

An Open Statement from the Psychological Society of South Africa to the People and Leaders of Uganda Concerning The Anti-Homosexuality Bill 2009

And addressed to:

President Yoweri Kaguta Museveni

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Speaker of Parliament, Rt. Hon. Edward Ssekandi Kiwanuka

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Introduction

On the occasion of the proposed legislation in Uganda to greatly expand your country's existing criminalisation of homosexual behaviour, as well as to criminalise those who fail to report even suspicion of it including family members, colleagues and health care professionals;

And given arguments made in the bill itself and from its proponents in numerous public statements that it is intended to achieve the laudable goal of protecting youth, families and communities;

And given that there has been ample critique by civil society including human rights, public health and faith communities addressing a range of serious concerns from those perspectives;

And given that it is good practice that legislation is based not on unsubstantiated opinions, but rather on recognised research findings;

And given that there has not yet been a scientific analysis of the core assumptions and arguments being made to justify the legislation;

And given that the considerable body of relevant international scientific research provides a context in which to assess the assumptions and issues presented by The Anti-Homosexuality Bill 2009;

It is therefore incumbent on representatives of organised psychology, as leaders in the field of mental health and well-being, to offer such an analysis and recommendations as follows^[1]:

The Nature of Sexual Orientation

Sexual orientation refers to one's emotional, romantic and sexual attraction to men, women, or both sexes. It can also refer to a person's core sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions.

Research and clinical experience have found no relationship between sexual orientation and someone's ability to contribute to the community and to influence children to become responsible members of society.

Research and clinical experience further concludes that for most people sexual orientation is not "a choice" or "voluntary." The core aspects of sexual orientation, whether heterosexual, homosexual or bisexual, typically emerge by early adolescence, even though the individual may not yet have become sexually active.

While "causes" for any of these sexual orientations remain unclear, they are highly resistant to change. Further, there is no reliable evidence that sexual orientation is subject to redirection, "conversion" or any significant influence from efforts by psychological or other interventions.

^[1] Note, list of references available on request.

Research and clinical experience concludes that homosexual or bisexual orientations are naturally occurring minority variations of normal human sexuality. They are also documented widely throughout nature.

The Sexual Orientation of Adults Does Not Adversely Affect Children in Their Care

A common manifestation of prejudice against homosexual people has been the allegation that gay men in particular pose a danger to children. Yet, all available reliable research data and clinical experience concludes that gay men are not more likely than heterosexual men to sexually exploit and abuse children. Claims to the contrary seriously mischaracterise the research and rely on suspect sources. The presumption that homosexual men are paedophiles also is not supported by respected, peer reviewed research.

South African-based as well as other international research has found that there is no difference between children who are raised by homosexual versus heterosexual parents regarding matters such as sexual orientation, gender identity, sex-role behaviour, likelihood of being sexually abused, self-concept, intelligence, personality characteristics, behaviour problems, peer relations, parental separation and divorce, general adjustment and accomplishment of developmental tasks.

Effects of Discrimination based on Sexual Orientation

Both international and South African research has found significant negative effects of exclusion and other forms of discrimination based on sexual orientation. Sexual orientation-based discrimination presents the same risks of psychological and other harms as discrimination on the basis of race, religion or gender.

Notably, among youth who identify as homosexual or bisexual or who think they may be, research concludes that family rejection and exclusion, as well as bullying by peers, correlates highly with a range of high risk behaviours and outcomes ranging from truancy to substance abuse to attempts at suicide.

In much of sub-Saharan Africa, homosexuality is firstly interpreted as “foreign,” portrayed as “un-African” and a “white import.” In some traditional African beliefs, those of a same-sex sexual orientation are considered cursed or bewitched; that is, damned by the forefathers and the gods. In primarily Christian and Muslim African countries alike, gay men and lesbian women are confronted with religious condemnation.

Much evidence points to this stigmatisation leading to deep-seated and widespread prejudice, discrimination and violence toward those who are not heterosexual. A session on homosexuality at the 2nd Africa Conference on Sexual Health and Rights, hosted in Kenya in 2006, noted that fear, hatred and abuse at the hands of largely intolerant and unsympathetic peers and elders hampers the personal growth and well-being of African homosexuals.

Also widely documented among the outcomes of prejudice and discrimination are consistently high rates of anti-homosexual harassment and violence, both state sanctioned and extrajudicial. Furthermore, criminalisation on the basis of sexual orientation has been found to exacerbate social discrimination and, in particular, leads service providers to discount, ignore and neglect the needs of lesbian, gay and bisexual people, thus compounding their vulnerability.

Conclusion

The scientific fields devoted to mental health and well-being, including psychiatry, psychology and sociology, do not consider homosexual orientation to be a disorder, but rather view it as a naturally occurring variation of normal human sexuality. Research and clinical practice indicates that homosexual people have an overall potential to contribute to society similar to that of heterosexual people and that they pose no greater risk to children than do heterosexual people.

While the proposed bill cites “...the need to protect the children and youths of Uganda...” as justification, there is no credible, reliable evidence that the measures contained in the bill will achieve that outcome. Research and clinical practice instead indicates that the abuse of human rights and fundamental freedoms embodied in the bill, and the state sponsored discrimination and affronts to basic human dignity it mandates, would instead result in profound physical and psychological harms to the already vulnerable lesbian, gay and bisexual youth in the very population the legislation claims to protect.

On the grounds outlined in this statement, the Psychological Society of South Africa (PsySSA) therefore joins the international community in strongly opposing the proposed anti-homosexuality legislation. The PsySSA joins in the call for Ugandan leaders to abandon or defeat the bill, and instead to join the trend in the international community of decriminalising homosexuality.

Call to Action

The Psychological Society of South Africa invites other organisations and professionals dedicated to mental health and well-being, particularly throughout the African continent, to join us by endorsing this statement and forwarding notification of endorsement to the President of the Republic of Uganda and the Speaker of the Ugandan Parliament at the addresses above as we will do upon release of this statement. We further ask that organisations and individuals so doing also kindly copy their endorsement to PsySSA so that we can monitor the response.

- Psychological Society of South Africa notification address: nelja@unisa.ac.za

The Psychological Society of South Africa (PsySSA) is the professional body representing psychologists in South Africa. PsySSA has since its inception been dedicated to making a significant contribution to solving the pressing human development problems in South Africa. PsySSA is committed to the transformation and development of South African Psychology to serve the needs and interests of all South Africa’s people. PsySSA advances psychology as a science, profession and as a means of promoting human well-being.

The Psychological Society of South Africa is a member of The International Network on Lesbian, Gay and Bisexual Concerns and Transgender Issues in Psychology.