

To The Government Oversight Committee
Opponent testimony
HB 68
Written Only
Erica Kittleson, LISW-S
December 5, 2023

Chairperson Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, Senator Lang,
Senator McColley,

I am a licensed independent social worker from Columbus, OH. I am also a parent of two children. As both a social worker and a parent I have many concerns about this bill. As a parent, I am extremely concerned that this bill takes away the rights of parents to affirm their children's gender and help them access gender affirming care. I am concerned that this bill is dictating what medical services are available to children.

As a social worker, I am concerned with the harm this bill causes trans and gender diverse (TGD) youth. While I have many concerns with this bill, I want to focus on the impact it will have on social workers and their ability to provide ethical care. Our social work ethics are rooted in a person centered, strengths based approach. We are asked to meet our clients where they are and provide evidence based care. We are supposed to treat every individual equally and not discriminate against people.

As written, this bill sets up discriminatory practices for social workers in that it changes the informed consent requirements for people seeking diagnosis or treatment for a "gender related condition". Currently, if social workers treat minors the requirement for treatment is one parent/guardian, with some exceptions allowed for short term treatment under 1 month. Changing the consent process to both residential guardians sets providers up to have separate requirements for TGD youth and cisgender youth which is discriminatory. Additionally, consent is given to treatment, not to provide a specific diagnosis. Social workers provide the appropriate diagnosis based on the presenting concerns and assessment, not based on what parents or youth want as the diagnosis.

My role as a social worker for the last 7 years has been providing outpatient mental health therapy to adults in person and via telehealth. In this capacity I have had the opportunity to work with many TGD adults. While this bill does not directly change the care they can receive, the introduction of this bill (and other anti trans and anti LGBTQIA+ bills) has caused an increase in their mental health symptoms. While they can receive treatment for their gender dysphoria, we cannot treat the ongoing trauma and distress they face because they are living in a state that is actively working to harm people like them.

The mental health system is facing a significant workforce shortage. This bill is going to contribute to that shortage. Providers are going to choose, or be forced to leave the state, in order to work someplace that allows them to continue to provide evidence based, ethical care.

There is increased burn out, compassion fatigue, and moral injury that are leading to providers to leave the profession or reduce their work hours. While advocating is part of my ethical code, I have had to spend many more hours involved in volunteer advocacy work over the last year. On a personal level, this affected the number of clients I can see.

As a social worker and mental health professional I am required to follow evidence based treatment and to look to the research and experts when providing care to individuals. One of the experts in this case is The World Association for Transgender Health (WPATH). They first released standards of care in 1979 and have continued to update those standards as research has evolved. Their 8th standards were released on Sept 15, 2022 and include standards for adults, adolescents, and children. Their standards include citations of numerous studies around the risks and benefits of gender affirming care.

One part that I want to highlight is in their chapter on adolescent care, addressing the ethical and human rights perspective on providing gender affirming care: “For example, allowing irreversible puberty to progress in adolescents who experience gender incongruence is not a neutral act given that it may have immediate and lifelong harmful effects for the trans-gender young person (Giordano, 2009; Giordano & Holm, 2020; Kreukels & Cohen-Kettenis, 2011).”¹ To ban gender affirming care ignores the risks to youth, potentially lasting into their adulthood, when they are denied access to care.

Banning gender affirming care will cause harm to the youth who are denied access to treatment, their families who are forced to endure the consequences that come with not being able to receive appropriate treatment, mental health providers who are being asked to work against their own ethics as well as contributing to the increasing stigmatization against trans and gender diverse individuals. Mental health providers are already struggling to meet the current demands of Ohio individuals. The introduction of bills like this increases symptoms of anxiety and contributes to the burnout, compassion fatigue, and moral injury of mental health professionals, which is a major factor in professionals leaving the field. For these reasons I strongly encourage you to oppose this legislation and continue to allow families the right to access the care they need.

Thank you,
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2: E. Coleman, A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. de Vries, M. B. Deutsch, R. Ettner, L. Fraser, M. Goodman, J. Green, A. B. Hancock, T. W. Johnson, D. H. Karasic, G. A. Knudson, S. F. Leibowitz, H. F. L. Meyer-Bahlburg, S. J. Monstrey, J. Motmans, L. Nahata, T. O. Nieder, S. L. Reisner, C. Richards, L. S. Schechter, V. Tangpricha, A. C. Tishelman, M. A.

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