Dear Finance Committee Members,

I am writing to urge you to give an unfavorable report on SB 460 to protect the health and well-being of Maryland's youth from forces that would seek to prey upon their vulnerability and susceptibility to influence.

After watching the committee hearing for HB 283 in the House of Delegates, I expect that this bill will receive a favorable report. If you do give a favorable report, I urge you to explicitly restrict all medical "gender affirming treatments" to persons at least 18 years of age. Minors cannot consent to the short and long-term consequences of these treatments.

I am going to provide several reasons for my exhortation, but I would first urge you to read the article titled "I Thought I Was Saving Trans Kids. Now I'm Blowing the Whistle" written by Jamie Reed, a self-described "queer woman" who is "politically to the left of Bernie Sanders" and is "married to a transman." I have attached this article with my written testimony. Having worked for several years as a case manager at The Washington University Transgender Center at St. Louis Children's Hospital, Jamie Reed has an insider's perspective on the harm that the "gender affirming model" is doing to children. Please commit to reading this whistleblower's testimony. It is disturbing and heartbreaking. Jamie Reed is taking a great personal and professional risk because "the safety of our children should not be a matter of our culture wars" and because "what is happening to [children] is medically and morally appalling."

I will now explain why I believe that at a minimum you should amend SB 460 to restrict gender affirming treatments to legal adults.

Gender dysphoria is a very rare phenomenon that is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and affects approximately 0.002% - 0.003% of biological girls and 0.005% - 0.014% of biological boys. Child onset gender dysphoria has been shown in numerous studies to have a high rate of resolution, with 61 - 98% of children desisting by puberty if they are not socially transitioned or put on a path of medical intervention. I have included those citations with working links below.

Davenport, C.W. (1986) A follow-up study of 10 feminine boys. *Archives of Sexual Behavior, 15*, 511 - 517.

Drummond, K.D., Bradley, S. J., Badali-Peterson, M., & Zucker, K.J. (2008). A follow-up study of girls with gender identity disorder. *Developmental Psychology, 44*, 34-45.

Green, R. (1987). *The "sissy boy syndrome" and the development of homosexuality.* New Haven, CT: Yale University Press.

Kosky, R. J. (1987). Gender-disordered children: Does inpatient treatment help? *Medical Journal of Australia, 146,* 565-569.

Lebovitz, P.S. (1972). Feminine behavior in boys: Aspects of its outcome. *American Journal of Psychiatry, 128*, 1283-1289.

Money, J. & Russo, A.J. (1979). Homosexual outcome of discordant gender identity/role: Longitudinal follow-up. *Journal of Pediatric Psychology, 4,*

29-41.

Singh D, Bradley SJ, Zucker KJ. A Follow-Up Study of Boys With Gender Identity Disorder. Front Psychiatry. 2021 Mar 2

Steensma, T.D., McGuire, J.K, Kruekels, B. P. C., Beekman, A.J., & Cohen-Kettenis, P.T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry, 52*, 582-590.

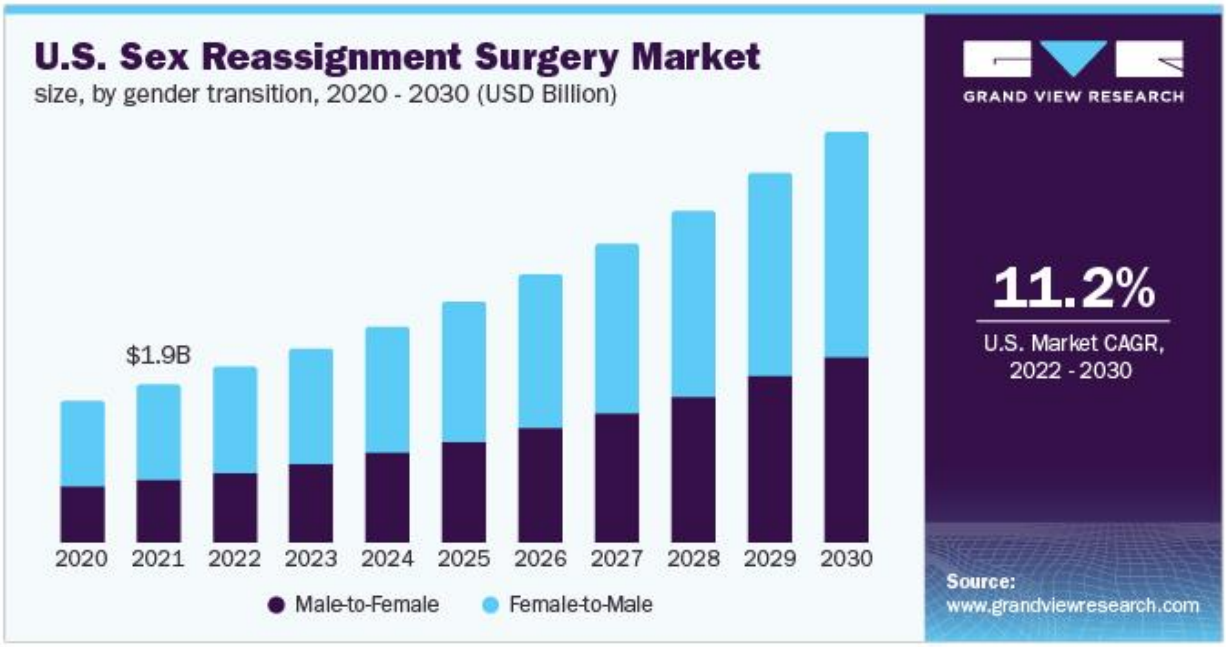
Wallien, M. S. C, & Cohen-Kettenis, P.T. (2008). Pyschosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry, 47,* 1412-1423.

Zuger, B. (1978). Effeminate behavior present in boys from childhood: Ten additional years of follow-up. *Comprehensive Psychiatry, 19,* 363-369.

Zuger, B. (1984). Early effeminate behavior in boys: Outcomes and significance for homosexuality. *Journal of Nervous and Mental Disease, 172,* 90-97.

Historically, the rare cases of gender dysphoria in children were allowed to resolve naturally when children reached puberty. However, the situation has changed dramatically in a couple of ways in recent years. First, the number of children experiencing gender dysphoria or identifying as transgender or non-binary has risen in recent years. Furthermore, while gender dysphoria historically was mostly experienced by boys starting at an early age, there has been an explosion in many western nations of adolescent girls suddenly identifying as transgender or non-binary. The phenomenon has been termed Rapid Onset Gender Dysphoria and is causing turmoil in many families across the county. Please take time to read their stories at https://www.parentsofrogdkids.com/. I have attached a few of their stories at the end of this written testimony. Dr. Lisa Littman documented the phenomenon and identified it as a social contagion in a 2018 study titled "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria" that caused significant controversy and resulted in professional consequences for Dr. Littman. Her findings provide an explanation for the trend and suggest that the influence of culture, entertainment, social media, and peer influence are causing the shift rather than immutable biological characteristics. I have attached a copy of this study with my written testimony.

Second, there has been a move away from treating gender dysphoria through either therapy or a "wait and see" approach to an aggressive medical approach. Students who express any confusion or discomfort with their gender are quickly put on a medicalized path that includes puberty blockers, cross-sex hormones, and eventually surgical modifications of the body. There are powerful financial motives that are behind this shift. Puberty blockers cost between $1,200 - $18,000 per month depending on the type of pharmaceutical used. The sex-reassignment industry is currently valued at $1.9 billion and is expected to grow by 11% annually through 2030, as documented below. In 2017, Johns Hopkins Hospital resumed sex-reassignment surgeries after a 38-year lapse. To explain the reversal, one only needs to follow the money. To no one's surprise, Johns Hopkins is in favor of this bill. How can you trust testimony from the very people who stand to profit from a growing medical industry? That is a clear conflict of interest.



Source: https://www.grandviewresearch.com/industry-analysis/us-sex-reassignment-surgery-market#:~:text=The%20U.S.%20sex%20reassignment%20surgery,11.23%25%20from%202022%20to%202030.

I am calling on you to either give an unfavorable report to SB 460 or amend it so that it will protect minors from puberty blockers, cross-sex hormones and sex-reassignment surgeries for minors.

Proponents of puberty blockers claim that they are completely reversible and just putting a "pause" on puberty. After watching the committee hearing for HB 283, I can assure you that the proponents of this bill will make that claim but they will not support their claim with data and studies. They claim that puberty can be resumed at any time should a child desist from their gender dysphoria. There are many problems with this claim. First, while most children would naturally desist from gender dysphoria, the use of puberty blockers leads to persistence and drastically increases the likelihood that children will progress to cross-sex hormones and sex-reassignment surgery. A study conducted in Amsterdam from 2000 -2007 showed that all 70 children that were placed on puberty blockers progressed to cross-sex hormones. This study titled “Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study” is included with my written testimony.

Furthermore, the long-term side effects of puberty blockers have not been properly studied. The FDA has only approved the use of puberty blockers to treat precocious puberty. It has not been approved for use on gender dysphoric youth. Studies have shown that puberty blockers stunt bone development (see “Effect of puberty blockers on bone density” in attachments) and that patients often continue to lag behind their peers in bone density even if puberty blockers are stopped (see “Bone Health: Puberty Blockers Not Fully Reversible” in attachments). Scientists do not know the long-term side effects of suppressing sex-hormones during a crucial period of brain development. Dr. Sheri Berenbaum, head of a gender research lab at Penn State expressed her concerns: "If the brain is expecting to receive those hormones at a certain time and doesn’t, what happens? We don’t know.” Finally, while proponents of puberty blockers claim that they improve mental health outcomes, a study from England shows that children taking puberty blockers experienced an increase in suicide ideation one year after starting

puberty blockers (see “Transgender treatment: Puberty blockers study under investigation” in attachments).

Proponents of puberty blockers claim that they will not cause infertility if a child chooses to stop treatment. This claim is not substantiated by long-term studies and the people testifying in favor of this bill will not provide long-term studies to support their claims that puberty blockers are fully reversible. However, it is almost certain that an adolescent's fertility will be permanently disrupted if they progress to cross-sex hormones. Since studies show that the use of puberty blockers leads to the persistence of gender dysphoria, it can be safely assumed that most children who start to take puberty blockers will lose their fertility.

Cross-sex hormones have also been shown to increase cancer risks. One study showed that biological males who take estrogen experience a 46-fold increase in their risk of breast cancer (see “Breast cancer risk in transgender people receiving hormone treatment” in attachments). Biological females who take testosterone experience increased risks of myocarditis, stroke, and blood clots (see “The effects of gender-affirming hormone therapy on cardiovascular and skeletal health: A literature review” in attachments).

The long-term effects of sex-reassignment surgery should be obvious. Such drastic measures are often promoted as the only way to prevent gender dysphoric youth from committing suicide. You will certainly hear that claim from the many people who will likely testify in favor of this bill. However, the data does not support this conclusion. Studies show that adults who medically transition to the opposite sex continue to have significantly higher rates of suicide even in very inclusive and affirming countries. In a long-term study in Sweden, individuals who had undergone sex-reassignment surgery had a suicide rate that was 20 times higher than comparable peers, even 10 to 15 years after the procedure (see “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery” in attachments). There have been no long-term studies conducted to analyze the long-term outcomes for minors who have undergone sex-reassignment surgery.

For all the reasons shared above, I implore you to either oppose or amend SB 460 so that the Maryland Medical Assistance Program does not fund puberty blockers, cross-sex hormones or sex-reassignment surgeries for minors. Minors cannot consent to the known and unknown long-term side-effects that I have shared above. There are many things that we legally prohibit minors from participating in because they cannot understand the long-term consequences and side-effects. In my opinion, it should be obvious that the use of puberty blockers, cross-sex hormones and sex-reassignment surgery as medical interventions falls into that category.

As a legislator you are called to serve and protect the youth who do not have a voice in this process, even those who believe they want access to these treatments. There are powerful forces at work that want to see the "transing" of our youth for either ideological or financial reasons. There are both political power and financial riches to be gained through gender ideology and "gender affirming" medical interventions. You are called to stand with those without power and those without a voice, not with the powerful elites who stand to benefit from the confusion and medicalization of our youth. You must stand and speak for our children who cannot do it for themselves and cannot consent to the ideological and medical threat that confronts them. If you choose not to act, I believe there will come a day in which you will realize that it was a failure of courage and discernment.

Thank you for your consideration. I close by returning to a quote from Jamie Reed's article: "The safety of our children should not be a matter of our culture wars." Please protect our children.

Sincerely,

Justin Kuk
Baltimore City

Stories of Parents of Children Experiencing Rapid Onset Gender Dysphoria

March 9, 2020
Female to Male, Teenagers
Editor's Note: *The following parent's story originally appeared in a post entitled, "*In Their Own Words: Parents of Kids who Think They are Trans Speak Out*". It is posted here with the permission of the mother who wrote it. This mother is a single mother and her daughter is her only child.*

My daughter, at age fourteen, spontaneously decided that she is actually a male. After suffering multiple traumatic events in her life and spending a large amount of time on the internet, she announced that she was "trans." Her personality changed almost overnight, and she went from being a sweet, loving girl to a foul-mouthed, hateful "pansexual male." At first, I thought she was just going through a phase. But the more I tried to reason with her, the more she dug her heels in. Around this time, she was diagnosed with ADHD, depression, and anxiety. But mental health professionals seemed mainly interested in helping her process her new identity as a male and convincing me to accept the notion that my daughter is actually my son.

At age sixteen, my daughter ran away and reported to the Department of Child Services that she felt unsafe living with me because I refused to refer to her using male pronouns or her chosen male name. Although the Department investigated and found she was well cared for, they forced me to meet with a trans-identified person to "educate" me on these issues. Soon after, without my knowledge, a pediatric endocrinologist taught my daughter—a minor—to inject herself with testosterone. My daughter then ran away to Oregon where state law allowed her—at the age of seventeen, without my knowledge or consent—to change her name and legal gender in court, and to undergo a double mastectomy and a radical hysterectomy.

My once beautiful daughter is now nineteen years old, homeless, bearded, in extreme poverty, sterilized, not receiving mental health services, extremely mentally ill, and planning a radial forearm phalloplasty (a surgical procedure that removes part of her arm to construct a fake penis).

The level of heartbreak and rage I am experiencing, as a mother, is indescribable. Why does Oregon law allow children to make life-altering medical decisions? As a society, we are rightly outraged about "female circumcision." Why are doctors, who took an oath to first do no harm, allowed to sterilize and surgically mutilate mentally ill, delusional children?

Since the time of this writing, the daughter has undergone a radial forearm phalloplasty. The the daughter would allow her mother to be present only on condition that she apologize to the surgeon for begging him not to do it.

September 8, 2019

Female to Male, Teenagers

Our daughter has struggled with anxiety and feeling that she is "ugly" since elementary school. She is, of course, not ugly, but she does not fit the current socially preferred appearance for young girls (thin, long legs, straight blonde hair, etc.). Once she reached middle school, these feelings intensified, and she started to associate with a group of other kids (mostly girls) who also do not fit the mold of who she calls the "popular girls." Her new peer group was very into being "broken" even though they were mostly a bunch of fairly privileged, middle-class, suburban kids. They constantly tried to one-up each other with diagnoses of depression, eating disorders, suicidal ideation, etc. Our daughter would make up stories and symptoms to try to fit in with this group and even began self-harming (another huge obsession for the group). We found a therapist for her, but while the self-harm eventually stopped, the other behaviors persisted.

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At the end of 6th grade, she "came out" to us as lesbian. While we were, and still are, somewhat skeptical of this as she was only 12 with no real sexual experience, we told her that we completely respected her feelings and that we love and support her no matter what her sexual preference is. Her godparents (our neighbors and best friends) are a lesbian couple with twin girls the same age as our daughter. We even jokingly commented that her being lesbian would be a relief for us since we would not have to worry about teen pregnancy or boys trying to coerce her into things she did not want to do.

She seemed to actually be a little disappointed by our reaction. She seemed to want resistance from us so that she could tell her friends about how awful her parents are. Her interactions and communications with the girls she was dating, as the kids called it, mainly consisted of female teen drama. "I love you so much!" "No, I love you more!" and so on. It is our opinion that many of the girls involved (and perhaps our daughter) found lesbian relationships as a way to engage in the romantic drama that teen girls typically love. The boys their age did not want or know how to engage in this, so relationships with other girls was perfect.

At the end of 6th grade, she "came out" to us as lesbian. We told her that we completely respected her feelings and that we love and support her no matter what her sexual preference is. She seemed to be a little disappointed by our reaction.

Still, it truly did not matter to us whether our daughter was lesbian or not. She would find out for herself on her own and no permanent harm is done either way.

However, just before the start of 8th grade, she informed us that she is transgender and wanted to be called by a different name with male pronouns. Up until this point, she had always acted and behaved as female. She was proud to be a girl and had signs and posters with sayings like "Girl Power" and "Girls Rule, Boys Drool." Her friends were almost exclusively female, and still are, as were her interests (romance, horses, art, etc.). I know that I am being stereotypical here as there are many boys who like the same things. I am only making the point that there were no prior indications of any discomfort with

her gender.

Our reaction was one of love and support, but not affirmation. We told her that we cannot control what she does with her friends, and we would not force her to dress in any particular way. However, at home we would still call her by her given name and refer to her with female pronouns, and there would be no medical interventions or use of things like binders. Our main comment was that she should slow down. Being a teen, especially a female one, is incredibly stressful and confusing. So much is going to change for her over the next few years. There is no need to make permanent decisions until she has had a chance to fully explore who she is.

Just before the start of 8th grade, she informed us that she is transgender. Our reaction was one of love and support, but not affirmation. Our main comment was that she should slow down. There is no need to make permanent decisions until she has had a chance to fully explore who she is.

This response was met with grudging resignation by our daughter. However, among her peers and even among some school staff members, she received lavish praise for being so "brave." Her teachers immediately validated her, and the school allowed her to use the nurse's office to change for PE or use the restroom. She has received almost exclusively positive reinforcement for "coming out." Even the few negative responses from other kids have only served to make her more of a "hero" to her friends. She and her friends use all of the current terminology about gender and about transgender transition in particular ("starting on T," "top surgery," "bottom surgery," etc.) that is clearly straight from online sources, even though we restrict her internet use.

However, among her peers and even among some school staff members, she received lavish praise for being so "brave." Her teachers immediately validated her, and the school allowed her to use the nurse's office to change for PE or use the restroom. She has received almost exclusively positive reinforcement for "coming out."

We recently moved and she has started school at a small, private, non-religious institution. We did this mainly because of academic concerns with the public schools here, but we did hope that a smaller environment and a "fresh start" might allow her to back off from her extreme stance. Unfortunately, that has not happened. She has already informed all of her teachers that she is transgender and asked them to call her a different name with male pronouns. They have all said that they will do so. My wife and I met with the teachers before the school year started to discuss the issue. We really like the teachers, and we know their intentions are good. But they have not known our daughter for her whole life. They, like everyone else, feel like they have to "respect" our daughter's identification.

My wife and I are liberal people. We are not homophobic or transphobic. If all that being transgender led to was being called a different name and pronouns then we would have no problem allowing our child to explore her identity. However, in the current climate, our daughter and her friends understand transgender as an innate condition that a person is born with and that can only be treated with hormone therapy and radical surgeries which have irreversible consequences. There is no discussion of a teen possibly misunderstanding their feelings (like every teen in the history of teenagers has done) and no discussion of the long-term effects.

My wife and I are liberal people. We are not homophobic or transphobic, but as concerned parents, we feel like reeds in a river fighting to hold our ground against a torrent of influences pushing our daughter down a path that she cannot possibly fully understand.

As concerned parents, we feel like reeds in a river fighting to hold our ground against a torrent of influences pushing our daughter down a path that she cannot possibly fully understand. While she cannot do anything medically while she is a minor, we are terrified that once she is 18 she will continue down this path simply because she has so fully committed to it.

We completely accept that we may be wrong. It may be that our child is one of the very small percentage of people for whom radical interventions are necessary in order to live a happy and fulfilled life (which is all we want for her). However, we also feel strongly that no 12, 13, or 14-year-old child is capable of making such a decision. She has also adamantly insisted that she wanted to be a horse trainer, veterinarian, and pediatric surgeon only to change her mind later. We resent the way the media and society at large are presenting to children that being transgender is standard human behavior and that affirmation and medical intervention is the only option.

Teens desperately want to feel special and accepted. Being transgender offers a way out of that pressure that cannot be challenged since the only criteria is a personal declaration.

Teens desperately want to feel special and accepted. We all have been through it. For girls, there is tremendous pressure to be "pretty" and liked by boys. Being transgender offers a way out of that pressure that cannot be challenged since the only criteria is a personal declaration. We feel powerless against this. All we can do is be here for her and try to maintain a safe space where she can come back to if her feelings change. Otherwise, we just have to sit by and watch helplessly.

July 17, 2019
Female to Male, Teenagers, BPD
My wife was diagnosed with breast cancer when our daughter was 9-years-old. Although breast cancer was foremost in our minds after the diagnosis, it was only one of many medical conditions that my wife suffered over the last years of her life. My wife died when my daughter was 12-years-old. A good death, if there is such a thing, would have been bad enough. My wife did not have a good death. There were many unnecessary layers of trauma inflicted on my daughter surrounding my wife's illness and death.

Even before my wife's illness, I had been my daughter's primary caregiver for most of her life. Shortly after our daughter's birth, my wife returned to work, and I began my career as a free-lancer. I was able to make my own hours, and most of those hours were spent at home with my infant daughter. Once my wife died, I was, of course, my daughter's only caregiver.

A good death, if there is such a thing, would have been bad enough. My wife did not have a good death.

My daughter did spend a lot of time on the internet in the months after her mother's death. I was aware of it, but felt that if we continued our candid relationship that it was better that she experience social media while I could still help her work through the pitfalls. Due to her mother's illness, she had been

given a cell phone while still in grade school. This isn't something that I would have allowed normally, but we were not in what I considered to be a normal situation.

My daughter started counseling about two years before my wife died. She was ten-and-a-half, and the counselling was aimed at helping her deal with her mother's illness. She continued seeing a counselor through my wife's death, and then stopped shortly thereafter. At age 14, she decided she needed more counseling. At the intake meeting, she was asked what her sexual orientation was. She stated that it was heterosexual. This was at a time when everyone understood that to mean that she was a girl who was attracted to boys. This was not a surprise. There was never any indication that she was anything else.

At 14 ½ my daughter began cutting herself to relieve stress. Later, we talked about her first instance of cutting herself, and she told me that she did it while thinking about her mother's death.

A couple of months after beginning to cut herself, my daughter made a new female friend that was transgender and had changed her name. Like my daughter, this girl had no masculine behaviors or characteristics.

A couple of months after beginning to cut herself, my daughter made a new female friend that was transgender and had changed her name. Like my daughter, this girl had no masculine behaviors or characteristics. Within a month, my daughter asked me to call her by a different name. I said that I would consider it. She said that she was going to change her name at school, and was in the process of telling her teachers. A few days later, I told her I've decided to continue calling her by her given name and I explained why. For their part, the school changed her name and gender on her official records without even notifying me.

At age 15 my daughter's mental health issues boiled over. We spent some time in the psychiatric ward of a hospital. My approach to dealing with her delusions and hallucinations has been to acknowledge that they exist, but to deny that they contain any internal truth: "Yes, you are having an hallucination, but the thing that you are hallucinating is not really happening." This approach has since been validated by the psychiatrists at the hospital. I was given techniques to help "ground" my daughter in reality. This involves bringing her back from a psychotic episode to the world of reality based on the things around her which her senses tell her are real. She has been taking anti-psychotics since her trip to the hospital. She has been provisionally diagnosed as having Borderline Personality Disorder. The diagnosis is provisional because, technically, minors cannot be diagnosed with mental disorders.

My approach to dealing with her delusions and hallucinations has been to acknowledge that they exist, but to deny that they contain any internal truth: "Yes, you are having an hallucination, but the thing that you are hallucinating is not really happening."

At age 16 my daughter told me that she was transgender. She wanted to have hormone treatment and top surgery. She told me that she was worried that having told me this, that I would not support her. I told her that I will always support her, but that doesn't mean that she will necessarily like what my support looks like. We don't always like what is good for us.

Her family doctor gave her a referral to the gender clinic at a local hospital based on nothing more than a conversation that the two of them had. I was not consulted. The hospital called me, ready to have me sign papers so she could be given hormones. The person on the other end of the phone sounded chipper

and upbeat. When they asked me to make an appointment, I asked what the appointment was for. Was it for treatment (hormones)? Or was it for counseling? I was told that it was for treatment, and not for counseling. I declined the opportunity to make an appointment. The voice on the other end was no longer chipper, and it seemed clear to me that I had just become the bad guy.

At age 16 ½ my daughter made an announcement to the whole family via text message that she was a transgender male who was using male pronouns. She didn't send the text to me: just to the rest of the family. As far as I know, they are all going along with this. Only one person even bothered to tell me that they would now be using that name and those pronouns. No one even felt it necessary to call and ask what I thought would be best. It isn't for nothing that I'm calling her by her given name and matching pronouns. I don't consider this delusion to be different from her other delusions. I'm using the same techniques to ground her regarding this delusion as with the others. And I'm trying to prevent my child from having unnecessary surgery and dangerous hormone treatment.

It isn't for nothing that I'm calling her by her given name and matching pronouns. I don't consider this delusion to be different from her other delusions. I'm using the same techniques to ground her regarding this delusion as with the others.

I met with my daughter's counseling team to enlist their help in slowing down her rush to permanent, dangerous, irreversible "treatment". They told me that they can do nothing other than affirm her. In a previous meeting, one of my daughter's counselors did make a point of communicating to me that if I did not accept my daughter's transgender status that I was risking her attempting suicide. They claim that they are not supporting transition; they are only providing resources. I tell them that if I walked in and claimed to be a giraffe, they would direct me to a giraffe support group: <u>that is</u> support.

Their position was that my daughter is capable of making this decision, and that all they could offer me was assistance in accepting that fact. I told them that I have found myself alone in doing what is right for my daughter before, and I'll do this on my own too. Prior to this time, I was considered (I'm not making this up, and I'm really quoting them) the "model parent".

Their position was that my daughter is capable of making this decision, and that all they could offer me was assistance in accepting that fact.

I allow my daughter to dress and behave as she likes. I don't put restrictions on her "gender-expression". At this point almost everybody else does refer to her with a different name and mismatched pronouns. My approach to dealing with her transgenderism is consistent with my approach to her other delusions and hallucinations. I acknowledge its existence without acting as if it contains any internal truth. There is no one else in her life that does this. I am her only remaining parent, so I should be leading this effort and shouldering the majority of the responsibility. However, it never occurred to me that I would be alone in this effort: the only one on this side of sanity.

After a particularly adamant episode of my daughter screaming that she wanted to cut off her breasts, I thought that I would have to find some way to help her work through her desire for medical intervention before she turns 18 and the decision is no longer in my hands. We sat down and discussed things that we might do prior to using hormones or surgery. I wanted to show her that we could work up to things gradually. I suggested that there were some behaviors and activities that she could try that were more masculine. She angrily insisted that there were no typically masculine behaviors, and that

she should not be asked to “over compensate” simply because she had never behaved in a way that I considered masculine. I took a step back and asked her, “OK, since I don’t know what a boy is, what do you consider to be a boy?” She said, “Someone who wants people to refer to them using masculine pronouns.” That was it. That is the only thing that divides male from female: a desire to be referred to using masculine pronouns.

I am her only remaining parent, so I should be leading this effort and shouldering the majority of the responsibility. However, it never occurred to me that I would be alone in this effort: the only one on this side of sanity.

My daughter’s background now makes her a poster-child for ROGD: the condition appeared suddenly; she has no masculine qualities or behaviors; she has suffered a significant amount of childhood trauma; she spent too much time on the internet and with social media; she engages in cutting; she has depression; she has anxiety; she has BPD; and, prior to discovering her transgender state, she had friends with the same condition.

On 4thWavenow’s website there is an article regarding transgenderism. At the bottom of the article is a picture of a woman with a sign. It says, “I love my transgender child”. I thought, *I love my transgender child too: too much to abuse her by affirming her delusions*.