

## My Chart Mother's Testimony from Cincinnati Children's Hospital- Proponent of the SAFE ACT.

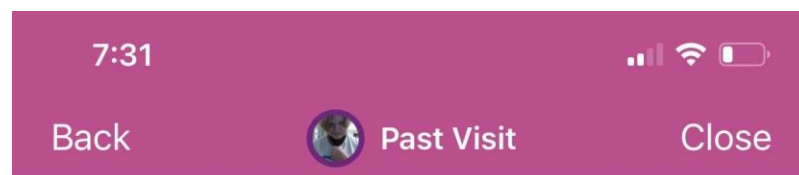
To the Chair, Susan Manchester, and supporting committee members:

This testimony accompanies the My Chart that was submitted on May 19<sup>th</sup>. I am unable to be here due to travel and have asked Maria Polaris to read it. Thank you.

16-year-old child has lived as a female until about 9 months ago. As a child she was a girly girl. She loved girly things in her hair, she refused to wear anything but skirts for 2 years, she always wanted her nails polished, etc. so this has come out of the blue.... well sort of. My daughter has ADHD, and an anxiety disorder among a few other suspected psychological disorders. Due to her ADHD and anxiety, she really struggled during COVID without having in person school. She is exceptionally smart, and school is her entire life. She ended up spending way too much time online which I feel contributed to her current gender dysphoria. In November of 2020 she told her therapist she had a suicide plan, so she was admitted to CCHMC psychiatric unit for safety and coping skills. She did well in the program. When she came home and was questioning her sexuality and told us she was bisexual. We accepted her with open arms. Shortly before Christmas she took 4 bottles of her dad's blood pressure medication. Thankfully she told a friend who forced her to call me. She was in ICU for almost a week while they tried to get the meds out of her system because her blood pressure kept crashing. I'll spare you the details, but she had 11 IV lines for a few days as they kept pushing different things to counteract the blood pressure medication as well as dealing with the side effects of all the new stuff they were pushing into her body to keep her alive. It was hell watching her suffer and knowing she had done this to herself. Once medically cleared she went back to inpatient psychiatry with CCHMC and then to a partial hospitalization program. When she came home she came out to us as lesbian. Again, we accepted her with open arms. A few months later she decided she was pan sexual, then came out as non-binary and by the summer of 2021 she claimed she was transgender. She changed her name and pronouns at work and school, and I had no idea whatsoever. Shockingly, her school affirmed her and changed her name and pronouns without letting me know anything. I found out because I saw her name tag for work and started asking questions. She ended up back in the hospital with suicidal ideation shortly after coming out as transgender and I was able to get her regular therapist, who is non affirming, involved in her treatment at CCHMC. A bottle of medicine had gone missing at her dad's house and her therapist told me she had admitted to misusing her meds. She'd been so volatile since coming out and given her history, her psychologist and I felt she would benefit from a partial hospitalization program. During our family meeting at CCHMC she refused to talk about her safety plan at all. She only wanted to talk about is how she is transgender and how awful we are that we won't rush out and get her hormones after three weeks. The psychologist she has been seeing for 2 years, her psychiatrist and her team at the hospital all think we are almost certainly dealing with borderline personality disorder and a bipolar diagnosis but she's too young to be sure. I've told her over and over that we will call her whatever she wants, but until we know what's really going on with her, we can't jump to conclusions and need to go slowly. In her mind this means we don't believe her and hate her and are transphobic. Her therapist and the team at CCHMC were firm but loving and told her that we must address her mental health concerns before we even consider the transgender label or medically transitioning. We didn't affirm or question.... we simply made it clear to her that her mental health was the first step. Because this message came from the professionals this took the wind out of her sails. We gave her some time to cool down before coming home and I was dreading the ride home. Surprisingly, she was almost like her old self. We decided to set an appointment with the transgender clinic at CCHMC, but it was a 7-month

waiting list because of the explosion of popularity of being transgender in our local community. I was told they would focus on her mental health first at the transgender clinic. However, in our first meeting they discussed both social and medical transitioning and did not discuss her overall mental health even though she had been hospitalized at CCHMC 4 times already. That was very alarming to me. They even discussed top and bottom surgery during this initial meeting. At this point I started to really question what was really going on with my daughter and started to educate myself on transgender issues. My child had a new group of friends who were all exploring their gender, much like many other girls experiences rapid onset gender dysphoria. She went to homecoming with a group of 4 girls, all claiming to be transgender. My daughter was immersing herself in the culture and I kept asking questions. She was defensive and angry no matter how affirming I was. She was hateful and purposefully said things to hurt me. We had always had a pretty good relationship but suddenly I was the enemy, even though I was affirming her. I affirmed only because that's what I was told I needed to do to prevent another suicide attempt. I was terrified I might lose her, and I made decisions in a desperate attempt to keep her. What I figured out was affirming her didn't help her. She needed boundaries set. She needed a mom that wasn't a pushover. I decided she needed at least one person who would not lie to her, not ever. As her mom, I told her I simply would not lie because lying was doing her a disservice. I have found the best thing I can do to help my child is to love her while setting firm boundaries. To me, that means I will call her by her preferred name, but I won't change her pronouns. She is she and to say anything else is a lie. I have allowed her to dress and wear her hair however she likes. Fashion and hair styles aren't permanent. I have told her I won't allow her to do anything that can harm her body. That includes hormones and binders. The name change is a tough one. I thoughtfully picked out her name. I named her after one of my favorite first ladies who was a strong woman long before her time. It is also a family name and to know that she discards the name is hurtful. It is a way to sever a parental tie and to alienate the parents. Social transition cuts off that past identity as if it never existed. But that isn't true. She lived the first 16 years of her life as that person. She wants us to pretend that person is dead, but she isn't. My child is the same person she has always been, she is just confused right now. I believe that from the bottom of my heart, and I know my child. I've been there for every scraped knee and heartbreak. I can see the pain of her gender dysphoria. I see that and know she is in pain. I just don't believe the root of her gender dysphoria is a transgender diagnosis. I believe there are many other underlying issues we need to address fully before even considering doing anything that could be harmful to her body. We have now settled in, and she has accepted (I think) that I love her and will always support her, but she may not always like what my love and support look like. She changed to gender neutral clothing at the start of the school year, and I took her to a gay male friend of mine who is an amazing hairdresser to cut off her long beautiful blonde hair. But I won't allow hormones or a binder. Nothing that can cause damage to her body. I see the gender dysphoria and the body dysmorphia. She is a big girl and could stand to lose over 100 pounds. She had basically let herself go. I honestly think it was too exhausting to compete as a girl so this is a community that she can blend in, and her popularity actually goes up. That can be so intoxicating. I'm sure it's a lot more complicated than that. I love her so much it hurts but I just don't think the label fits. Keep in mind I had a male friend in college that I helped find dresses and heels because he loved to dress as a woman. I had no issue with that at all and that was 20 years ago! I'm an open-minded woman. I firmly believe there is a social contagion going on with being transgender and have seen this play out with my daughter. She went to homecoming with 4 girls from her high school, all of whom identify as transgender. In my day it was eating disorders that was the social contagion. It seemed to run in friend groups. However, our eating disorders weren't celebrated.

Instead, our parents, doctors and therapists showed us how we were harming our bodies and helped us to see reality. Today, it seems we are celebrating the social contagion and embracing it without asking questions about what is best for the long-term health of our kids. Unfortunately, our schools and medical professionals seem to be in a hurry to slap a label on a kid and start social and medical transitions without seeking out the root causes of gender dysphoria. Many of these kids are in crisis and that is certainly not a time to make drastic changes to identity. I support the SAFE ACT and hope that the Republicans will protect our daughters from what's happening every day in Cincinnati.



Generally,  
We discussed gender variance/non-conformity and gender dysphoria, and how it is a continuum and fluid. We discussed parental support being very important to the patient's well-being. We discussed restroom use at school and gym class and how comfortable the patient feels at school. We discussed bullying and feeling safe. We discussed transitioning and how people come out and to whom they come out and how they have to make this decision about every person they meet and every situation they are in. We discussed how important it is for the patient to be the one to make this decision as often as possible.

In terms of transition,

We discussed the full menu of options that are available to a person: Presenting as another sex, using hormone blockers to stop puberty and give the patient more time to know who they are (if this is possible), taking hormones to help transition to another sex, and top and bottom surgery to help with transition to another sex. I explained that some people are interested in all of the options, some in none, and some in only a few of the options.

In terms of what is needed in order to be able to use hormones for a transition,

We discussed the importance of good psychological care, because this can be a stressful time for the patient and the family, and we need the correct diagnosis.

We discussed the importance of being in good health, or monitoring closely chronic health conditions that can worsen with hormones (hypertension, heart disease, diabetes, etc.)