

President – Emily Scott, MD, FAAP
Vice President/Treasurer – Jaime Stelzer, MD, FAAP
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January 20, 2022

The Honorable Linda Rogers
200 W. Washington Street
Indianapolis, IN 46204
Via Email and Hand Delivery

Dear Members of the Indiana Family and Children Services Committee:

We write this testimony in regard to Senate Bill 402 that addresses adoption within the state of Indiana. While we appreciate the strengthening of reporting to the child fatality review team, the Indiana Chapter of the American Academy of Pediatrics is in strong opposition to the statement that specifically states in section 4(d) “‘Child abuse or neglect’ does not refer to a person who identifies a child by the child's biological sex.” We ask that this subsection be struck from the proposed bill.

Research¹ has shown that refusing to acknowledge an individual's gender identity leads to psychological and physical harm. “Gender identity” is a well-established concept in medicine that refers to a person's internal sense of being male or female.² Every person has a gender identity, and many children develop stability in their gender identity between ages three and four. (See *id.* at e299). Studies indicate up to 0.6% of persons in Indiana identify as transgender, though this number is likely underreported.³ It is estimated that 0.7% of youth ages 13 to 17 in Indiana, or approximately 3,350 adolescents, identify as transgender.⁴ Clinical experience demonstrates that use of correct gender marker identification is of central importance for individuals experiencing gender dysphoria. The medical community's understanding of what it means to be transgender has advanced greatly over the past fifty years. Doctors and other medical professionals now understand that being transgender is not an impairment in a person's judgment, stability, or general social or vocational capabilities.

Nor is it a choice. For a person with gender dysphoria, this constant sense of distress is associated with a sense of being “wrongly embodied,” as well as the risks of bullying, harassment, and violence associated with being perceived as transgender. Untreated, “[w]orsening dysphoria may manifest as depression, anxiety, poor relationships with family, self-harm and suicide.”⁵ In fact, a meta-analysis of studies found 55% of transgender individuals had suicide ideation at some point in their life and 29% had attempted

¹ Kevin A. McLemore (2015) [Experiences with Misgendering: Identity Misclassification of Transgender Spectrum Individuals, Self and Identity](#), 14:1, 51-74

² American Academy of Pediatrics Technical Report, [Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth](#), 132 Pediatrics e297, 298 (2013)

³ The Williams Institute, [How Many Adults Identify as Transgender in the United States?](#), 3 (2016)

⁴ The Williams Institute, [Age of Individuals Who Identify as Transgender in the United States](#), 2, 4 (2017)

⁵ Am. Psychiatric Association, [Position Statement on Treatment of Transgender \(Trans\) & Gender Diverse Youth](#) (2020)

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suicide. This is compared to 14% and 5% of the American population as a whole.⁶ Our state laws should not propagate the misgendering of anyone—but especially minors that are often not able to control their environments.

As pediatricians who care for all children, we know that family and community support are essential for every child's development - regardless of their gender identity. Gender-diverse individuals are often faced with adversity, and our goal as Hoosiers should be to minimize those instances and provide respect and support for these individuals. Children that are supported by their parents, family and community are more likely to experience better physical and mental health.⁷

Providing an exception to this type of abuse and harassment is not only incredibly harmful and likely to impact outcomes for the adolescent, but fosters further stigmatization. Instead, our goal should be gender-affirming policies that help strengthen Hoosier families and their resilience. This emphasis ultimately enables families to focus on things such as academics, relationship-building and other typical developmental tasks. Further, in 2018, The American Academy of Pediatrics issued a policy statement with regards to providing care for transgender and gender-diverse individuals and specifically notes the importance of community support.⁸

For all of these reasons, the Indiana Chapter of the American Academy of Pediatrics strongly opposes this language.

Sincerely,

Emily Scott, MD FAAP
President, Indiana Chapter of the
American Academy of Pediatrics

⁶ R.C. Kessler et al., [Prevalence of & Risk Factors for Lifetime Suicide Attempts in the National Comorbidity Survey](#), 56(7) Archives of Gen. Psychiatry 617 (2017)

⁷ Sevelius, J.M. [Gender Affirmation: A Framework for Conceptualizing Risk Behavior Among Transgender Women of Color](#), *Sex Roles* 68, 675–689 (2013)

⁸ [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#) (2018)