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To Whom It May Concern:

My name is Dr. Colleen M. Kuhn, I am a clinical child and adolescent psychologist who specializes in sexual and gender related issues of children, adolescents, and young adults. I am a full member of WPATH (World Professional Association of Transgender Health) and I have been a board member of the LGBTQ Affirmative Psychotherapists Guild of Utah since 2016. I am writing to express my concerns regarding the proposed legislation, specifically SB16 and SB93. These are my concerns and I am not representing the LGBTQ Affirmative Psychotherapists Guild of Utah at this time.

SB16 TRANSGENDER MEDICAL TREATMENTS AND PROCEDURES

The ability to consent for medical treatment such as puberty blockers or cross sex hormones has been hotly debated. Vrouenraets, L.J.J. et al. (2021) found that based on clinical assessments and a semistructured interview transgender adolescents were assessed competent to consent to treatment at a rate of 93.2% and 89.2%, respectively. Moreover, of 9,019 transgender and nonbinary youth ages 13-17 half of them wanted hormone blockers. Receiving hormone blockers was associated with almost 40% lower odds of recent depression and attempting suicide (Green, A. et al. 2021). Similarly, almost 9,000 transgender adults wanted hormones blockers but did not receive them compared to 12,738 adults who received hormone blockers. Post hoc analyses revealed access to hormone blockers in adolescence (481 people) was associated with lower odds of suicidal ideation in the last year compared to those who received hormone blockers in adulthood (12,257 people) (Turban, JL, et al. 2022). Although this is a relatively small sample size it is indicative of the importance of youth having access to hormone blockers. Furthermore, lower odds of *lifetime* suicidal ideation was evident in those adults who received puberty blockers in adolescence when compared to those who desired that medical intervention but did not receive it (Turban, jl. 2020). Receiving hormone blockers is what protection of our gender expansive youth looks like. The evidenced based research is clear.

45% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth (53%) and 1 in 3 cisgender youth (33%). 14% of LGBTQ youth attempted suicide in the past year including nearly 1 in 5 transgender and nonbinary youth (19%) and nearly 1 in 10 cisgender youth (9%). 93% of

transgender and nonbinary youth said that they have worried about transgender people being denied access to gender-affirming medical care due to state or local laws. 71% of transgender and nonbinary youth reported that they have experienced discrimination based on their gender identity. (2022, The Trevor Project). We have the ability to change this. Not providing medical interventions for gender expansive youth, in my opinion is negligent.

What is at stake for gender expansive youth who aren't afforded hormone blockers or cross sex hormones? Their mental health. Their risk of a suicide attempt. Their risk of dying by suicide. Puberty blockers have been used for decades in precocious puberty. They are seen as relatively harmless. Any concerns for bone density are mitigated by following recommendations by nutritionists. Youth are not on hormone blockers indefinitely. When hormone blockers are desired and it is evaluated as appropriate (as defined by a youth's mental health and medical provider) youth can start cross sex hormones. Ask any affirming parent and they will tell you they will gladly accept any risks with hormone blockers and have their child alive than refuse them this medical intervention and at best have their child hospitalized for a suicide attempt and at worse have their child die by suicide. Anecdotally, I can attest to the decrease in suicidality in the gender expansive clients with whom I work when they receive affirming medical and mental health care. As a nonbinary, transmasculine adult, I can say any provider in my shoes is extremely conservative in our assessment of gender identity of youth. We are well aware of the risks, likewise, we are well aware of the benefits.

I ask do you remember how hard adolescence was and how hard going through puberty was? Can you imagine what that would be like if you developed secondary sex characteristics of the wrong body? Can you imagine what it would be like to experience a second puberty at the age of 18 once you are permitted to take cross sex hormones? Can you imagine what it would be like to have your peers developing as an adult while your body is just beginning puberty? Can you close your eyes for 60 seconds and imagine?

Please help me understand how you, a person who is not a physician or a psychologist, are protecting youth when your actions are directly increasing their depression and anxiety. Please help me understand how you, a person who is not a physician or a psychologist, are protecting youth when your actions are directly increasing their suicidality? I ask how is that protecting our gender expansive youth? Please help me understand how people, most of whom do not have advanced degrees, believe it is within their right and power to make medical decisions? Please help me understand how politicians became doctors? Please help me understand how you believe these bills are genuinely protecting our transgender youth? Please help me understand how we can ignore science when the research shows the opposite to what you are defining as protection? Do you lay awake at night thinking about transgender youth and the risk of suicide? I believe you do not. That is why doctors make these decisions and not politicians. We do not haphazardly decide a youth should be on blockers or cross sex hormones. In fact the process to make that decision can easily be over a year. Doctors are the ones who lay awake at night worrying about the gender expansive youth with whom we have the pleasure of working. Protecting their mental health is on us. Not you.

SB93 VITAL RECORDS MODIFICATIONS

Research shows that youth who's chosen name is used is associated with 65% fewer suicide attempts, 34% fewer reported thoughts of suicide, and 71% fewer symptoms of depression (Russell et al. 2018). Having a legal transition is a protective factor for emotional well-being, mental health, and overall functioning (Vance, 2018). Moreover, research shows having a legal transition for adults (18 years and older) was associated with "significantly lower odds of experiencing emotionally upsetting response due to gender-based mistreatment" such as depression, anxiety, somatization, and global psychiatric distress (Restar et al. 2020). It is only natural to imagine that those under 18 will reap these benefits as well. These are just some of the benefits to having a legal name and gender marker change.

What is at stake for gender expansive youth who aren't afforded a legal name and gender marker change? Increased anxiety when thinking about what might happen if they have an interaction with the police and their gender expression doesn't match their state issued identification cards. Having to explain this difference and having to out themselves possibly in front of friends who do not know they are transgender is terrifying. Having these types of interactions with law enforcement may put them unnecessarily at risk for discrimination and harassment (this is a fear they have, this is not to suggest that law enforcement would not respond in an appropriate manner). Increased anxiety at flying and having to state their legal name out loud when they go through security. Again, risking someone overhearing them and being outed. What if the person who overhears them isn't affirming and is on the same flight as they are? This creates the potential for a hostile situation in a confined space on a plane.

Furthermore, if transgender youth are admitted to the hospital they have to wear a hospital band that shows their legal name and sex. The overt discrimination felt when this happens is substantial and harmful. It is not enough to wear long sleeves and not look at it. They know what it says and it weighs heavily on them. Most people use credit cards when they travel and many youth have joint credit cards with their parents for ease of tracking purchases. When youth use their credit cards they intentionally hold it with their thumb over their name to prevent friends from seeing it. At times they may decide not to eat because they fear the cashier will ask to see the credit card and their identification, creating a very emotionally threatening situation for them.

The school setting poses many risks to the mental health of gender expansive youth. What about their name on a roster at school, let alone if there is a substitute teacher who doesn't know them. They risk being outed in front of their entire class. Moreover, when taking standardized tests their name appears on the computer screen. Anxiety is significantly increased as they worry the person sitting next to them might see the screen. Worrying about this during the test results in invalid assessments of their academic abilities, as they are not able to concentrate or focus. LGBTQ youth who found their school to be LGBTQ-affirming reported lower rates of attempting suicide (The Trevor Project 2022).

I ask why is this piece of paper that can significantly decrease harassment and discrimination for gender expansive youth so important to you? I ask have you had these experiences that gender expansive youth have had? Do you know what it is like to be a part of a marginalized community? Why is the lived experience of gender expansive youth meaningless? Why are you so willing to perpetuate the discrimination? Why does the mental health of transgender youth not count for anything?

These types of experiences in which there is the potential for youth to be outed increases anxiety and depression, as they often feel hopeless and fear these situations won't change until they are 18. It is their hope that with a legal transition they will avoid potential discrimination and harassment. A legal transition will also prevent unintentional disclosure of their transgender identity and sex assigned at birth in various settings and it will mark another important step on their gender journey towards authenticity.

I ask to understand. I ask for an explanation. I ask how the overwhelming lived experience of gender expansive youth in Utah can be disregarded? I ask are you the one holding their mental health in your hand? I ask are you the one counseling and consoling parents when their child is hospitalized? I ask are you the one attending their funeral? I ask why are we not hearing their words, why are we not seeing their actions? I ask how one can deny medical care to youth while knowing that decision is effectively increasing their risk of dying by suicide? I ask.

Dr. Kuhn, 801-355-3554.



Colleen M. Kuhn, Ph.D.
Clinical Child and Adolescent Psychologist
PSY 5989734-2501

Green, A. et al. (2021). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *Journal of Adolescent Health*, 170, 643-649.

Restar, A., Jin, H., Breslow, A., Reisner, S. L., Mimiaga, M., Cahill, S., & Hughto, J. (2020). Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations. *SSM - population health*, 11, 100595.
<https://doi.org/10.1016/j.ssmph.2020.100595>

Russell, Stephen T, et al. (2018). Chosen name use is linked to reduced depression, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63,

503–505.

The Trevor Project. (2022). 2022 National Survey on LGBTQ Youth Mental Health.

Turban JL., et al. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*. 145(2): e20191725.

Turban, JL., et al. (2022). Access to gender-affirming hormones during adolescence and mental health among transgender adults. *PLoS ONE* 17(1): e0261039.

Vance, SR. (2018). The importance of getting the name right for transgender and other gender expansive youth. *Journal of Adolescent Health*, vol. 63(1), 379-380.
<https://doi.org/10.1016/j.jadohealth.2018.07.022>

Vrouenraets, LJ.j.j, de Vries MC, et al. (2021). Assessing medical decision-making competence in transgender youth. *Pediatrics* 148(6):e2020049643