

Opponent Testimony of HB2238
For the Senate Education Committee
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Chair Baumgardner and Members of the Committee, thank you for the opportunity to provide opponent written testimony on House Bill 2238.

My name is Colby Bruner and I'm a non-binary and queer licensed marriage and family therapist in Kansas. Additionally, I will have completed my requirements for clinical licensure later this spring. In addition to my master's in Marriage and Family Therapy from Friends University, I also hold a graduate certificate in Gender, Women's and Sexuality Studies from Kansas State University with 17 graduate credits of these towards a Masters in English Literature- Cultural Studies.

My scholarship and research primarily focus on queer relationships and the impact of societal shame on identity formation and functioning, especially as it relates to/influences suicidal ideation and self-harm. I'm an active member of the American Association for Marriage and Family Therapy and I also own KC Character Development, LLC which is a private practice based out of Overland Park serving the needs of the queer community across the state of Kansas.

Many of my clients experience societal discrimination on the basis of their sexuality, gender identity, race/ethnicity, socioeconomic status, etc. and will be directly harmed by your vote to approve this discriminatory legislation today.

Before you today is a bill that has the potential to do incredible and possibly irreversible harm towards the queer community in Kansas. I want you to take a moment and reflect on the power that your vote today holds. Please set aside any preconceived notions you may have about the queer and trans community.

I also ask that before you make such a big decision— which will have dramatic and severe consequences on my community— have you ever sat down with a queer or trans person and asked about their lived experience? Have you actually paused and listened to our stories and seen us as actual human beings?

As a queer therapist, I can tell you that these stories are powerful and deserve the respect to be heard. My community deserves to be seen and our needs taken into consideration.

This proposed legislation to vilify young trans people has already and will continue to cause harm in my community and on the individuals, whose stories I hold most dear.

I'm sure many of you have bought into hate-fueled misinformation about how this bill would "protect" trans youth. But in fact, you would be doing the opposite. Restricting access to gender

affirming spaces, like sports clubs, does not make the queer and trans people magically disappear. For we have existed within almost every community and civilization since the beginning of time. In fact, third and fourth genders have been found in nearly every ancient civilization including: Mesopotamia, Ancient Egypt, Arabia, India, Israel, Ancient Greece, and within most indigenous tribes in North and South America. But we have been erased for our difference. We have been silenced. We have been systemically attacked and hidden away in the shadows. That is what this bill has the power to continue doing.

This bill to deny access to gender affirming spaces, like sports clubs, “saves” no one. It is an attempt to further an agenda to continue the erasure of queer, trans, and gender-diverse peoples. It is an attempt to put trans youth directly in harm’s way to ensure that they don’t receive the care which could save their lives. It would further isolate young trans people from having a sense of community, restricts access to coping skills, and generally is abusive and harmful towards the mental health of these kids.

Queer and trans individuals experience higher rates of discrimination, bullying, and rejecting behaviors from their peers, families, teachers, politicians, and others in their lives. These rejecting behaviors and both emotional and physical violence often explain why queer and trans individuals experience higher levels of depression, anxiety, and suicidal ideation/behaviors than their cisgender peers. Shame and suicidal ideation are not inherent to our identities. In fact, these symptoms have a direct correlation to the emotional and physical trauma of growing up in a society where you are cast as “other” or “outsider.”

If you were to take the time to read Statement 18.8 on page S175 in the “Standards of Care For the Health of Transgender and Gender Diverse Peoples Version 8” published this last October by the World Professional Association for Transgender Health (WPATH), you would find a multitude of studies and case examples which show that access to gender affirming spaces result in better outcomes for anxiety, depression, and overall better mental health. WPATH expands on this:

“While minority stress and the direct effects of discriminatory societal discrimination can be harmful to the mental health of TGD people, strong social support can help lessen this harm (Trujillo et al., 2017). TGD children often internalize rejection from family and peers as well as the transphobia that surrounds them (Amodeo et al., 2015). Furthermore, exposure to transphobic abuse may be impactful across a person’s lifespan and may be particularly acute during the adolescent years (Nuttbrock et al., 2010)

The development of affirming social support is protective of mental health. Social support can act as a buffer against the adverse mental health consequences of violence, stigma, and discrimination (Bockting et al., 2013), can assist in navigating health systems (Jackson Levin et al., 2020), and can contribute to psychological resilience in TGD people (Bariola et al., 2015; Başar and Öz, 2016). Diverse sources of social support, especially LGBTQ + peers and family, have been found to be associated with better mental health outcomes, well-being, and quality of life (Bariola et al., 2015; Başar et al., 2016; Kuper, Adams et al., 2018; Puckett et al., 2019).

Social support has been proposed to facilitate the development of coping mechanisms and lead to positive emotional experiences throughout the transition process (Budge et al., 2013).

[Health Care Providers] can support patients in developing social support systems that allow them to be recognized and accepted as their authentic identity and help them cope with symptoms of gender dysphoria. Interpersonal problems and lack of social support have been associated with a greater incidence of mental health difficulties in TGD people (Bouman, Davey et al., 2016; Davey et al., 2015) and have been shown to be an outcome predictor of gender-affirming medical treatment (Aldridge et al., 2020). Therefore, HCPs should encourage, support, and empower TGD people to develop and maintain social support systems. These experiences can foster the development of interpersonal skills and help with coping with societal discrimination, potentially reducing suicidality and improving mental health (Pflum et al., 2015).” (Coleman, et al., 2023).

In other words, access to the social support these kids would receive from their peers create new narratives of themselves in relation to others. Access to participation in sports challenges narratives of identity-related shame which might be internalized from rejecting others in their lives. From a mental health perspective, access to these spaces for transgender students is not only a priority in managing their mental health, but a necessity in reducing symptoms of mental illness and reducing suicidality.

The problem is not found in our identities, like this bill proposes. In fact, the problem is found within how others treat us.

My job as a therapist is a weird job. My job is to be human with other humans and to provide them with acceptance, care and emotional support; and then to be a slightly different human when I've clocked out for the day. Why do I mention this though?

Because this bill directly impacts my ability to do my job. If you were to pass this bill, it would directly impact the emotional wellbeing of adolescents and youth who are struggling with feelings of gender dysphoria and shame. That's the last thing these kids need is further isolation. Because when shame is left alone and isolated, it festers. It partners up with suicidal ideation and self-harm. It gives voice to the self-hatred within us.

If you were to pass this bill, you are encouraging discrimination and actively participating in cultural narratives of identity-related shame and decreased mental health outcomes with higher rates of suicidality for these young people. Think about the wide implications that has and what you are modeling for the families in Kansas who have transgender youth. You are telling them that they should be rejecting and ashamed for having a child who experiences gender dysphoria. You are making it a crime to show empathy and acceptance.

This will just continue the cycles of shame. The State makes discriminatory laws, people absorb that information into their code of ethics, people treat others who are different from them with emotional and physical abuse, and then what do you have left? You have trans and gender

diverse youth alone in their pain, holding the shame for everyone else, thinking suicide is the only answer.

Coleman, E., Radix, A.E., Bouman, W.P., Brown, G.R., de Vries, A.L.C., Deutsch, M.B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A.B., Johnson, T.W., Karasic, D.H., Knudson, G.A., Leibowitz, S.F., Meyer-Bahlburg, H.F.L., Monstrey, S.J., Motmans, J., Nahata, L., ... Arcelus, J. (2022, September 6). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*. 23(S1), S1-S258. <https://doi.org/10.1080/26895269.2022.2100644>

I would like to thank you for your time and consideration and for the opportunity for me to voice my expertise, as this bill has the power to impact not only the clients on my caseload and in my community, but my ability to show up for and care for them. At the end of the day, I think we can be unified in our goal to create safety for trans youth in Kansas; but we are looking at it from very different perspectives. I offer my expertise and voice as a lens for you to view this pathway through empathy rather than bigotry. All of the research supports that the problem is not found within our identity. That shame, depression, anxiety, and suicidal ideation are not inherent to our identities. That these are born of discrimination, bullying and rejecting behaviors. That when trans youth have access to safe and affirming spaces and access to puberty blockers and hormone replacement therapy, their rates of depression, anxiety, and suicidal ideation decrease to the same rates as those of their cisgender peers. The answer to protecting trans youth isn't found in discriminatory bills like these; but rather, it's found in loving other people and providing them empathy as if to say, "I may not know exactly what it's like to be you, but I'm willing to walk with you and learn to understand you." Again, thank you for your consideration.