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THERAPEUTIC & COUNSELLING CHOICE

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TESTIMONY OPPOSING OREGON HB2458 THERAPY BAN BILL
International Federation for Therapeutic and Counselling Choice
February 13, 2023

Honorable Members of the House Committee on Behavioral Health and Health Care,

I am Dr. Laura Haynes, psychologist and general board member representing the International Federation for Therapeutic and Counselling Choice (iftcc.org) that serves professionals in about 25 nations. Thank you for the opportunity to express our deep concerns about HB2458. We support client-directed 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. **HB2458 would cause serious harms and end in lawsuits. Please consider the evidence.**

1. **The New York City Council voted unanimously to rescind its own adult therapy ban on the advice of LGBT advocacy attorneys for fear of losing at the U.S. Supreme Court with unintended consequences.[1] [2] [3] New Jersey silently stopped pursuing its adult therapy ban after the first legislative committee hearing. California pulled its adult therapy ban before the final vote.[4] Oregon also should pull HB2458. There are many good reasons to do so as follow.**

2. **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 identity[5] are not simply biologically determined. It says there are psychoanalytic causes,[6] and childhood sexual abuse may be a cause for having same sex partners for some people.[7] Some people want to explore these experiences and their potentially causal influences[8] [9] on their undesired same sex attraction feelings.

    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.[10] The American Psychiatric Association's official diagnostic manual agrees.[11]

C. Research has found internationally[12] [13] [14] [15] that adolescents had high rates of psychiatric conditions (psychiatric disorders, neurodevelopmental disabilities, self-injuring behavior, suicidality, and broad identity confusion) 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 incongruence or distress for some. There are professional organizations worldwide that support the legal right to this therapy.[16]

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 nationally representative survey 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 affected by therapy bans.[17] [18]

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

(4) Sullins in 2022[19] [20] reanalyzed their same data set but used more of the data that Blosnich and colleagues[21] 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 same sex attracted population that often rejects an LGB identity and 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 and clinically improves. Most have a therapy goal to safeguard their marriage and family or to live consistently with their religion.[22] [23] [24] For this population, religion is positively linked to health.[25] [26] [27]

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.[28] Gender identity may change as a therapy result. Under HB2458, therapists will feel themselves at risk if they inform clients of this therapy option or provide it. *Yet therapists are ethically required to inform patients of treatment options.*

D. Sweden,[29] [30] [31] Finland,[32] and the United Kingdom[33] [34] [35] have all conducted comprehensive research reviews and concluded research does not support safety or effectiveness long term for puberty blockers, opposite 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 capacity for orgasm, ability to breast feed, and their natural bodies. Rigorous studies that actually do represent entire populations over nearly half a century of follow-up show little to no improvement in suicidality, depression, and anxiety long term from medical interference with natural bodies and health.[36] [37] [38] 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 HB2458 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 HB2458.

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. An independent, volunteer, individual "expert" submits reports to the Human Rights Council (HRC) of the United Nations (UN) from time to time.[39] Neither the HRC nor the UN has ever considered or adopted any of his proposals. Many UN nations oppose his mandate to submit reports and oppose a therapy ban.[40]

4. HB2458, if passed, would come to an end in lawsuits.

A. **The Supreme Court of the United States has declared** that professionals, have the same right to freedom of speech as anyone else.[41]

The 11th Circuit Court of Appeals has struck down therapy bans based on this Supreme Court decision.[42] [43]

B. **Emerging research reveals detransitioners needed psychotherapy that HB2458 prohibits.** They came to realize their gender incongruence and dysphoria were caused by underlying psychological problems or trauma, and their therapist did not offer the option of therapy to explore or treat this. They still need this treatment now, after body harming interventions did not help, but HB2458 would forbid it, further harming them.

C. **Therapists are ethically required to inform clients of alternate therapy options. They must inform clients of the option of noninvasive psychotherapy to resolve gender dysphoria or incongruence or be at risk of lawsuits.** It is currently expected that 1,000 families will sue the United Kingdom for gender affirming treatment given to minors.[44] A lawsuit has already been initiated in California.[45]

D. **Under HB2458, Oregon therapists would be in double jeopardy**—in jeopardy of the law if they offered 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)

References:

[1] https://www.nbcnews.com/feature/nbc-out/when-it-comes-conversion-therapy-age-isn-t-just-number-n1054226

[2] https://www.wbur.org/hereandnow/2019/09/24/new-york-city-ban-gay-conversion-therapy

[3] https://adflegal.org/article/government-threatened-his-ability-help-patients-so-jewish-counselor-took-stand

[4] https://www.californiafamily.org/2018/08/thank-you-assemblyman-low-for-pulling-ab-2943-and-listening-to-our-concerns/

[5] Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology. Volume 1. Person Based Approaches*, p. 743. Washington D.C.: American Psychological Association. https://content.apa.org/PsycBOOKS/toc/14193

[6] Rosario, M. & Schrimshaw, E. (2014). Chapter 18: Theories and etiologies of sexual orientation. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology, Volume 1. Person Based Approaches,* p. 583. Washington D.C.: American Psychological Association.https://www.apa.org/pubs/books/4311512

[7] Mustanski, B., Kuper, L., & Greene, G. (2014). Chapter 19: Development of sexual orientation and identity. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology, Volume 1. Person Based Approaches*, pp. 609-610. Washington D.C.: American Psychological Association. https://www.apa.org/pubs/books/4311512

[8] Wilson, H. & Widom, C. (2010). Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up. *Archives of Sexual Behavior, 39*, 63-74. https://link.springer.com/article/10.1007%2Fs10508-008-9449-3

[9] Roberts,A.L., Gllymour, M.M., & Koenen, K.C. (2013). Does maltreatment in childhood affect sexual orientation in adulthood? *Archives of Sexual Behavior, 42(2)*, 161-171. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3535560/pdf/nihms-407847.pdf

[10] See p. 168. Lee, P.A., et al., & the Global DSD Update Consortium (2016). Consensus Statement: Global disorders of sex development update since 2006: Perceptions, approach and care. *Hormone Research in Pediatrics, 85*, 158–180. https://doi.org/10.1159/000442975

[11] American Psychiatric Association (2022). "Gender Dysphoria". In *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. Washington, D.C., American Psychiatric Association, pp. 511-520. See especially pp. 511, 517. https://www.psychiatry.org/psychiatrists/practice/dsm)

[12] Becerra-Culqui T.A. et al. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics, 141(5)*, e20173845. https://doi.org/10.1542/peds.2017-3845

[13] Kaltiala-Heino, R., et al. (2015). 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, 9, 4-6.* https://doi.org/10.1186/s13034-015-0042-y

[14] Thrower, E., et al. (2019). Prevalence of autism spectrum disorder and attention-deficit hyperactivity disorder amongst individuals with gender dysphoria: A systematic review. *Journal of Autism and Developmental Disorders, 50*, 695-706. https://pubmed.ncbi.nlm.nih.gov/31732891/

[15] Kozlowska, K. et al. (2021). Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems: Therapy, Culture and Attachments, 1(1),* 70-95. https://doi.org/10.1177/26344041211010777

[16] Haynes, L. (2021). Medical, social science, and mental health organisations opposing bans on therapy for unwanted same-sex attraction or gender identity. https://iftcc.org/resource/medical-and-mental-health-organisation-opposing-bans-on-therapy-for-unwanted-same-sex-attraction-or-gender-identity/

[17] Rosik, C. H., Lefevor, G. T., & Beckstead, A. L. (2021a). Sexual minorities who reject an LGB identity: Who are they and why does it matter? *Issues in Law & Medicine, 36(1),* 27-43. https://pubmed.ncbi.nlm.nih.gov/33939341/

[18] Rosik, C. H., Lefevor, G. T., & Beckstead, A. L. (2021b). The pursuit of change and acceptance of minority sexual orientation in psychotherapy: Retrospective perceptions of helpfulness and harmfulness. *Journal of Psychology and Christianity, 40(3),* 185-203. https://caps.net/jpc/

[19] Sullins, D. (2022b). Sexual orientation change efforts do not increase suicide: Correcting a false research narrative. *Archives of Sexual Behavior.* https://link.springer.com/article/10.1007/s10508-022-02408-2

[20] Sullins, D. (2022a). Absence of behavioral harm following non-efficacious sexual orientation change efforts: A retrospective study of United States sexual minority adults, 2016-2018. *Frontiers in Psychology, 13,* article 823647. https://www.frontiersin.org/articles/10.3389/fpsyg.2022.823647/full

[21] Blosnich, J. et al. (2020). Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016– 2018. *American Journal of Public Health, 110(7)*, 1024- 1031. https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305637

[22] Sullins D. P., Rosik C. H., and Santero P. (2021). Efficacy and risk of sexual orientation change efforts: A retrospective analysis of 125 exposed men [version 2; peer review: 2 approved] *F1000Research, 10:222*. https://doi.org/10.12688/f1000research.51209.2

[23] Pela, C. & Sutton, P. (2021). Sexual attraction fluidity and well-being in men: A therapeutic outcome study. *Journal of Human Sexuality, 12*, 61-86. https://pro-lgbt.ru/wp-content/uploads/2022/01/Sexual_Attraction_Fluidity_and_Well-Being_in_Men-1.pdf

[24] Jones, S. & Yarhouse, M. (2011). A longitudinal study of attempted religiously mediated sexual orientation change. *Journal of Sex & Marital Therapy*, 37(5), 404-427, http://dx.doi.org/10.1080/0092623X

[25] Lefevor, Sorrell, et al, 2019;
Lefevor, Beckstead, et al, 2019;
Rosik, C. H., Lefevor, G. T., & Beckstead, A. L. (2021a). Sexual minorities who reject an LGB identity: Who are they and why does it matter? *Issues in Law & Medicine, 36(1),* 27-43. https://pubmed.ncbi.nlm.nih.gov/33939341/

[26] Lefevor, G. T., Sorrell, S. A., Kappers, G., Plunk, A., Schow, R. L., Rosik, C. H., & Beckstead, A. L. (2020). Same-sex attracted, not LGBQ: The implications of sexual identity labelling on religiosity, sexuality, and health among Mormons. *The Journal of Homosexuality, 67*(7), 940-964. https://doi.org/10.1080/00918369.2018.1564006

[27] Lefevor, G. T., Beckstead, L. A., Schow, R. S., Raynes, M., Mansfield, T. R., Rosik, C. H. (2019). Satisfaction and health within four sexual identity relationship options. *Journal of Sex and Marital Therapy, 45(5),* 355-369. https://doi.org/10.1080/0092623X.2018.1531333

[28] See chapter 7. Council for Choices in Health Care in Finland (PALKO/COHERE Finland) (2020). Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland): Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors.
https://palveluvalikoima.fi/en/recommendations#genderidentity . Certified English Translation, Lingua Franca Translations, Coconut Grove, Florida (18 May, 2022), https://archive.iftcc.org/finnish-2020-cohere-guidelines-minors-finland-certified-translation/

[29] National Board of Health and Welfare (Sweden) (February 2, 2022). Updated recommendations for hormone therapy for gender dysphoria in young people. Press release. Rush-Translate (June 27, 2022), Certified English translation, Louisville, Kentucky. https://iftcc.org/wp-content/uploads/2022/07/Swedish-Health-Service-February-2022-Policy-Statement-Translated-and-Notarized.pdf-from-Brooks.pdf

[30] Re Sweden: Society for Evidence Based Gender Medicine (SEGM) (Feb. 27, 2022). SEGM Summary of Key Recommendations from the Swedish National Board of Health and Welfare (Socialstyrelsen/NBHW), February 2022 update. https://www.segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth

[31] Sweden: Georgas, K. et al. (2018). Gender affirmation surgery for gender dysphoria-effects and risks. [Könskonfirmerande kirurgi vid könsdysfori - effekter och risker]. Göteborg: Västra Götalandsregionen, Sahlgrenska University Hospital, HTA-centrum.
Regional activity based HTA 2018:102. https://mellanarkiv-offentlig.vgregion.se/alfresco/s/archive/stream/public/v1/source/available/sofia/su4372-1728378332-373/native/2018_102%20Rapport%20Könsdysfori.pdf

[32] Council for Choices in Health Care in Finland (PALKO/COHERE Finland) (2020). Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland): Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors. https://palveluvalikoima.fi/en/recommendations#genderidentity . Certified English Translation, Lingua Franca Translations, Coconut Grove, Florida (18 May, 2022), https://archive.iftcc.org/finnish-2020-cohere-guidelines-minors-finland-certified-translation/

[33] See pp. 9, 11-13. NHS England (20 October 2022). Public consultation: Interim service specification for specialist gender dysphoria services for children and young people. Classification: Official. Publication, reference: PR1937_ii. https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf

[34] National Institute for Health and Care Excellence (NICE) (Oct. 2020a). Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria. https://arms.nice.org.uk/resources/hub/1070871/attachment

[35] National Institute for Health and Care Excellence (NICE) (Oct. 2020b). Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria. https://www.evidence.nhs.uk/document?id=2334888&returnUrl=search%3ffrom%3d2020-01-01%26q%3dgender%2bdysphoria%26sp%3don%26to%3d2021-03-3

[36] Dhejne, C. et al. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. *PLoS ONE 6(2)*, e16885. https://pubmed.ncbi.nlm.nih.gov/21364939/

[37] Branstrom, R. & Pachankis, J.E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. With correction addendum and correction statement at end. *American Journal of Psychiatry 177(8)*, 727-734. https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2019.19010080

[38] Wiepjes, C., den Heijer, M., Bremmer, M., Nota, N., de Blok, C, Coumou, B., & Steensma, T. (2020). Trends in suicide death risk in transgender people: Results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017). *Acta Psychiatrica Scandinavica,* 1-6. https://pubmed.ncbi.nlm.nih.gov/32072611/

[39] United Nations Human Rights Council (July 8, 2020). UN expert calls for global ban on practices of so-called "conversion therapy". un-expert-calls-global-ban-practices-so-called-conversion-therapy

[40] Example 57 nations:
Organisation of Islamic Cooperation (18-19 Oct. 2016). Declaration by the Group of the OIC Member States in Geneva on Condemning the Human Rights Council Resolution “Protection against violence and discrimination based on Sexual Orientation and Gender Identity”. Resolutions on Social and Family Affairs Submitted to the 43rd Session of the Council of Foreign Ministers (Session of Education and Enlightenment: Path to Peace and Creativity), Tashkent, Republic of Uzbekistant. OIC/CFM-43/2016/CS/RES/FINAL. https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm_res_cs_en.pdf ;
Organisation of Islamic Cooperation (OIC) (n.d.). History. https://www.oic-oci.org/page/?p_id=52&p_ref=26&lan=en

[41] National Institute of Family and Life Advocates v. Becerra, 138 S.Ct. 2361, 2018. https://www.oyez.org/cases/2017/16-1140

[42] Otto et al. v. City of Boca Raton et al, 2020, https://lc.org/PDFs/Attachments2PRsLAs/112020Otto.pdf

[43] Vazzo vs. City of Tampa, https://lc.org/newsroom/details/020223-appeals-court-strikes-down-tampa-counseling-ban

[44] Beckford, M. (August 11, 2022). Tavistock transgender clinic could face mass legal action 'from 1,000 familes of children who claim they were rushed into taking life-altering puberty blockers' weeks after NHS shut it down in wake of damning report. Daily Wire. https://www.dailymail.co.uk/news/article-11101661/Tavistock-transgender-clinic-facing-mass-legal-action-1-000-families.html

[45] Chole Cole vs. Kaiser Permanente. (Nov. 9, 2022). https://www.dhillonlaw.com/lawsuits/chloe-cole-v-kaiser-permanente/