



Counseling Center of Montgomery County PLLC

Testimony to Oppose SB295: Protecting Children and Families

Chairperson, members of the committee, thank you for the opportunity to share written testimony regarding SB295 and the dangers of Gender Affirming Care. I write to you not out of political motivation, but out of deep concern for the well-being of our children and the preservation of family rights—a cornerstone of our society. Today, we are tasked with discussing a critical safeguard against the rising tide of harmful and irreversible practices that threaten the health and future of America's children.

I am a Licensed Professional Counselor and Supervisor, licensed since 2005, with over 20 years of clinical experience. I have personally served thousands of clients, and my practice has provided services to more than 10,000 individuals. I have supervised over 300 counselor interns in obtaining full licensure and currently hold contracts within my county to serve court-mandated clients through DWI and Drug Court programs. Since 2011, my clinical specialty has focused on high-conflict divorce and custody modification cases. I am also the founder of a nonprofit organization serving older foster youth residing in group homes.

Across my caseload and throughout my practice populations, gender-related concerns have been present in numerous cases. In my professional experience, the most favorable and sustainable outcomes occur when clients are served through careful, exploratory therapeutic approaches that promote whole-person assessment, protect family relationships, and allow for developmental maturation over time. In contrast, I have observed that prematurely engaging in **gender-affirming interventions can contribute to increased family division and alienation of the child from their developing sense of self and from their family support system.**

This is an emotionally charged topic, but we cannot allow emotion to override facts, due process, or ethical medical practices. Many of you may hear arguments questioning what should be done about unsupportive parents or children who don't have a safe home. These are the two main objections that will be raised. So let's address them head-on.

Parental Rights and the Fallacy of Presumed Harm

First, you cannot presume parents to be a danger to their children without due process. The idea that a parent is inherently abusive simply because they do not affirm a child's transgender identity is both legally and ethically indefensible. In this country, we do not strip parents of their rights based on speculation or ideological disagreement. If there is actual abuse or neglect, the law is clear—mandated reporters, including therapists and medical professionals, must report it. But there is no legal or ethical justification for assuming that a parent is harmful simply because they want to help their child without endorsing a transgender identity.



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Second, social transition is not a neutral or benign act. It is not simply a name change or new pronouns—it is a psychosocial intervention that sets children on a direct pathway toward medical transition. And here's what the research shows: If you do not socially or medically transition a child, they are more likely to accept their biological sex as they mature. Isn't that the goal? Shouldn't we want children to feel comfortable in their bodies rather than reinforcing the idea that they need to change them?

The Case for Action: Protecting Vulnerable Youth

We are facing an alarming trend. Across the United States, over 300,000 children aged 13 to 17 identify as transgender—a number that has doubled in recent years. This surge is not a natural development but the result of aggressive promotion of gender ideology, unchecked social contagion, and a profit-driven medical industry. Worse still, many children suffering from gender confusion are being funneled into dangerous medical interventions—puberty blockers, cross-sex hormones, and irreversible surgeries—at an unprecedented rate.

These so-called "gender-affirming" procedures carry devastating consequences. Puberty blockers and cross-sex hormones can cause irreversible sterilization, stunted growth, bone loss, and increased risks of cancer and cardiovascular disease. Surgeries, such as double mastectomies and genital alterations, leave children mutilated, infertile, and often plagued by lifelong complications.

No child can fully comprehend the gravity of these decisions. They cannot legally vote, drink, or even get a tattoo. How, then, can they consent to permanent, life-altering medical interventions? The answer is simple: they cannot. It is the responsibility of adults to protect them—not enable their confusion.

Affirmation-Only Therapy: Ineffective and Harmful

We must recognize that gender dysphoria is a mental health issue, and the best approach is one rooted in exploratory therapy, not automatic affirmation. The argument that cautious therapy is "conversion therapy" is misleading and dangerous. Helping a child understand their distress and feel comfortable in their own body is no different than treating a child with anorexia—both conditions involve a disconnect between perception and biological reality. We do not affirm an anorexic child's belief that they are overweight; instead, we help them overcome that distortion. Why should gender dysphoria be treated any differently?

Affirmation-only therapy is not just ineffective—it is harmful. A therapist's role is to explore and treat underlying issues, not to immediately validate a child's identity without question. In fact, studies show that an affirmation-only approach can do more harm than no therapy at all because it reinforces the child's belief that something is wrong with their body. Many of these children are not struggling with their gender—they are struggling with self-hate, trauma, or emotional pain.



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When we affirm a transgender identity without question, we are affirming their self-hate rather than addressing the root cause of their distress. This is why so many of these children later regret transition. And by then, it's too late. Puberty blockers, cross-sex hormones, and surgeries lead to sterilization, permanent loss of sexual function, and irreversible bodily changes. We must stop pretending that these interventions are harmless. The truth is, these so-called "affirming" medical treatments result in profound and permanent harm. Some call it medical transition; others call it mutilation. The reality is—it is irreversible damage.

The Broader Threat of Gender Ideology

The root of this problem lies in the unchecked spread of gender ideology. This unscientific and damaging worldview teaches children that their sex is irrelevant, that they can be "born in the wrong body," and that their identity is entirely subjective. It creates confusion where none existed, **alienating children from their families** and leading them toward irreversible harm.

This ideology is being pushed not only in clinics but also in classrooms, where young children are exposed to concepts like "gender fluidity" and "preferred pronouns." Materials are used in classes to teach children that their biological sex is merely a suggestion. This is not education—it is indoctrination. And it is wrong.

Standing for the Future of Our Children

Members of the committee, this is not a partisan issue. It is not about left or right—it is about right and wrong. Children deserve our protection. Parents deserve our respect.

If this bill is passed, SB 295, you will send a clear message: Connecticut will stand by while children are harmed in the name of ideology. We will allow families to be torn apart. And we will allow politics to override science, ethics, or common sense.

Let us instead, stand firm in our commitment to protect the most vulnerable among us and stop this bill from becoming a law. Let us defend parental rights, safeguard our children, and ensure that every child is given the opportunity to grow up whole, healthy, and free from irreversible harm.

Respectfully,

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