrigal-Borloz, 2020; Przeworski et al., 2021; Singapore Psychological Society, 2021; Substance Abuse and Mental Health Services Administration, 2015; World Medical Association, 2013).

The association between conversion therapies, psychological distress and suicide morbidity has been empirically emphasised worldwide (Blosnich et al., 2020; Chan, Leung, et al., 2022;

Green et al., 2020; Turban et al., 2020). Notably, a recent systematic review highlighted numerous studies evidencing the association between participation in conversion therapies and adverse effects such as decreased self-esteem, self-hatred, internalised homonegativity, sexual dysfunction, and impaired familial and romantic relationships (Przeworski et al., 2020).

A study of younger people residing in the United States examined the associations between undergoing conversion therapies, described by the authors as sexual orientation or gender identity conversion efforts (SOGICE) and suicidality (Green et al., 2020). Multivariate logistic regression examined data from an online cross-sectional study of LGBTQ individuals aged between 13 and 24. Adjustments were made for various potentially confounding variables, including but not limited to age, race/ethnicity, geography, discrimination or threats because of sexual orientation or gender identity. After controlling for external variables, the data revealed that compared with young people who had not experienced SOGICE, those who reported undergoing SOGICE were more than twice as likely to report attempting suicide (Green et al., 2020).

Cross-sectional survey data from a nationally representative sample of 1,518 nontransgender sexual minority adults recruited between 2016 and 2018 in the United States revealed that 7% of the sample had experienced SOCE; 80.8% of these individuals reported that they had been subjected to change efforts from a religious leader. After adjusting for demographics and adverse childhood experiences (ACEs), weighted multiple logistic regression analyses revealed that when compared with sexual minorities who had not experienced change

efforts, sexual minorities exposed to SOCE had nearly twice the odds of lifetime suicidal ideation, 75% increased odds of planning to attempt suicide, and 88% increased odds of a suicide attempt with minor injury (Blosnich et al., 2020).

A recent local study examined the experiences, motivations and impacts of SOCE among sexual minorities (Chan, Leung, et al., 2022). While the study's use of non-probability sampling techniques limits generalisability, it was reported that 21.9% of the 219 sexual minority individuals sampled had undergone SOCE. Furthermore, findings indicated that participants who had undergone SOCE reported significantly higher levels of internalised homonegativity and identity uncertainties, with more propensity towards developing compromised mental health in the form of depressive symptoms and suicidal ideation (Chan, Leung, et al., 2022).

In a cross-sectional study with 27,715 transgender and gender non-binary respondents, 71.3% had talked to a professional concerning their gender identity, among which 19.6% reported exposure to GICE (Turban et al., 2020). The study found that recalled lifetime exposure to GICE was associated with severe psychological distress (adjusted odds ratio [aOR], 1.56; 95% CI, 1.09-2.24; $P < .001$) compared with non-GICE therapy. Furthermore, the association between lifetime GICE exposure and lifetime suicide attempts was also found (aOR, 2.27; 95% CI, 1.60-3.24; $P < .001$), whilst a more alarming finding is that if the exposure to GICE was before the age of 10 years, there was an increased odds of lifetime suicide attempts (aOR, 4.15; 95% CI, 2.44-7.69; $P < .001$). In conclusion, exposure to GICE, particularly when administered in childhood, has been associated with serious mental health issues in adulthood (Turban et al., 2020).

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Lack of Scientific Studies That Evidence the Effectiveness of Conversion Therapies

Global research efforts have accentuated the lack of scientific evidence to support the effectiveness of conversion therapies in some countries further delineated and described as SOCE or gender identity change efforts (GICE) (American Psychological Association, 2009a; Chan, Leung, et al., 2022; Glassgold, 2022; Jowett et al., 2021; Przeworski et al., 2021).

In 2009, the APA conducted a systematic review of peer-reviewed articles on conversion therapy published between 1960 and 2007, reporting that most studies reviewed suffered from methodological issues such as poor internal, construct, and external validity (APA, 2009). It thus concluded that “the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through sexual orientation change efforts” (APA, 2009, pp.3). Furthermore, a recent systematic review has reinforced the conclusion that empirical studies have indicated that conversion therapies are not just harmful and detrimental to the mental health and wellbeing of those perpetrated, but their legitimacy in practice is groundless due to:

- » Absence of scientific evidence supporting the efficacy of such practices,
- » Methodological limitations with research efforts, which have attempted to conclude otherwise (Przeworski et al., 2020).

In 2022, the APA also published a scientific review of articles on conversion therapies published across scientifically peer-reviewed journals from 2009 to 2020 (Glassgold, 2022).

Considering the vast number of methodological issues across studies, inclusive but not limited to sampling bias, high attrition rate, and subjective measures of change, the review has reinforced the conclusion that, to date, no methodologically sound research has provided evidence to support the effectiveness of SOCE (Glassgold, 2022).

In 2021, the APA issued a resolution on GICE, extending its positions against conversion therapies for sexual orientation as well as gender identity (APA, 2021). Specifically, it highlighted that GICE had not been shown to alleviate or resolve gender dysphoria, which is the psychological distress arising from an incongruence between the sex assigned at birth and gender identity. In addition, after evaluating 46 studies published between 2000 and 2020, a research team based in the United Kingdom has also stipulated that no robust scientific evidence exists that supports a claim that conversion therapy is effective at changing sexual orientation or gender identity (Jowett et al., 2021).

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04 Prevalence of Conversion Therapies Globally and in Hong Kong

Despite consensus across psychology associations and mental health authorities to publicly discredit conversion therapies on the grounds of being deemed ineffective, harmful, and unethical (Academy of Science of South Africa, 2015; American Psychiatric Association, 2018, 2020; American Psychological Association, 2009a, 2021a, 2021c, 2021d; Canadian Psychological Association, 2015; Hong Kong Psychological Society, 2012a, 2012c; Psychological Society of South Africa, 2013, 2017; Singapore Psychological Society, 2021),

evidence suggests that such practices have prevailed across Western and Asian regions including Hong Kong (Chan, Leung, et al., 2022; Independent Forensic Expert Group, 2020; OutRight Action International, 2019; Substance Abuse and Mental Health Services Administration, 2015; The Trevor Project, 2021).

Between October 12 2020, and December 31 2020, a quantitative cross-sectional study was initiated by the Trevor Group in the United States and collected data from a sample of 34,579 LGBTQ youth between the ages of 13–24 via an online survey platform. Findings showed that 13% of LGBTQ youth reported being subjected to conversion therapy, with 83% indicating that it occurred when they were under 18. Transgender and nonbinary youth reported being subjected to conversion therapy at twice the rate of cisgender LGBTQ youth (The Trevor Project, 2021).

Across Asia, conversion therapy practices have been documented extensively in Mainland China, Hong Kong, South Korea, and Malaysia. In such regions, the absence of legal protection against conversion therapies or change efforts, combined with differing deeply entrenched cultural and faith-based beliefs and values underpinning assumptions about what is normal or expected, is likely to influence the prevalence of conversion therapy (Chan, Leung, et al., 2022; OutRight Action International, 2019).

In 2019, OutRight Action International published a report that aimed to characterise the nature and extent of conversion therapy practices across the globe. The report drew upon a combination of quantitative and qualitative evidence from an extensive literature review and global online survey, which collected data

over three weeks from 489 respondents across 80 countries, and in-depth interviews with experts and with survivors from more than a dozen countries (OutRight Action International, 2019). Even though the study used non-

randomised sampling techniques, the data offered a snapshot of some notable and concerning trends that warrant further empirical and call for action.



KEY FINDINGS: Global Sample (n=489) (Outright Action International, 2019)

- » 46.2% (n=226) of respondents were from sub-Saharan Africa, 35.4% (n=173) were from Asia, with the majority from China, 59.3% (n=134).
- » Amongst those who had been subjected to some sort of conversion therapy, 67.5% reported that they were coerced.
- » In aggregate, data revealed that the groups most likely to promote conversion therapies included religious leaders and institutions, followed by public and private health providers and traditional healers.
- » Extreme forms of negative treatment were reported, including considering letting their children receive conversion therapy (20.6%), restricting their children's personal freedom (2.1%), financial control (4.9%), letting their children receive conversion therapy (6.4%), physical violence (0.7%), and threatening to commit suicide (0.7%).



KEY FINDINGS: Asian Sample (n=173) (Outright Action International, 2019)

- » 37% believed conversion therapy was "somewhat common", and 7% "very common".
- » The dominant groups promoting conversion therapy were family members (74%), followed by private medical providers (62%).
- » The key groups perpetrating conversion therapy were identified as private mental health providers (72%), private medical providers (68%), traditional healers (51%), and public mental health providers (36%).
- » The dominant reasons cited to influence partaking in conversion therapies were protection of family honour (89%), cultural (80%), medical (59%), religious (22%), political (20%) reasons, and self-referral (33%).
- » 64% indicated that aversion therapy was the main method of conversion therapy, followed by residential treatment (59%) and physical deprivation (48%) and the use of medications (48%).
- » The majority did not believe that their countries (or formal bodies within their countries) had condemned conversion therapy.

Relevantly, in Hong Kong, Chan, Leung and Wong (2022) found distinct patterns characterising sexual minorities' exposure to SOCE.



KEY FINDINGS: (n=219)

Chan, Leung and Wong (2022)

- » 21.9% of participants had experienced SOCE in their lifetime, a figure acknowledged by the authors as double the rates reported in North American Regions and attributed to continuing sexual minority stigma, deeply entrenched in some local communities' faith-based beliefs and values system.
- » For participants who had experienced SOCE in their lifetime (n = 48)
 - 19.6% initiated SOCE themselves, with 54.2% reporting having experienced their first SOCE engagement at or before the age of 18 and 37.2% having spent more than 12 months for SOCE,
 - The most common reasons for initiating SOCE included family acceptance (or less family rejection) (48.8%), avoidance of discrimination (48.8%), religiosity (46.5%), and desire to have a normal heterosexual life (46.5%),
 - 11.9% (n=26) were advised by others to engage in SOCE, with influencers cited as family members (50%), religious leaders (42.3%), members of religious communities (34.6%) and counsellors (34.6%),
 - 46.2% reported being exposed to SOCE at or before the age of 18 years, with more than half indicating that duration lasted for 6-12 months (26.9%) or more than 12 months (26.9%).

Most noteworthy, Chan, Leung et al.'s (2022) study unveiled that a substantial proportion of sexual minorities in Hong Kong who had engaged in other initiated SOCE were advised by counsellors. The finding resonates with OutRight Action International's (2019) documentation and evidence of conversion therapies or change efforts promoted and administered by private and public mental health professionals across Asia. The above is a matter that warrants the attention of psychology and mental-health-related professional bodies,

considering that endorsement and performing of conversion therapies should be regarded as:

- » A prima facie breach of professional, ethical and codes of practice,
- » Infringement on practitioners' duty to respect clients' autonomy and self-determination, do no harm and only use scientifically proven and evidence-based treatments (American Psychological Association, 2021c, 2021d).



IN SUMMARY

By its very nature and purpose, conversion therapies have been underscored by scholars and international mental health authorities as a minority stressor. It exacerbates stigmatisation and ostracisation by implicitly promoting heterosexuality, heteronormativity and cisgender models as the only acceptable way of life. It also reinforces the non-acceptance and rejection of variations in gender identity and sexual orientation (Hendricks, 2022; Independent Forensic Expert Group, 2020; Jowett et al., 2021; Przeworski et al., 2021). These so-called conversion therapies have been denounced by psychology associations worldwide due to a lack of evidence of their effectiveness and represent a serious threat to the mental health, wellbeing and human rights of individuals treated (Academy of Science of South Africa, 2015; American Psychiatric Association, 2018, 2020; American Psychological Association, 2009a, 2021a, 2021c, 2021d; Canadian Psychological Association, 2015; Hong Kong Psychological Society, 2012a, 2012c; Psychological Society of South Africa, 2013, 2017; Singapore Psychological Society, 2021). Instead, professional guidelines aimed at treatment and response to gender and sexually diverse individuals have urged the use of evidence-based, culturally appropriate, affirmative approaches. **Refer to Appendix F** for information on affirmative practices.

Appendix E: Systemic and Cultural Influences on Mental Health – Minority Stress Theory

The current position paper is conceptually rooted in minority stress theory as a framework and body of knowledge that seeks to understand and shed light on individuals within the larger cultural context in which they reside, interact and construct meaning and value (Balkin & Kleist, 2017).

Minority Stress Theory & Minority Stress Model (Meyer, 1995, 2003; Institute of Medicine, 2011)

Factors in the social environment impacting the perceived sense of belonging, acceptance and livelihood of minority groups were adroitly coined as “minority stressors” by prominent social theorist Meyer (1995, 2003). In addition, stressors unique to minority groups have been documented by local and international scholars as: 1) Distal stressors including verbal insults, bullying, rejection, ostracisation, marginalisation or exclusion by family and peers, and other prejudice or discriminatory conditions in the social environment; 2) Proximal, or internalised, stressors, including anticipation or expectations of prejudice and discrimination, concealment of sexual orientation, and internalisation of societal stigma (Academy of Science of South Africa, 2015; Brown et al., 2016; Cao et al., 2017;

Corrigan, 2012, 2018; Flentje et al., 2020; Hatzenbuehler, 2014; Hatzenbuehler et al., 2009; Hatzenbuehler & Link, 2014; Hatzenbuehler et al., 2010; Hendricks & Testa, 2012; Institute of Medicine, 2011a; Lee-Attardo, 2018; Mak et al., 2007; Meyer, 1995, 2003; Reczek, 2020; Schmitt et al., 2014; Suen, Chan, & Wong, 2020; Suen et al., 2021a; The Boys’ and Girls’ Clubs Association of Hong Kong, 2020a, 2020b; Verrelli et al., 2019).

Accordingly, the minority stress model has been a primary explanatory model employed to account for the higher rates of mental health and wellbeing issues documented within gender and sexually diverse populations (Academy of Science of South Africa, 2015; Cochran et al., 2016; Flentje et al., 2020; Hendricks, 2022; Institute of Medicine, 2011a). A key tenet is that minority stressors such as societal and interpersonal prejudice, stigma, and discrimination when paired with general stresses, cause a more chronically and intense state of anxiety and stress than everyday stressors, further jeopardising wellbeing and mental health (Academy of Science of South Africa, 2015; Institute of Medicine, 2011a).

Local and international scholars have examined the empirical relationship between minority stressors and outcomes measures of mental health or psychological wellbeing (Academy of Science of South Africa, 2015; Brown et al., 2016; Cao et al., 2017; Corrigan, 2012, 2018; Hatzenbuehler, 2014; Hatzenbuehler et al., 2009; Hatzenbuehler & Link, 2014; Hatzenbuehler et al., 2010; Institute of Medicine, 2011a; Lee-Attardo, 2018; Mak et al.,

2007; Meyer, 1995, 2003; Schmitt et al., 2014; Suen, Chan, & Wong, 2020; Suen et al., 2021a; Verrelli et al., 2019). The link between perception of discrimination and psychological wellbeing was underscored by the results of a meta-analysis, which revealed that pervasiveness of perceived discrimination, otherwise, a perception that discrimination occurs systematically and frequently across various contexts, is fundamental to its harmful effect on psychological wellbeing (Schmitt et al., 2014). Furthermore, multiple researchers have documented the detrimental impact of minority stressors on youth or young adults in the process of discovering their gender identity or sexual orientation (Academy of Science of South Africa, 2015; American Psychological Association, 2021a; McLemore, 2015, 2018; Rood et al., 2016).

While Meyer's initial work on minority stressors, inclusive of follow-up studies, focused primarily on the LGB population, other scholars applied this theoretical framework to explain the higher prevalence of mental disorders evidence across transgender and nonconforming individuals (TGNC; (Hendricks & Testa, 2012; Rood et al., 2016). For example, Hendricks and Testa's (2012) research revealed that transgender

individuals have developed internalised transphobia and expectations for being rejected and/or victimised, which echoed the minority stress model. Similarly, another study carried out in 2016 reported that expecting rejection is frequently reported by TGNC individuals and is a salient internal stressor (Rood et al., 2016).

The construct of misgendering, described as the misclassification of gender identity or not having one's social identity recognised correctly by others, has also been documented as a minority stressor (McLemore, 2015, 2018). McLemore (2015) reported that among transgender individuals, feeling stigmatised when misgendered was strongly associated with negative affect, but perceived misgendering, was negatively associated with authenticity and level of self-esteem based on how favourable they feel about their physical appearance. In a subsequent study employing minority stress theory as a premise for investigating TGNC individuals' experiences with misgendering, the same authors revealed that perceived frequency of misgendering and felt stigma positively predicted psychological distress, with felt stigma positively correlated with stress and depression (McLemore, 2018).



Appendix F: The Premise for An Affirmative Stance

The American Psychological Association (APA; 2021) defined affirmative psychological practice as providing care that considers the role of stigma and oppression throughout various aspects of psychological practice and approaches diversity in sexual and gender identities as normal variants of human sexuality. Affirmative approaches remain respectful, aware, and supportive of the identities and life experiences of gender and sexually diverse individuals (American Psychological Association, 2015; Przeworski et al., 2021). Affirmative psychological practice recognises that gender and sexually diverse individuals possess distinct and diverse life experiences that are uniquely experienced by them and that these experiences could influence mental health (Pachankis, 2018). Therefore, the affirmative stance is necessary not only in clinical settings but all other areas of psychological practice, such as research, training, programme designs, assessment, counselling and psychotherapy (McLachlan et al., 2019). Although there is no consensus on the definition of affirmative practice, it has been proposed to comprise four key themes: (1) counteracting therapist attitudes that go against gender and sexual diversity and enacting affirmative attitudes, (2) acquiring accurate knowledge about gender and sexually diverse individuals' experiences and their heterogeneity, (3) calibrating integration of accurate knowledge about gender and sexually diverse individuals' experiences and their heterogeneity into therapeutic actions, and (4) engaging in and affirming challenges to power inequities (Moradi & Budge, 2018, p. 3). Pachankis (2018) described that affirmative practice typically includes principles such as helping gender and sexually diverse clients

develop insight into the effect of stigma; changing stigma-related emotional responses and cognitive styles; promoting resilience and other positive psychological attributes to counteract stigma; and provision of gender and sexually diverse population-specific resources and advocacy against inequity. These themes and principles can be integrated into interventions of any theoretical orientation.

State of Evidence

In recent years, with the growth of research attention and resources directed towards the study of affirmative psychological practice, more evidence has surfaced linked with the efficacy of affirmative interventions and policies (Craig, Eaton, et al., 2021; Craig, Leung, et al., 2021; Day et al., 2019; Ioverno et al., 2016; Longarino, 2019; Pachankis et al., 2015; Pachankis et al., 2019; Pichler et al., 2015; Webster et al., 2018). Below are some examples of studies across various areas of psychological practice.

Counselling and Psychotherapy

To adopt an affirmative therapeutic practice, practitioners are expected to acquire several essential skills and reflective competencies through specific training on working with gender and sexually diverse individuals (American Psychological Association, 2013; Biesschke & Mintz, 2012). Skills and competencies have been described as inclusive but not limited to multicultural sensitivity, awareness of personal bias and religious values, and knowledge about

the potential difficulty a heterosexist system induces (Parrish, 2017; Przeworski et al., 2021). In addition, psychologists and mental health practitioners, as such, have been encouraged to explore the potential of applying the affirmative stance with other established approaches (Parrish, 2017).

Among different treatment modalities, cognitive-behavioural therapy has been most studied so far. Pachankis and colleagues (2015) adapted the first intervention – Effective Skills to Empower Effective Men (ESTEEM) – for young adult gay and bisexual men. It is a 10-session skills-building individual intervention that addresses the impact of minority stress on cognitive, affective, and behavioural aspects. The authors conducted a randomised controlled trial and found that it significantly reduced depressive symptoms, alcohol use problems, sexual compulsivity, and reduced risky sexual behaviours. A study in India that tested the effect of an affirmative cognitive behavioural group therapy with 12 monthly sessions found that participants improved mental health, reduced distress and feelings of isolation, and acquired skills to cope with stigma-related problems (Wandrekar & Nigudkar, 2019). Craig, Eaton et al. (2021) tested the AFFIRM, an 8-week affirmative cognitive behavioural group intervention for sexual and gender minority adolescents and young adults. The intervention was found to have reduced depressive symptoms, increased hope, various adaptive coping, and improved appraisals towards stress. The digital version of AFFIRM, delivered as an online intervention group, also found a similar reduction in depression and improvement in coping and stress appraisal (Craig, Leung, et al., 2021).

Education and School

Affirmative stance in the education system and school environment is critical since gender and sexually diverse children and adolescents might be vulnerable to discrimination and bullying (Centers of Disease Control and Prevention, 2015). Accordingly, research has identified that schools that have implemented policies fostering a more supportive and affirmative environment for gender and sexually diverse youth have reported less bullying and discriminatory behaviours and lower truancy rates (Day et al., 2019). In schools where school-based student groups, such as a gay-straight alliance, have been present, gender and sexually diverse students perceived more school safety and less homophobic bullying (Ioverno et al., 2016).

Workplace and Organisations

Evidence has suggested that gender and sexually diverse individuals working in organisations with supportive workplace relationships report higher levels of job satisfaction and organisational commitment and lower levels of psychological strain, such as anxiety and depression (Longarino, 2019; Webster et al., 2018). Also, affirmative workplace policies, including a training programme on gender and sexuality equality and inclusion, have been linked with reduced discrimination and enhanced wellbeing outcomes (Lloren & Parini, 2016). A study has also documented that commercial organisations with formal policies that support gender and sexual diversity have reported higher firm value, productivity, and profitability (Pichler et al., 2015).

Appendix G: Work Group Members & Contributions – Biographies and Acknowledgements

This position paper was researched and authored by a work group under the auspices of the Hong Kong Psychological Society (HKPS), composed of:

- » The HKPS's co-representatives for the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNet)
- » Cross-divisional representatives from the HKPS's four divisions:
 - Division of Clinical Psychology (DCP),
 - Division of Counselling Psychology (DCoP),
 - Division of Education Psychology (DEP),
 - Division of Industrial Organisational Psychology (DIOP).

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Work Group Members



KAREN GOTTHELF

Work Group Convenor,
HKPS Co-Representative, IPsyNet,
Representative DIOP

Karen is a Registered Psychologist with the Australian Health Practitioner Regulation Authority (AHPRA) and Hong Kong Psychological Society (HKPS), with over 17 years spanning the nexus of organisational consulting and individualised mental health care across Australia and Hong Kong. Her educational roots are grounded in science, psychology and psychotherapy, having completed a Master in Organisational Psychology and a Master of Counselling at Monash University. Karen is currently a Director of the HKPS Council as Chair of Continuing Education, Deputy Chair of the Division of Industrial Organisational Psychology (DIOP) and, since July 2020, Hong Kong Co-Representative for the APA's International Psychology Network for LGBTQI Issues (IPsyNet). Karen is currently undertaking the

Professional Doctorate in Occupational Psychology at Birkbeck University and aspires to make an impact through research, advocacy and involvement across initiatives focusing on human rights and preventative psychological health care at the policy and organisational level.

 **SIN YIN JANET YICK**
Representative DCoP


Janet is a Registered Psychologist with the HKPS and a former Hong Kong Co-Representative of IPsyNet in 2020-21. Her areas of expertise and interests include psychotherapy on gender, sexual and relationship-diverse issues, as well as prevention and intervention of psychosexual problems. Since 2013, she has had substantial experience working with transgender and gender-nonconforming individuals, men who have sex with men and women who have sex with women. She also had five years of clinical experience working on sexual health-related issues, such as risk reduction counselling on HIV transmission and PrEP usage. Currently, she is pursuing a professional doctorate programme in counselling psychology at Bristol University in the UK.

 **JIM CHEUNG**
Representative DCP

Jim is a graduate of the Master of Social Sciences (Clinical Psychology) programme at the University of Hong Kong. He specialises in working with the forensic population, especially those with psychosexual problems. He was a member of the Executive Committee of the DCP of the HKPS from 2019 – 2021.

 **VIVIAN LAI**
Representative DEP

Vivian graduated with a Master of Educational and Child Psychology at the Hong Kong Polytechnic University. She is now a full-time Educational Psychologist serving local aided primary and secondary schools. She is also the Treasurer of the DEP of the HKPS (2021-present).

 **KITTY CHOI**
HKPS Co-Representative, IPsyNet,
Graduate Member, HKPS

Kitty is currently a Hong Kong Co-Representative of IPsyNet. She graduated with a Master of Psychology from The University of Hong Kong and is currently the Director of a local NGO, Sticky Rice Love, which offers comprehensive sexuality education and sexual health promotion. She is also devoted to conducting academic research related to the sexual health of different sexually diverse groups.

Contributions

 **PROFESSOR WINNIE MAK**
Reviewer/Editor

Prof. Winnie Mak is a Professor in the Department of Psychology at the Chinese University of Hong Kong and a Fellow of the APA, Association for Psychological Science, Society for Community Research and Action, and HKPS. She is a community-based clinical psychologist who focuses on stigma reduction and mental health promotion, especially through

the lens of Buddhist psychology and community psychology. She co-founded the social enterprise, StoryTaler, to advocate for a diverse, fair, and stigma-free society where everyone can enjoy wellbeing.



DR RANDOLPH CHAN

Reviewer/Editor

Dr Randolph Chan is an Associate Professor and the Associate Head of the Department of Special Education and Counselling at the Education University of Hong Kong. His research focuses on the mental health and positive development of individuals from marginalised populations, with a particular emphasis on sexual and gender minorities. He has conducted extensive research to understand how distal and proximal minority stress processes influence psychosocial outcomes among LGBTQ+ individuals. His research also seeks to understand how LGBTQ+

individuals draw on resilience resources to adapt positively within the context of social adversity.



MARCO SUNG

Research and Contribution: Gender Diversity

Marco Sung is Graduate Member of the HKPS and Member of Division of Counselling Psychology (DCoP). He graduated with a Master of Social Sciences in Psychology and Counselling Psychology and is currently completing a PhD in Counselling Psychology at Hong Kong Shue Yan University. His research on gender minorities was presented at the International Congress of Psychology (ICP2020+, held every four years) and at The Academy of Hong Kong Studies. Marco practices as an LGBTQIA+ friendly, psychodynamic-inclined counselling psychologist who adopts a person-centred approach.

Appendix H: Acknowledgements – Local Research Efforts and Empirical Evidence

The Work Group acknowledges with thanks and gratitude the following organisations for ongoing and evolving research efforts, evidence and recommendations, which have provided a localised and culturally relevant empirical backbone supporting this paper’s professional and ethical stance.



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Department of Psychology
THE CHINESE UNIVERSITY OF HONG KONG



THE EDUCATION UNIVERSITY OF HONG KONG



COMMUNITY BUSINESS



EQUAL OPPORTUNITIES COMMISSION (EOC)



BOYS AND GIRLS CLUB
ASSOCIATION OF HONG KONG