

January 24th, 2023
From: ND Psychiatric Society
Re: In Opposition to HB 1489



NORTH DAKOTA
PSYCHIATRIC
SOCIETY

A District Branch of the
American Psychiatric Association

Esteemed Chairman Weisz and Committee Members,

My name is Gabriela Balf, I am a psychiatrist in Bismarck and a Clinical Associate Professor at UND, and I speak on behalf of my psychiatric society, as well as on my behalf.

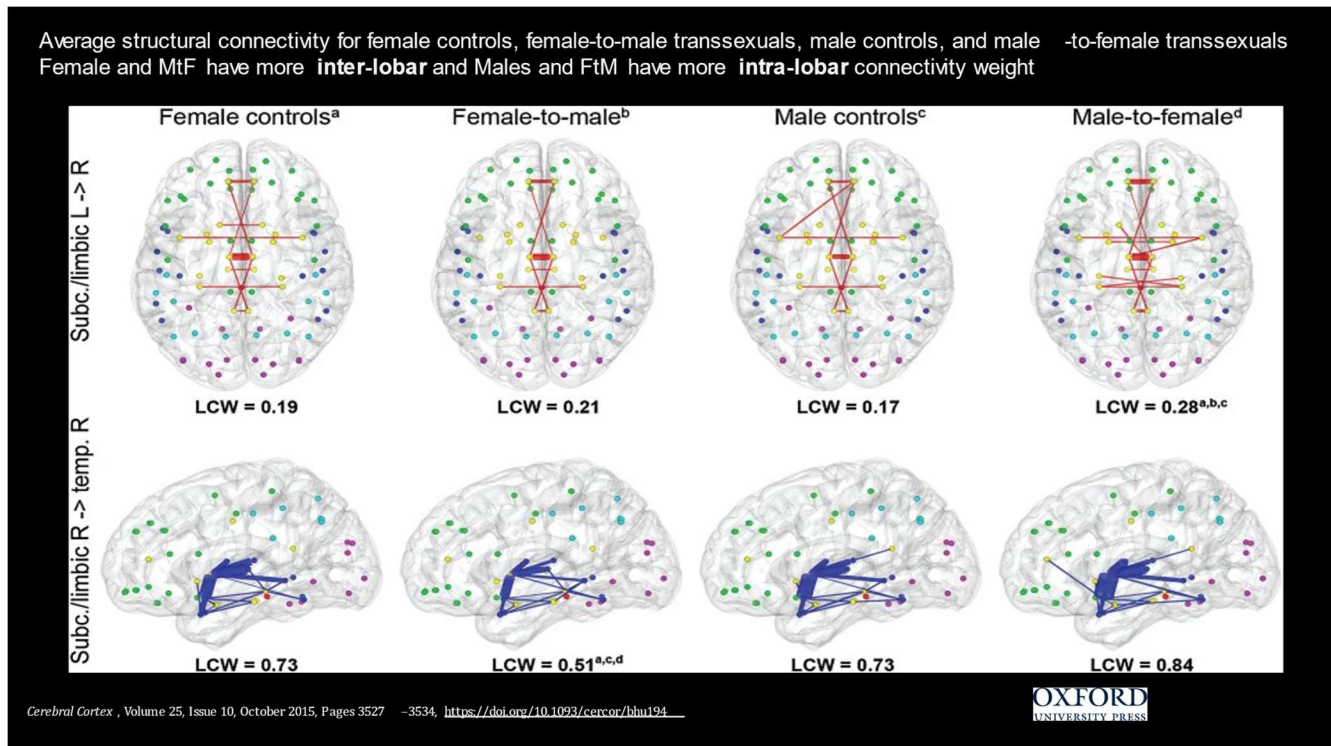
Of note, in national statistics, the youth category comprises the 15-24 year olds.

We had this discussion two years ago. Since, there have been no problems with trans girls athletes taking trophies in sports in our state.

Why persist in increasing minority stress for a small number of our youth? When we face so many urgent issues related to the mental health of youth in our state, why don't we spend your valuable time thinking about productive ways to address those, instead of wasting your days of selfless volunteering on **bills that are proven to kill some of our youth**, bills that will stain your legacy?

Allow me to underline the **main points of the transgender physiology and health**, that have not changed since two years ago, and **I urge you to be thoughtful when you vote for all the transgender bills that are coming your way, and listen to science.**

Transgender brains are demonstrated to be different than cis brains. They are congruent with their gender identity.



This 2015 image¹, 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). Except for when they are not. A known example is that of **Intersex** conditions, (medical term Disorders of Sex Development) which affect around 200 people in our state.

Science evolves. It is our moral obligation to stay informed (*Summa Theologiae*. Thomas Aquinas.) There is no excuse (sin by omission) for choosing to not examine the scientific evidence that may change long-held paradigms. Examples of **how our understanding of the universe and society has evolved**? One of our Founding Fathers, Thomas Jefferson, said at some point: "Some truths are self-

evident.” Well, he also thought Black people count as 3 /5 of white people, and that Blacks and women have no right to vote. He also benefited from his thoughts on slavery. When we say, “I want the situation (I am benefitting from) to not change”, it is a shorthand for: “I don’t want to spend time educating myself about these people.”

The stats are sobering: this inner despair translates into feeling inadequate, less than everybody else, unable to enjoy many activities in our binary world (very similar 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 bullying. Several sources summarized in 2020²:

- 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% (general population suicide attempts are 0.2%.)
- In LGBT Youth (15-24 years old), discrimination doubles the risk of suicide. Youth’s ideation about suicide is 3 times that of their peers (up to 65%) and attempted suicide rate is 4 times that of their peers (see attachment below).

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 population³!!

Furthermore, if they receive social affirmation, one adult in their environment respecting their preferred nouns, etc, their suicide likelihood rate goes down by 70%.

How can it be that, ideally, 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.

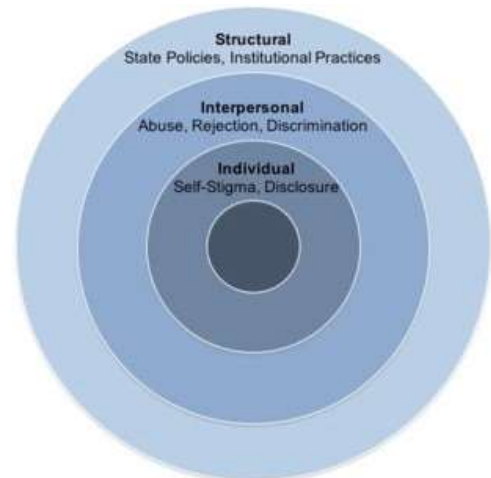
Not allowing trans youth to perform sports according to their gender identity, even after scientific evidence and federal policies indicate it appropriate, constitutes **structural discrimination in our state**. It inflicts harm upon an already disenfranchised population, who is looking up to you for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

On behalf of our patients, we thank the House Human Services 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 Past-President
World Professional Association Transgender Health member

Stigma as a multi-level construct. ²



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. 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>
 2. 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.
 3. 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
 - 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)