**Dr. Erin Dean**

Chair Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for this opportunity to voice my opposition to House Bill 454.

My name is Dr. Erin Dean (she/her/hers). I am a licensed professional clinical counselor in the State of Ohio with over 20 years of experience working with the LGBTQ+ community, with many of those years specializing in working with transgender, gender fluid, and non-binary children, adolescents, and young adults. I have worked with children as young as seven years old to begin their social transition of living as their identified gender and I have worked with older children and teenagers to begin their medical transition.

Research has shown that “more than three in four transgender and nonbinary youth reported symptoms of Generalized Anxiety Disorder in the past two weeks” and “more than two in three transgender and nonbinary youth reported symptoms of Major Depressive Disorder in the past two weeks” (Trevor Project, 2021, Suicide Mental Health Section). In my professional work, I have watched children with behavioral issues, anxiety, depression, and suicidal ideation, due to gender dysphoria, find significant relief in these feelings and symptoms because of being able to socially and/or medically transition. It is important to understand that these decisions are not made lightly and that a child must demonstrate insistence, persistence, and consistence in their identified gender and desire to transition before embarking on that path. It is also important to understand that very young children are not permitted to take medication or alter their bodies and that all transitions are social in nature and reversible until they are old enough to begin hormone replacement therapy (HRT).

Most adolescents are monitored medically for many years and are not permitted to begin HRT until they are 16 years old, and even then, that is with parental consent. There are occasional exceptions, for example, one client that I am still working with came to see me when he was seven years old. He struggled with depression, behavioral issues, and academic issues in school. He began his social transition at that time—cutting his hair, going by a new name, wearing the clothes in which he felt comfortable, and telling his friends, family, teachers, and peers who he really was. When he was 10 years old, he began taking Lupron injections to put his puberty on hold, to buy him time, if you will, to better understand and become firm in his identity before his body made that decision for him. After four years of being on puberty blockers, at the age of 14, he was determined to continue affirming his gender and his endocrinologist confirmed that his physical development and maturity made this an option. With the consent of his parents, he began hormone replacement medication. Keep in mind that at this point, this young man had been living as a male for well over seven years and had legally changed his name a few years ago. Most are not modifying their bodies with surgery until they are 18 years old or significantly older, and many, never at all because they either do not desire to do so or cannot afford to do so.

Past research has shown that more than 50% of transgender people attempt suicide in their lifetime and that suicidality is higher when children and youth are denied access to affirmative and supportive resources. In the 2021 National Survey on LGBTQ Youth Mental Health, 52% of transgender and non-binary youth reported considering suicide in the past year and 20% attempted suicide in the past year (Trevor Project, 2021, Suicide and Mental Health

Section). Other findings showed that “affirming transgender and nonbinary youth by respecting their pronouns and allowing them to change legal documents is associated with lower rates of attempting suicide” and that “LGBTQ youth who had access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempting suicide than those who did not. (Trevor Project, 2021, Affirming Spaces Section). Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents (as cited in WPATH, 2012, p. 21).

I firmly believe that allowing children and adolescents to seek counseling, socially transition, and medically transition, when developmentally appropriate, is the difference between life and death. It is suicide prevention. As stated above, denying this treatment is not a neutral option—it is harmful and potentially fatal. I truly believe that, and I am strongly opposed to House Bill 454, which would prevent transgender youth from receiving proper medical care. I think we can all agree that we want to keep our children alive.

I ask you to consider my testimony and vote NO on this deadly bill. Thank you again for the opportunity to testify.

Sincerely, Erin P. Dean, Ph. D., LPCC-S

The Trevor Project. (2021). 2021 National Survey on LGBTQ Youth Mental Health. West Hollywood, California: The Trevor Project.

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