

31 May 2022

Chair Manchester, Vice-Chair Cutrona, Ranking Member Denson & members of the Families, Aging & Human Services Committee:

My name is Julie Gatlin, I am an Independently Licensed Social Worker with a Supervisory designation in the State of Ohio. I have been a practicing social worker for over 25 years, most of that time being dedicated to promoting mental health care and serving children with significant behavioral & emotional needs. I am currently providing clinical services in a private practice setting in the Cincinnati area and serve as an Adjunct Social Work Instructor for a local University. I am contacting you as an individual, not as a representative of the practice or university with whom I am connected. Thank you for taking the time to read my written testimony regarding HB454.

As a clinician and a citizen of Ohio, I am adamantly opposed to HB454. I've looked at the proposed bill and reviewed some of the testimony offered to this committee. It concerns me that there is such little regard for providing actual support to our youth, which would involve working with professionals of various disciplines to provide the most comprehensive care possible. It appears this bill emphasizes denying care and threatening professionals attempting to provide best practice when treating youth who present with issues related to gender identification, typically among a myriad of issues.

As a mental health professional and a social work educator, I adhere to the concept that best practice stems from starting "where the client is". This is a relatively simple concept that makes a tremendous difference in providing needed (and wanted) assistance, rather than acting on any personal bias or beliefs I hold as an individual. Individuals (and families) seeking assistance are, in fact, experts of their own experience. While care provided by mental health professionals is guided by research and experience, it is most influenced by those seeking care and the goals expressed by those individuals (and families). I encourage you to closely review the National Association of Social Workers Code of Ethics to better understand my perspective as a social worker. It is my calling, my commitment to "enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (National Association of Social Workers, 2021). Those who are experiencing gender dysphoria or are gender non-conforming are inherently vulnerable and often oppressed by society at large. Unfortunately, that distress and oppression is sometimes present within their own families. In these situations, HB454 directly interferes with providing ethical care.

As a parent myself, I empathize with other parents who might be concerned when care for their child centers on the child's expressed needs and/or wants, prioritizing the child's experience over parental concerns. It is difficult to step back from the role of decision maker as our children gain increasing independence throughout adolescence. Human development is a transition not just for the child, but also for the parents and

caregivers too. As a parent who is also a clinician, I know mental health care is most effective when children have some access to privacy in sorting out their needs and their personal goals. I speak openly about this with children & their parents when beginning a professional (therapeutic) relationship. I acknowledge the limits of confidentiality while emphasizing my desire to foster healthy communication among family members rather than acting as some sort of 'go-between'. If there is any discomfort around my desire to provide a safe, confidential environment for their child to work through difficult thoughts and experiences, I happily assist the family in finding a clinician who might be a better match. I would expect the same if sending my own child for care with another professional, knowing that as a parent my perspective is biased.


HB454 calls for professionals to disclose a child's revelation of gender dysphoria and denies access to gender affirming care, regardless of parental feelings on the matter. Knowing a variety of issues dealt with during treatment are often intertwined with gender identity, I cannot comprehend how anyone can see such actions as caring for the children in Ohio. When issues around gender identity arise in treatment, it is often in the context of depression, anxiety, trauma, etc. This bill proposes that a clinician would no longer have discretion to make treatment decisions based on best practice, but rather would be expected to adhere to guidelines established by politicians, seemingly based in personal belief systems, often religious beliefs, rather than in research. Research clearly indicates gender-affirming care is lifesaving care. As a clinician I see HB454 as negatively impacting care provided to all children in our state. If professionals no longer feel able to provide quality care, they will stop providing care altogether.

In my current practice, I work with several young people who, during treatment, have revealed themselves as transgendered or gender non-conforming. Allowing these individuals to choose their own timeframes and methods for speaking to their parents and loved ones about this is imperative to supporting their well-being. It is not unusual to hear individuals struggling with gender misidentification talk about bouts of severe depression, including suicidal ideation. Upon care for these situations, the connection between those symptoms and gender dysmorphia are often clear. The overall experience of their body not matching who they are is distressing; compound that with unsupportive guardians and hostile community (bullying from peers and even news of HB454), the risk of self-harming behaviors and suicidal ideation increases rapidly. For many individuals, gender-affirming care starts the process of mitigating these life-threatening situations. As I've mentioned already, my clients are the experts of their own experience. If they tell me they were misgendered at birth, I take them at their word. That is NOT self-diagnosis, that is client-centered care. Each of these clients I reference here have struggled with how to communicate their experience to their family. I provide support with that process on their terms and within the context of any other issue at hand, I do not (and will not) dictate to them how and when they share this aspect of who they are with their family. One client is so concerned about the nature of our local politics in this matter, they (with support from their family) have started looking into how to move to a state that prioritizes gender-affirming services. This is a clear indicator of the threat proposals such as HB454 pose to Ohio residents.

To summarize, as a clinical social worker, tasked with serving individuals while also promoting social justice, I see no benefit for individuals or our society from HB454. I urge you to strongly consider the needs of all Ohio residents, especially those who are vulnerable and oppressed when considering the testimony both for and against this bill. I believe if you do so, you'll find this bill does nothing but justify further oppression of an already vulnerable group.

Thank you for your time and careful review of this testimony.

Respectfully,

A handwritten signature in black ink, appearing to be 'J. Gatlin', followed by a horizontal line and the text 'LISW-S'.

Julie A. Gatlin, LISW-S