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TESTIMONY OPPOSING MINNESOTA HF16 THERAPY BAN BILL
International Federation for Therapeutic and Counselling Choice
January 17, 2023

Re: [HF16](#) (Hollins) - "Conversion therapy"

Honorable Members of the House Human Services Policy Committee,

I am Dr. Laura Haynes, psychologist and general board member representing the International Federation for Therapeutic and Counselling Choice ([iftcc.org](#)). Thank you for the opportunity to express our deep concerns about HF16. We support therapy to explore potential to manage, reduce, or change undesired sexual attraction feelings or behaviors or undesired incongruent gender identity or expression that uses evidenced based methods and well-established psychotherapy practices therapists use around the world and not aversive or coercive methods or guarantees of outcomes. **HF16 would cause serious harms. Please consider the evidence.**

1. Therapy bans are usually based on a common belief that same sex attraction and incongruent gender identity are inborn and who a person biologically is. We know of virtually no professional organization that agrees with this popular view.

A. Even the American Psychological Association's *APA Handbook of Sexuality and Psychology* says same sex attraction and incongruent gender identity¹ are not simply biologically determined. It says there are psychoanalytic causes,² and childhood sexual abuse may be a cause for having same sex partners for some people,³ but HF16 prohibits professional speech that says this. This is harmful and **unconstitutional**. SCOTUS has said professionals have the same right to freedom of speech as anyone else.⁴

B. A highly regarded global consensus statement by endocrine societies around the world on intersex and related conditions says incongruent gender identity is not an intersex condition of the brain. It says there is no consistent evidence that the brains of gender incongruent people are different from the brains of gender congruent people. It says there is no biological thing that has been found that is gender incongruent identity that another person can find by looking at a person's brain or doing a biological test.⁵

C. Research has found internationally^{6 7 8 9} that adolescents had high rates of psychiatric conditions (psychiatric disorders, neurodevelopmental disabilities, or suicidality) that existed BEFORE onset of gender incongruence, therefore may have caused it.

2. Treating causes may safely reduce resulting undesired sexual attraction feelings or gender distress for some. There are professional organizations worldwide that support the legal right to this therapy.¹⁰

A. You will no doubt hear that many surveys have claimed harm from therapy that explores options to undesired sexual attraction feelings. The study by Blosnich and colleagues in 2020 is the leading example. They used data collected by the Williams Institute at the University of California at Los Angeles.

(1) They surveyed only people who currently identify as LGB, therefore only people who did not change. They omitted people who report they benefitted and changed and no longer identify as LGB.

(2) They also omitted same sex attracted people who are traditionally religious and reject taking an LGB identity, the population that most experiences change exploring therapy, that finds most goals of change exploring therapy helpful, and that will be most effected by therapy bans.^{11 12}

(3) Blosnich and colleagues reported they found higher lifetime rates of suicidality in people who did experience change exploring counseling than in people who did not. They admitted they could not legitimately conclude from this that the counseling caused the suicidality, then asserted that conclusion anyway and called for a ban.

(4) Sullins in 2022^{13 14} reanalyzed their same data set but used more of the data that Blosnich and colleagues¹⁵ had available to them but chose not to use. Sullins found most of that lifetime suicidality was *before* the counseling, *not after*. **Unsurprisingly, people who went to counseling were more suicidal than people who did not go to counseling, and the counseling reduced their suicidality.** The same would likely be true for all people who go to any counseling, including LGB affirming counseling. Should all counseling be banned?

(5) Surveys that claim harm make these same or similar mistakes habitually. They are fatally biased, and their claims are invalid.

B. The best available research that actually studies the traditionally religious, non-LGB-identified population that most experiences change-exploring therapy has found that same sex attraction or behavior they do not desire significantly decreases or changes, though not for all, suicidality dramatically decreases, and psychological well-being significantly improves.^{16 17 18}

C. Finland's government recommends as first line treatment resolving adolescent gender dysphoria by treating psychiatric disorders that may have predisposed the adolescent to it. Gender identity may change as a

therapy result. Under H16, therapists will feel themselves at risk if they inform clients of this therapy option or provide it.¹⁹

D. Sweden,^{20 21 22} Finland,²³ and the United Kingdom^{24 25 26} have all conducted comprehensive research reviews and concluded research does not support safety or effectiveness long term for puberty blockers, wrong sex hormones, or surgeries to alter sexual appearance. They have concluded the risks *do not* outweigh the harms of medical affirmative treatment. They are taking very seriously the growing numbers of adolescents and young people who are soon regretting and grieving loss of their ability to conceive children, sexual function and orgasm, ability to breast feed, and their natural bodies. Studies show suicidality, depression, and anxiety do not improve long term from medical interference with natural bodies and health.^{27 28} Recent studies of young people cannot show long term outcomes. **These countries with the longest experience with research and treatment for gender distress that far surpasses that of the United States are all prioritizing psychotherapy now to resolve child and adolescent gender distress, which HF16 would very foolishly outlaw. Therapy bans are out of date and are a DISASTER.**

E. These nations are leaving gender affirmative guidelines and positions of professional organizations that have been captured by advocacy pseudo-science. Worldwide, there is NOT professional consensus in support of HF16.

3. Contrary to some claims, the United Nations has no binding treaty that mentions sexual orientation or gender identity at all except to say that countries do not ask people about their sexual attractions or gender identity as a condition to vote. Many UN nations oppose a therapy ban.²⁹

4. HF16, if passed, would come to an end in lawsuits.

A. It is currently expected that 1,000 families will sue the United Kingdom for gender affirming treatment given to minors.³⁰ A lawsuit has been initiated in California.³¹ Therapists must inform clients of the option of non-invasive psychotherapy to resolve gender dysphoria or incongruence.

B. Under HF16, MN therapists would be in jeopardy of the law if they offered young people the treatment option of noninvasive psychotherapy to resolve gender dysphoria or incongruence and in jeopardy of law suits if they do not. They would have to sue the state immediately.

We urge you, vote NO.

Sincerely,

Laura Haynes, Ph.D., General Board Member, U.S.A. Country Representative, International Federation for Therapeutic and Counselling Choice (iftcc.org)

Contact Dr. Laura Haynes: laura.haynes@iftcc.org

For additional concise information:

TherapyEquality.org/HarmsOfTherapyBans (5 pp + endnotes; periodically updated)

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