

OHIO PSYCHOLOGICAL ASSOCIATION
STATEMENT REGARDING HB658

Ohio teen, Leelah Alcorn of Lebanon, Ohio, left a suicide note in 2014 making it clear that the pain of being isolated and alienated, not accepted by family and community is deadly. That social isolation and hostility are common experiences of transgender children and teens and that these factors increase their risk for committing suicide is well documented in the professional literature.

The Guidelines for Psychological Practice with Transgender and Gender Nonconforming People adopted by the American Psychological Association in 2015 details the importance of family and community acceptance in reducing the risk of negative outcomes among transgender and gender non-conforming youth such as depression, suicide, and HIV risk behaviors and infection. (American Psychological Association, 2015).

The attempt by Representatives Tom Brinkman and Paul Zeltwanger to claim that the position of the American Psychiatric Association regarding transgender young people supports HB 658 is a gross mischaracterization of psychiatric literature and current psychiatric opinion on this matter. The DSM 5, to which Representatives Brinkman and Zeltwanger refer in their testimony, states clearly that one's gender identity being different than one's gender defined by biology is not a mental disorder. It states "the current term gender dysphoria is more descriptive than the previous DSM-4 term gender identity disorder and **focuses on dysphoria as the clinical problem, not identity per se.**" (American Psychiatric Association, 2013)

Dysphoria may occur for many reasons. For some, it is addressing a confusion of identity and self-definition. For others, it is dealing with social stressors punctuated by claiming an identity that others reject, sometimes violently.

Representatives Brinkman and Zeltwanger cite a study by the University of Minnesota finding that nearly 3% of adolescents identify as either transgender or as gender non-conforming. The findings came from a population study of 81,855 ninth and 11th grade students in Minnesota. Since Representatives Brinkman and Zeltwanger do not explain the connection to HB 658, their intent in citing this study is unclear.

But, representatives Brinkman and Zeltwanger failed to report other important findings from that study. In a summary of that 2016 study, a University of Minnesota press release states the following regarding transgender and gender nonconforming (TGNC) youth:

Most notably, nearly two-thirds of TGNC responders reported they had experienced suicidal thoughts, a rate three times higher than the cisgender population.

In addition to the high prevalence of risk behaviors, the study showed TGNC youth had significantly lower rates of protective factors such as internal assets, family connectedness, teacher-student relationships, and feeling safe in one's own community than cisgender youth.

That being said, the majority of TGNC youth did report they were able to communicate with their parents at least occasionally, felt support from teachers, and possessed internal strengths they could utilize.

“These protective factors have been shown to buffer young people against poor outcomes,” said Eisenberg. “This suggests many viable avenues for bolstering support of these youth.” (University of Minnesota, 2017)

Rather than restrict avenues for supporting transgender students, as HB 658 seeks to do, the authors of the study seem to suggest that acceptance and tolerance are the desired responses to transgender young people.

Also unclear is why Brinkman and Zeltwanger cited testimony by the director of the Transgender Clinic at the Cincinnati Children’s Hospital Medical Center. The fact that 100% of those referred to a specialty clinic would be deemed appropriate for treatment is expected. One is referred to a specialty clinic usually by other providers or when one has researched programs within which one can get needed care. In other words, these patients are self-selected and have consulted other professionals before finding themselves at Cincinnati Children’s.

Besides, Cincinnati Children’s Hospital Medical Center is the second ranked children’s hospital in the country. It ranks highly among children’s hospitals because it is on the forefront of medical treatment for children and adolescents. One should assume that, clinically, this facility knows what it is doing by having a program devoted to assisting transgender youths.

Brinkman and Zeltwanger state that parents need to be able to control how others relate to their child. But, it is well-known that parents do not always have the best interests of their children as their first priority. The on-going need for child protection in Ohio counties is a testimony to that. Children are beaten by parents, trafficked by parents, and sometimes killed by parents. Even well-meaning parents can harm their children, as when children’s services agencies must take custody of children whose parents’ beliefs deprive them of life-saving medical care.

It is best that issues surrounding how to approach transgender children and adolescents not be legislated. And, juvenile judges should not be forced by legislation to suspend their judicial discretion.

Legislation is a blunt instrument that can lead to unintended consequences. Legislation does not consider the individuals involved in these matters or their personal stories and struggles. And HB 658 does not consider at all the clinical literature that strongly promotes acceptance and support of transgender youths rather than isolation and degradation.

The Ohio Psychological Association urges the House Community and Family Advancement Committee to not pass HB 658 on to the Ohio House of Representatives for consideration.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

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