

Submitter: Kaylee Francis

On Behalf Of: Minors

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2458

The point of therapy is to help people (minors and adults) to explore underlying issues of the problems that plague us. Hardly ever do we see an issue for what it is—we see symptoms of an issue. In treating depression or anxiety, we look for the root and teach coping skills to make it through the symptoms and to hopefully alleviate them. The problem with gender dysphoria is that it is not a root, it is a symptom of a bigger issue. Sexual orientation and gender orientation are much like personality issues. In therapy, a therapist cannot diagnose a personality disorder for a minor. Too much is happening in those formative childhood and teenage years that makes diagnosing personality a “disorder” wrong and harmful. Best practice is to wait until the patient is 18 and then to take those observations and make an accurate diagnosis, after the personality has had time to settle down and the therapist can clearly see that issues were not just part of a phase of life or due to social/peer pressures. As a teacher in middle school, I saw daily how influenced students were to change their orientations (gender and sexual) because of a book they read, a tv show they watched, or the friend group they wanted to be part of. These students fluctuated almost daily in their feelings on the matters. They were exploring their minds and feelings, trying to figure out who they were. This is a very normal and healthy developmental part of childhood, and these minors need the space to explore without an adult affirming their feelings as solid and unchanging. The medications and procedures these minors go through to change their gender/sex is life-altering, and they need more time to solidify their feelings and to know if this is what they truly want. With social pressures forcing the issue of sexual and gender orientation heavily on our youth today, we need to take a step back and allow them their childhood and teenage years to explore without medical intervention. Therapists should be able to do their job and help the minor explore their feelings and where those feelings came from. Doing so does not deny the minor’s feelings or thoughts, but allows them to discover more about themselves and what may be causing them to feel these pressures. It may come from within them, separate from any societal, familial, or peer pressures. Or, their gender dysphoria may stem from a larger issue that needs to be addressed and helped. If a minor has gender dysphoria and is feeling depressed, suicidal, or anxious, it is the job of the therapist to first address the heavier lying issues—depression, anxiety, suicidal ideations, and to understand where that comes from. Often it is from underlying trauma in the patient’s life. A minor who expresses these concerns and undergoes surgery will still experience depression and anxiety. They will still experience suicidal ideation. I oppose this bill because minors need to be protected from life altering surgeries and instead be given a chance to explore and learn coping strategies that will help them far more in life than changing identity or orientation or sex. These medications are harmful and are producing life long patients

rather than cheerful, healthy, and free individuals. Allow children the chance to explore and discover themselves without taking away bodily appendages.