



# Parents of ROGD Kids

Parents of ROGDkids.com

July 9, 2021

SENATE JUDICIARY COMMITTEE  
California State Capitol Room, 2191  
Sacramento, CA 95814

RE: Assembly Bill 1184 – OPPOSE

Dear Chair and Honorable Members of the Senate Judiciary Committee:

Please accept this letter as a formal opposition statement by the members of Parents of ROGD (Rapid Onset of Gender Dysphoria<sup>1</sup>) Kids to AB-1184.

## **WHO WE ARE AND WHO ARE OUR CHILDREN**

We are parents of children who spent their childhood completely congruent with their biological sex, but during puberty or soon thereafter, suddenly loathed their bodies and announced that they are the opposite sex. These children did not come to this conclusion organically. They came to this false belief after spending hours on the internet, being groomed by older transpeople, watching TikTok videos from gender surgeons and “influencers” who told them that “trans’ing” will erase all of their mental anguish related to their dislike of their breasts, penises, menstrual periods or hair growth (all normal pains of puberty). They surfed Reddit and YouTube, watching the intriguing transformations that promise to eradicate their pain. They took tests that said “if you think that you might be trans, then you are.” They watched anime filled with exciting imagery of beautiful, gender-bending beautiful cartoons. They learned in public schools that anyone who does not fit neatly into the Barbie or Ken categories is on the gender spectrum and hormone treatment and surgery can transform them into those absurd stereotypes. They obtained celebratory status for being brave and strong for coming out and embracing their “true-selves.”

Our children have autism. They have internalized homophobia precluding them from admitting that they are same-sex attracted. They have experienced trauma. They have OCD. They have anxiety. They have ADHD. They are bipolar. They have borderline personality disorder. But most of all they have confusion and have been sucked into an illusory fantasy world.

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<sup>1</sup> See Lisa Littman, 8/16/2018 Study – Parents Reports of adolescents and youth adults perceived to show signs of rapid on set of gender dysphoria; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>

We parents are not transphobic. We wish no ill will to those who choose to live as the opposite sex or are gender non-conforming, nor do we want them to be mistreated in any way. We believe that people should be allowed to choose to live as they wish, wear what they wish, and love who they wish.

We are married, divorced, and single. We are ethnically diverse. We are gay. We are Democrats, Republicans, and Independents. We used to write checks to Planned Parenthood and the ACLU. We are highly educated. We do not read just the headlines or the annotations; we read the actual studies. We communicate directly with the scientists and researchers. We communicate with our counterparts in Finland, Sweden, Ireland, the UK, Australia, New Zealand, Italy and Spain. In short, we are doing everything to fulfil our most important role as parents - safeguarding our children.

## ARGUMENT IN OPPOSITION

### A. Gendering Affirming Treatments Have Not Been Proven to Alleviate Gender Dysphoria

This bill is designed to require an insurance carrier to communicate only with the insured should that insured obtain treatment that falls within the definition of “sensitive services,” while leaving the policy holder in the dark as to services rendered. Its purpose is to erode the rights of parents, and cement false science. Gender affirming care is included in the definition of “sensitive services”, which would include puberty blockers, cross-sex hormones and surgeries. This type of care is experimental. Neither puberty blockers, nor cross-sex hormones are FDA-approved for treatment of gender dysphoria. No evidence-based studies exist that confirm that medical transition in teens and young adults is the appropriate treatment for gender dysphoria, reduces dysphoria or should be the exclusive treatment. One year ago, the Finnish Health Authority issued new guidelines stating that psychotherapy, rather than puberty blockers and hormones should be the first treatment offered to gender questioning youth, in stark contrast to WPATH's "Standards of Care 7". The Finnish guidelines warn of the uncertainty of providing any irreversible "gender-affirming" interventions for those age 25 and under, due to the lack of neurological maturity.<sup>2</sup> No studies exist at all as to the treatment outcomes for the new cohort of ROGD children and young adults, since this phenomenon is less than ten years old.

What we do know is that for pre-pubescent children, if given no gender affirming treatment, 75% to 95% are likely to enter adulthood comfortable with their unchanged bodies, with 65% being same sex attracted.<sup>3</sup>

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<sup>2</sup> See, *One Year Since Finland Broke with WPATH Standard of Care* at [SEGM.org](http://SEGM.org).)

<sup>3</sup> APA Diagnostic and Statistical Manual, 5th edition, “Gender Dysphoria,” p. 455; APA Handbook on Sexuality and Psychology (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744; Cohen-Kettenis PY, et al. “The treatment of adolescent transsexuals: changing insights.” *J Sex Med.* 2008 Aug;5(8):1892-7; “Do Trans- kids stay trans- when they grow up?” [Sexologytoday.org](http://Sexologytoday.org), 11 Jan. 2016; Kaltiala-Heino et al. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.

We know that there is a growing number of desisters (those who stop identifying as the opposite sex prior to medical interventions) and detransitioners (those who regret taking cross-sex hormones and receiving gender affirming surgeries). The number exceeds 13,000 in the United States, with most detransitions taking place at ages 23 to 25 years old, as the frontal cortex is maturing. In a study of 237 of desisting and detransitioned participants, 2/3rds of those that medically transitioned, detransitioned on average after 5 years. The decision to detransition most often was based upon the realization that their gender dysphoria was related to other issues (70%). Fifty percent of the desisters and detransitioners responded that transitioning did not alleviate their dysphoria.<sup>4</sup> In our local Bay Area Parents of ROGD Kids chapter, we have a detransition or desistance rate of 16%, with most of our children still below the age of 25. A simple search on Youtube or Reddit will provide you with countless stories of misguided youth who desisted and detransitioned.

#### B. Cross-Sex Hormones and Puberty Blockers and Cross-Sex Hormones Result in Sterility and have other Unknown Health Consequences.

On the website of Planned Parenthood, the sponsor of this bill, Maddie Deutsch MD, Director of Clinical Services at UCSF, provides a 12-minute video that discusses the health risks related to a female taking testosterone.<sup>5</sup> Dr. Deutsch states that sterility will occur within 5 to 10 years of commencing with the hormone treatment. (Ibid.) Thus, a child starting on "T" at 18 years old could be sterile at 23 years old, before the frontal cortex has matured. Dr. Deutsch then lists a myriad of other health risks that are not known due to the lack of study. They include: unknown risks ovarian cancer, cervical cancer, breast cancer, and possibility an abbreviated life expectancy by 5 years. The known side effects are increased likelihood of stroke and heart attack. The cosmetic irreversible side effects include baldness, deepened voice, hair growth, enlarged clitoris in females to name a few.

With regard to male transitioning to transwomen, Dr. Deutsch states that estrogen will cause men to become irreversibly sterile after **a few months** of using cross-sex hormones. She continues to address the risks with the passing admission that there is not a lot of research on the long-term effects of cross-sex hormones on transwomen, but there may be an increase risk of stroke and likely erectile dysfunction (Ibid.) The cosmetic irreversible side effects include enlarged breasts.

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<sup>4</sup> Detransition: a Real and Growing Phenomenon (SEGM.org.)

<sup>5</sup> ([https://www.plannedparenthood.org/planned-parenthood-california-central-coast/patient-resources/gender-affirming-care.](https://www.plannedparenthood.org/planned-parenthood-california-central-coast/patient-resources/gender-affirming-care))

In 2016, Dianne Ehrensaft, PhD, a clinical psychologist at the gender clinic at UCSF, admits that puberty blockers followed by opposite sex hormones, as is the case in the vast majority of those prescribed them<sup>6</sup>, will lead to sterility. Her advice to her clinician audience was to assuage parents' fear about sterility by letting them know that their pre-pubescent children are willing to adopt. On April 7, 2021, Dr. Ehrensaft told her 100-plus audience to be careful providing a child with too much information about sterility and recommended having that child write a note to his 30-year self, explaining his thought process as a 10-year-old for choosing to forego children.<sup>7</sup> The goal, ostensibly, would be to alleviate the grief of the adult self by reminding them that they only have themselves to blame. We parents take the possibility of sterility a bit less flippantly than our local "gender specialist."

## CONCLUSION

AB 1184 wrongly assumes that parents of gender questioning children are uneducated bigots, who lack the ability to love their child unconditionally. Nothing could be further from the truth, but support does not simply mean giving a child what they want. Parents know their children's suffering first-hand and are in the best position to determine how their child should be treated for gender incongruence. The proposed bill feeds into the false mantra our children consistently hear that if their parents do not blindly affirm and medicalize them with no questions asked, they are transphobic, do not truly love them, and should be rejected.<sup>8</sup> If this bill passes parents will not have the option to get our children the requisite psychologic treatment before they embark on a path of sterilization and sexual dysfunction.

We parents are the only gatekeepers left. Planned Parenthood's website states that it does **not** require any type of mental health assessment before the young person gets hormones.<sup>9</sup> Even when Planned Parenthood requires an assessment it is cursory at best.<sup>10</sup> One has to ask why Planned Parenthood wants to let our children sterilize themselves in secret, but we all know the answer. It's money. Global Market Insight projects a 25% growth in gender related treatments to the tune of \$1.5 billion dollars for 2020 through 2026. Money in exchange for someone's else's misery. We have all seen this before – anyone remember Purdue Pharma and the ongoing opioid addiction?

Be assured that we parents will be standing behind our children if they do transition surreptitiously, ready to catch them when they realize that their clinicians and government failed them, and that they now have a valid reason to hate their bodies. We will tell them that the same

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<sup>6</sup> Some studies state that 95% of all children placed on puberty blockers move onto cross-sex hormones.

<sup>7</sup> <https://4thwavenow.com/>

<sup>8</sup> My daughter informed me that an older transman told her to reject me by calling me her "birth mother." Her real mother now is this 22-year-old female-to-male internet friend.

<sup>9</sup> See note footnote 4.

<sup>10</sup> See [www.gendermapper.org/post/the-transgender-takeover-of-planned-parenthood](http://www.gendermapper.org/post/the-transgender-takeover-of-planned-parenthood); [abigailshrier.substack.com/p/inside-planned-parenthoods-gender](http://abigailshrier.substack.com/p/inside-planned-parenthoods-gender).

government that set the age for a cigarette or a swig of beer at age 21<sup>11</sup>, enthusiastically permitted 12-year-olds to be sterilized.<sup>12</sup>

Respectfully,

A handwritten signature in cursive script that reads "Erin Friday". The signature is written in dark ink and is positioned above the typed name.

Erin Friday, Esq.

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<sup>11</sup> I have scoured medical journals and have yet to find a study that demonstrates that brain development in the frontal cortex, which affects long term consequences is undeveloped except as it relates to sterility and gender.

<sup>12</sup> California permits children in foster care, unquestionably the most vulnerable community, to transition at age (See AB 2119.) Unfortunately for them, they have no parents to help them with the future regret, the state will no longer be obligated to care for them, and no insurance will cover the costs associated with detransitioning.