



January 25<sup>th</sup>, 2021

From: ND Psychiatric Society

Re: Say NO to HB 1298

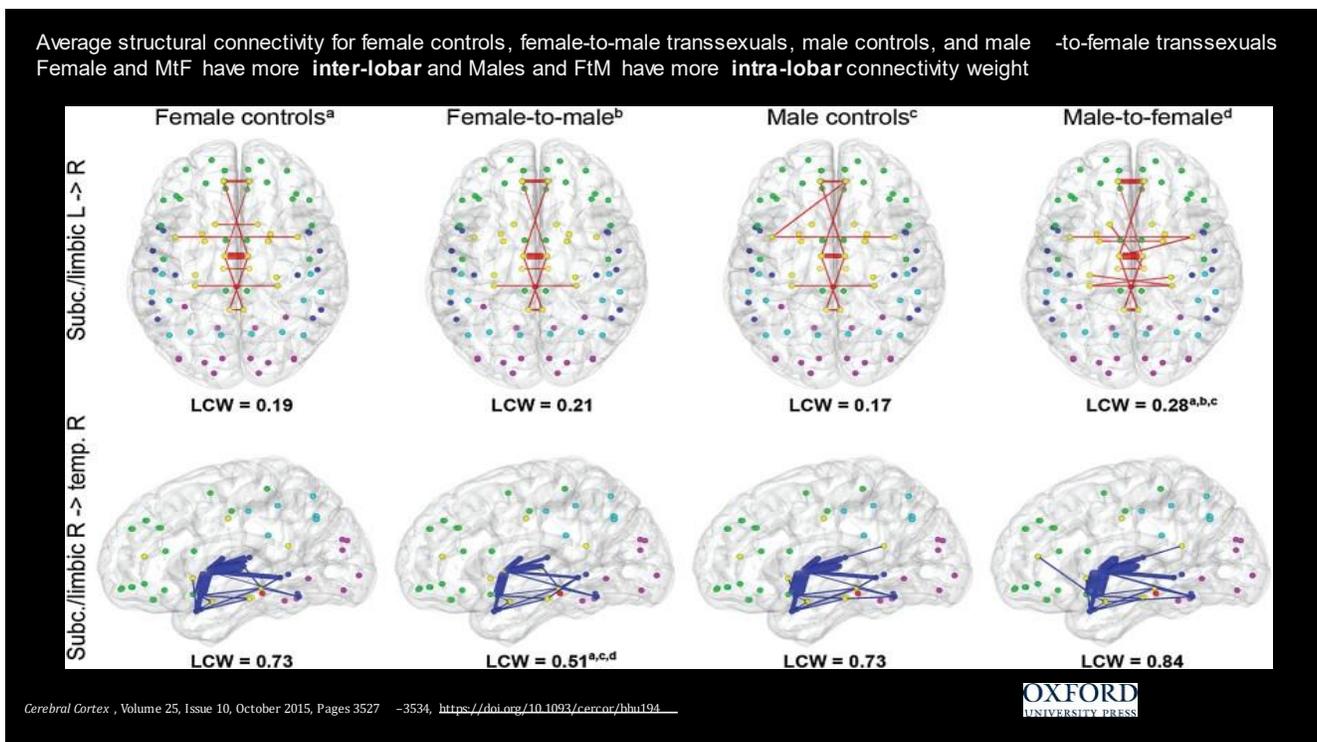
Esteemed Chairman Weisz and Members of the Human Services House Committee,

My name is Gabriela Balf and I am a psychiatrist in Bismarck and the immediate Past President of the NDPS, and I speak on my psychiatric society as well as on my behalf.

I have treated mental health problems like anxiety, depression, Post Traumatic Stress of transgender adults ever since my internist years in CT. Since 2017 I received many referrals to address the mental health needs of adolescents and young adults who were seeing my former boss Kathy Blohm, PhD, one of the very few psychologists in Bismarck who were providing this type of care to the Trans population.

These kids have proved to be endearing to me, as their character strength, level of health literacy and resilience are way above their age. They have to be strong and smart, because not only do they suffer from a disproportionate increase in mental health problems<sup>1</sup>, they also face severe minority stress<sup>2</sup>, which further complicates their mental health.

Before I give you the astounding facts stacked in their disfavor, allow me to bring you inside one of these kids' mind:



This image<sup>3</sup>, as well as the sayings I hear all the time from my patients, can be translated as: “I am born in the wrong body”. This is one of numerous scientific answers to uninformed, simplistic statements like:” Boys are boys and girls are girls” (ID Gov. NY Times 4/1/2020). We also used to say Negroes are dumb<sup>4</sup>, women have no place in schools of medicine<sup>5</sup> and Muslims are all jihadists<sup>6</sup>. A shorthand for “I don’t want to spend time educating myself about these people.” These are your constituents, or children

of your constituents, or friends of your constituents. In US, one of three people knows someone who is trans. Maybe in North Dakota is one in ten. Still.

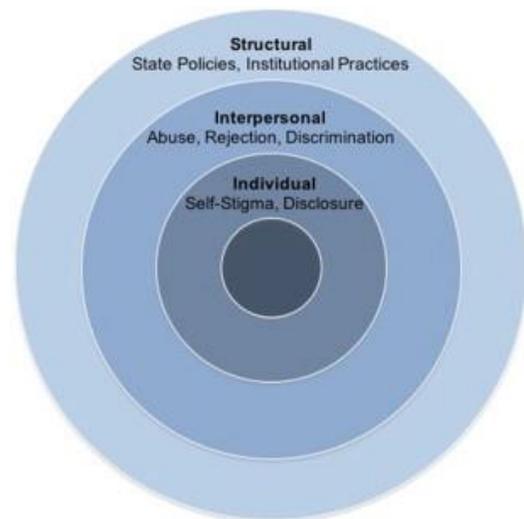
The stats are sobering: this inner despair translates into feeling inadequate, less than everybody else, unable to enjoy many activities in our binary world (pretty close to the definition of depression), worrying about their future and how they will ever play by the society's rules, and being the subject of thorough bullying like only kids (or insensitive adults) can provide.

Several sources summarized in <sup>1</sup> place the lifetime prevalence of depression in transwomen at 51%, 48% for transmen. Anxiety lifetime prevalence at 40% for transwomen, 48% transmen. PTSD up to 42% in trans adults. Serious suicide ideation 87% and suicide attempts 41%. Are these people intrinsically damaged in some way?! The answer is clearly NO: once they get gender-affirming treatment, be that surgery or just hormones, their mental health becomes actually better than that of the general population<sup>7!!</sup>

How can it be that, left to their own way of developing, trans people are doing so well? Because of the minority stress we inflict upon them.

Fear of rejection.

Stigma as a multi-level construct. <sup>2</sup>



The 2015 US Transgender Survey data shows that, overall, discrimination doubles the risk for suicide (see attachment below).

Not allowing transkids to perform sports according to their gender identity, even after scientific evidence and federal policies indicate it appropriate, constitutes structural discrimination in our state. It inflicts harm upon an already disenfranchised population, who is looking up to you for leadership as part of your constituency.

On behalf of our patients, we thank the Human Service Senate Committee for listening to our presentation of scientific evidence.

Gabriela Balf-Soran, MD, MPH  
Assoc Clin Prof – UND School of Medicine – Behavioral Sciences and Psychiatry Dept  
ND Psychiatric Society Immediate Past-President  
WPATH member

## References:

Excerpts from the 2015 US Transgender Survey report (<http://www.ustranssurvey.org/reports>)

“Experiencing discrimination or mistreatment in education, employment, housing, health care, in places of public accommodations, or from law enforcement is associated with higher prevalence of suicide thoughts and attempts. For example, the prevalence of past-year suicide attempts by those who reported that they had been denied equal treatment in the past year because they are transgender was more than double that of those who had not experienced such treatment (13.4% compared to 6.3%).

Those who reported that their spouses, partners, or children rejected them because they are transgender reported higher prevalence of lifetime and past-year suicide attempts. Those who reported rejection by their family of origin, for example, reported twice the prevalence of past-year suicide attempts compared to those who had not experienced such rejection (10.5% compared to 5.1 %).

People who are not viewed by others as transgender and those who do not disclose to others that they are transgender reported lower prevalence of suicide thoughts and attempts. For instance, 6.3 percent of those who reported that others can never tell they are transgender attempted suicide in the past year compared to 12.2 percent of those who reported that others can always tell they are transgender.

The cumulative effect of minority stress is associated with higher prevalence of suicidality. For instance, 97.7 percent of those who had experienced four discriminatory or violence experiences in the past year (being fired or forced to resign from a job, eviction, experiencing homelessness, and physical attack) reported seriously thinking about suicide in the past year and 51.2 percent made a suicide attempt in the past year.”

1. Price-Feeney M, Green AE, Dorison S. Understanding the Mental Health of Transgender and Nonbinary Youth. *J Adolesc Health Off Publ Soc Adolesc Med* 2020;66(6):684–90.
  2. Hatzenbuehler ML, Pachankis JE. Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implications. *Pediatr Clin North Am* 2016;63(6):985–97.
  3. Hahn A, Kranz GS, Küblböck M, et al. Structural Connectivity Networks of Transgender People. *Cereb Cortex [Internet]* 2015 [cited 2021 Jan 25];25(10):3527–34. Available from: <https://doi.org/10.1093/cercor/bhu194>
  4. F. Tiedemann. The Brain of the Negro Compared with That of the European and the Orang-Outang. *Br Foreign Med Rev* 1839;8(16):374–84.
  5. Blackwell E. Elizabeth Blackwell. *Englishwoman’s J* 1858;80–100.
  6. Samari G, Alcalá HE, Sharif MZ. Islamophobia, Health, and Public Health: A Systematic Literature Review. *Am J Public Health* 2018;108(6):e1–9.
  7. de Vries ALC, McGuire JK, Steensma TD, Wagenaar ECF, Doreleijers TAH, Cohen-Kettenis PT. Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics [Internet]* 2014;134(4):696. Available from: <http://pediatrics.aappublications.org/content/134/4/696.abstract>
- WPATH.org – the World Professional Association for Transgender Health
  - <https://www.nytimes.com/2020/04/01/sports/transgender-idaho-ban-sports.html>
  - <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=38&compare=percentage#comparison>
  - National Center for Health Statistics: [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf)
  - Human Rights Campaign: <http://www.hrc.org/resources> (Resources for the LGBT focused on: adoption, young adult, coming out, federal advocacy, hate crimes, health and aging, HIV/AIDS, interracial marriage, parenting, and transgender)