

Dear Members of the Health and Government Operations Committee,

I am a mother of three children and a licensed mental health counselor. Our daughter began to identify as transgender at age 13 in the spring of 2020. She had expressed no previous signs of gender confusion in childhood and this was after three of her friends at school had also started identifying as transgender.

We worked with a licensed mental health professional to help our daughter explore and resolve co-occurring issues, including low self-esteem and anxiety. It was clear from conversations that our daughter was uncomfortable with her developing body and had an intense fear of being sexualized. She was filled with self-loathing and was in true emotional pain and had been encouraged by peers and influencers that gender was the source of her pain. Her trans identity changed three times over the span of two years.

Unfortunately, gender-dysphoric children are being encouraged through activism and peer pressure to disassociate from their bodies and to believe their body parts can be simply removed, modified or replaced. The irreversible consequences of medically transitioning, including loss of sexual and reproductive function, cannot be fully understood by children or teens who lack the necessary maturity or experience. It is well-known that the prefrontal cortex of the brain where executive functioning takes place does not fully develop until age 25.

I am in support of HB722 because children do not have the emotional maturity to be making medical decisions that have life-long psychological and physical implications. They don't have the ability to weigh the consequences of these choices and how they will feel about them in 5, 10, or 20 years. Many of these individuals have co-occurring mental health issues such as previous sexual trauma, eating disorders, anxiety, depression and autism which further impairs their ability to give informed consent. Parents cannot do their job, which is to protect their children, if they are cut out of critical medical decisions their vulnerable child is allowed to make on their own.

My daughter has desisted in her trans-identification. She has a great deal of regret for the time she spent in her trans-identity. At the time, she was absolutely certain that she wanted the surgical intervention of a double mastectomy, and I believe she would have gone through with it if she had been given the choice. I can't even imagine the level of regret she would be facing today if she had been allowed to undergo surgery. And that is what we are now hearing from detransitioners as well - that they did not fully understand what they were consenting to or have the maturity to process the consequences of these medical and surgical interventions. Please vote yes on HB722. Vulnerable children cannot and should not be able give consent to these irreversible medical interventions. Thank you for your consideration.

Best Regards,

January Littlejohn, LMHC