



INTERNATIONAL FEDERATION FOR
THERAPEUTIC & COUNSELLING CHOICE

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**INTERNATIONAL FEDERATION FOR THERAPEUTIC AND COUNSELLING CHOICE
TESTIMONY IN OPPOSITION TO AB957 FAMILY LAW, GENDER IDENTITY**

AS AMENDED MARCH 13, 2023

by Laura Haynes, Ph.D., General Board Member

March 17, 2023

Dear Members of the California Assembly Judiciary Committee,

I am Dr. Laura Haynes, psychologist, general board member, and U.S.A. Country Representative writing on behalf of the International Federation for Therapeutic and Counselling Choice (iftcc.org) that serves professionals in California and about 25 nations. Thank you for the opportunity to express our deep concerns about AB957.

Under CA AB 957, politicians would require a judge to strongly consider a *viewpoint* that affirming the gender identity of a gender dysphoric child is in the best interest of the child, a viewpoint on which health agencies and organizations themselves worldwide are not agreed as we will show. Even parents who do not oppose gender affirmation in principle may feel that legal affirmation is not right for their child based on their knowledge of their child. Under CA AB 957, if a parent does not consent to a legal name change for their child that would affirm the child's gender identity, the child can legally change their name against the parent's will, and, if custody is being decided, the non consenting parent can lose custody of their child. California parents will not be happy with politicians who vote to have judges take their say and their children away from them. AB957 would cause serious harms for children. Please consider the evidence.

1. **"Gender identity"** is the sex a person subjectively feels they are. **"Incongruent gender identity"** is a gender identity that does not match a person's sex. **"Gender dysphoria"** is the distress a person may feel over the mismatch between their gender identity and their sex.
2. **A minor's incongruent gender identity may not last, but the harms from affirming it in law may last a lifetime.**
 - A. **Research shows internationally that children who experience gender dysphoria before puberty overwhelmingly—85% to 98%—outgrow gender dysphoria, if *not* socially affirmed in community to live as another sex or gender identity (with change of name, pronouns, hair cut, and clothes) and if given psychiatric support they may need. Eleven out of 11 studies¹ and at least 9 professional organizations, including the Endocrine Society's Guideline,² agree. **But if children are continually socially affirmed in their incongruent gender identity for 5 years, only 2.5% resolve.³ A legal name change may lock in a gender identity that otherwise would have resolved.****

- B. **Even the American Psychological Association's *APA Handbook of Sexuality and Psychology* cautions that the gender affirming approach, unlike other approaches, may neglect individual problems a child is having and risk a child having to go through substantial stress in a second gender transition if the incongruent gender identity resolves.**⁴
- C. **Sweden,⁵ Finland,⁶ England,⁷ and Norway⁸ have now concluded that gender identity, like identity in general, is a temporary search for identity in young people. Youthful identities should not be legally locked in.**
- D. **Gender affirmation—whether social, legal, or medical (puberty blockers, cross sex hormones, mastectomies, potentially sex surgeries)—is a path of serious and lasting harms:**
- **96% to 100% of children socially affirmed as another gender go on to be medically affirmed which sterilizes them for life^{9 10 11 12} for a gender identity they may have outgrown naturally if not affirmed.**
 - **After their bodies are altered, 26% change their minds and discontinue the drugs despite having full financial coverage according to a U.S. population based study over 4 years.¹³**
 - **Those who change their minds transitioned socially or medically to live as another gender on average a little before age 18 and detransitioned back about 4 years later at about age 22 according to emerging research.¹⁴ *Minors should not be legally locked in to these identities.***
 - **More than 75% of detransitioners did not tell the professionals who medically altered their bodies that they regretted it and detransitioned according to emerging research.¹⁵ Clinicians do not know.**
 - **They grieve permanent losses of their health, ability to procreate children, ability to function sexually and enjoy orgasm, ability to nurse a baby, and loss of their natural bodies. They face seeking a relationship without having sexual function. They face the substantial stress of making a second gender transition back to identifying as their sex—which AB957 would make even worse because of the burden of a legalized incongruent gender identity status.**
3. **Gender affirmation is built on a viewpoint that has never been scientifically substantiated that a gender identity that differs from a person's sex is a biological thing, is who a person biologically is. An incongruent gender identity is *not* simply a biological thing. It may have psychiatric causes.**
- A. **A highly regarded global consensus statement by endocrine societies around the world on intersex and related conditions does not accept a view that incongruent gender identity is 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 incongruent gender identity that another person can find by looking at a person's brain or doing a biological test.¹⁶ **The American Psychiatric Association's official diagnostic manual agrees.¹⁷**

- B. At least 14 professional organizations agree that gender identity *develops from a mixture* of biological, psychological, social, and cultural influences. This is widely accepted.¹⁸
 - C. Psychiatric conditions may predispose young people to develop gender dysphoria. Rigorous research has found internationally^{19 20 21 22 23} that a large majority of adolescents had psychiatric conditions (psychiatric disorders, neurodevelopmental disabilities including high rates of autism, self-injuring behavior, suicidality, or confusion about their identity in many areas—not only about gender, and trauma from dysfunctional family histories), commonly severe, that frequently began BEFORE onset of gender dysphoria, seldom after, therefore may have led to their gender dysphoria.
 - D. In such cases, guidelines of the British Psychological Society²⁴ and the American Psychiatric Association²⁵ say medical gender affirmation may not be appropriate. *Logically, legal affirmation also may not be appropriate, contrary to AB957's strong viewpoint. Non-consenting parents may be right and best for their children.*
 - E. Detransitioners often report they were affirmed instead of given psychiatric treatment they still need.^{26 27} Some say therapists should have pushed back more against their strong drive for gender affirmation.
4. It would be dangerous and unfounded for politicians to require a judge to hold strongly a viewpoint that affirmation is in the best interest of a child, a viewpoint on which even medical and mental health professionals themselves worldwide are not in agreement. Professionals do not agree that social or medical affirmation is usually or ever in the best interest of a gender dysphoric child. Rather, psychotherapy may be better. Logically, legal gender affirmation also may not usually or ever be in the best interests of a gender dysphoric child or adolescent.
- A. 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
 - B. The health authorities of Sweden,^{29 30 31} Finland,³² and England^{33 34 35} are *moving away from the affirmative approach*. They all conducted comprehensive research reviews and concluded that gender affirmative treatment is experimental—not scientifically supported, and *the risks do not outweigh the harms*. Norway³⁶ is the most recent to agree along with medical associations in France³⁷ and Italy³⁸.
 - C. Rigorous studies in Sweden^{39 40} and The Netherlands⁴¹ that represent all gender dysphoric people in entire national populations over nearly half a century of follow-up show little to no improvement in suicidality, depression, and anxiety long term from societal affirmation and medical interference with natural bodies and health. Recent studies of young people cannot show long term outcomes.
 - D. Countries with the longest experience with social affirmation, research, and treatment for gender distress that far surpasses that of the United States are prioritizing psychotherapy over affirmation now to resolve child and adolescent gender distress, which AB957 would very foolishly jeopardize. AB597 would be a DISASTER.

- E. **These nations are leaving gender affirmative guidelines and positions of those professional organizations that have been captured by biased advocacy science. Worldwide, there is NOT a professional consensus in support of AB957.**

5. AB957, if passed, would end in lawsuits for the protection of minors.

- A. **AB957 would require a judge to act on a *viewpoint* that gender affirmation is in the best interest of a gender dysphoric child, a viewpoint that professionals themselves worldwide do not agree on.**
- B. **Parents generally know their child’s psychological, medical, and social history and have a longer experience with their child than anyone. AB957 would require judges to bias themselves automatically against parent knowledge and expertise that did not match the preferred viewpoint of AB957 at the peril of children and parents.**
- C. **Activists pressuring legislators today for gender affirmation may be suing the state tomorrow for promoting it unquestioningly.**

We urge you, vote NO.

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

References:

¹ 88% —Singh D., Bradley S.J., and Zucker K.J. (2021) A Follow-Up Study of Boys With Gender Identity Disorder. *Frontiers in Psychiatry*, 12, 632784. <https://www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full>

61-98% —Ristori, J. & Steensma, T.D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry*, 28(1), 13-20. <http://dx.doi.org/10.3109/09540261.2015.1115754>

80-95% —Cohen-Kettenis P., Delemarre-van de Waal, H., & Gooren, L. (2008). The treatment of adolescent transsexuals: Changing insights. *Journal of Sexual Medicine*, 5, 1892–1897. <https://doi.org/10.1111/j.1743-6109.2008.00870.x>

Zucker, K. (2018). The myth of persistence: Response to “A critical commentary on follow-up studies and ‘desistance’ theories about transgender and gender non-conforming children” by Temple Newhook et al. (2018). *International Journal of Transgenderism*. <https://www.tandfonline.com/doi/abs/10.1080/15532739.2018.1468293>

² Endocrine Society Guideline with 6 do-sponsoring organizations: <https://doi.org/10.1210/jc.2017-01658> ; American Psychological Association’s *APA Handbook of Sexuality and Psychology*: Chapter 24 in Vol. 1, pp. 743-744, <https://content.apa.org/PsycBOOKS/toc/14193> ; American Psychiatric Association’s *Diagnostic and Statistical Manual, Fifth Edition – Text Revision*, p. 516, rates of desistance calculated from rates of persistence, <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787>

³ Olson, K. et al. (2022). Gender identity 5 years after social transition. *Pediatrics*, special article. <https://pubmed.ncbi.nlm.nih.gov/35505568/>

⁴ 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*. Pp. 744, 750. Washington D.C.: American Psychological Association. <https://content.apa.org/PsycBOOKS/toc/14193>

⁵ 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>

⁶ Finland: 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 Translation, Lingua Franca Translations, Coconut Grove, Florida (18 May, 2022).

⁷ 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, oo, 11-12. https://www.engage.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

⁸ Norway: Society for Evidence Based Gender Medicine (SEGM) (March 9, 2023). Latest from SEGM, “The Norwegian Healthcare Investigation Board (NHIB/UKOM)....” <https://www.segm.org> ; Full Conversation on Twitter, https://twitter.com/segm_ebm/status/1634032333618819073?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1634032333618819073%7Ctwgr%5E2a4a210667a11fc8a09253bd111f006317317cfb%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.segm.org%2F

⁹ 100%: de Vries, A. L. C., Steensma, T. D., Doreleijers, T. A. H., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *The Journal of Sexual Medicine*, 8(8), 2276–2283. <https://pubmed.ncbi.nlm.nih.gov/20646177/>

¹⁰ 99%: Desisted. Kuper, L., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. *Pediatrics*, 145(4). e20193006. <https://publications.aap.org/pediatrics/article/145/4/e20193006/76951/Body-Dissatisfaction-and-Mental-Health-Outcomes-of-autologincheck=redirected>

¹¹ 98%: Carmichael, P., Butler, G., Masic, U., Cole, T.J., De Stavoia, B.L., Davidson, S., Skageberg, E.M., Khadr, S., & Viner, R.M. (2021). Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PLoS ONE* 16(2): e0243894. <https://doi.org/10.1371/>

¹² 96.5%: Brik, T., Vrouenraets, L.J.J.J., deVries, M.C., Hannema, S.E. (2020). Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria. *Archives of Sexual Behaviour*, 49, 2611-2618. <https://doi.org/10.1007/s10508-020-01660-8>

¹³ Roberts, C.M., Klein, D.A., Adirim, T.A., Schvey, N.A., & Hisle-Gorman, E. (2022). Continuation of gender-affirming hormones among transgender adolescents and adults. *Journal of Clinical Endocrinology & Metabolism*, 107, 3937-e3943. <https://pubmed.ncbi.nlm.nih.gov/35452119/>

¹⁴ Vandebussche, E. (2021). Detransition-related needs and support: A cross-sectional online survey. *Journal of Homosexuality*, online. <https://www.tandfonline.com/doi/pdf/10.1080/00918369.2021.1919479?needAccess=true>

- ¹⁵ Littman, L. (2021). Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned: A survey of 100 detransitioners. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-021-02163-w>
- ¹⁶ 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, 168. List of the organizations on p. 159. <https://doi.org/10.1159/000442975>
- ¹⁷ 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, 517. <https://www.psychiatry.org/psychiatrists/practice/dsm>)
- ¹⁸Some organizations are included more than once: Consensus statement by 6 endocrine societies around the world: 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> ; Endocrine Society guideline with 6 do-sponsoring organizations: Hembree et al. (2017), <https://doi.org/10.1210/jc.2017-01658> ; American Psychological Association's *APA Handbook of Sexuality and Psychology: Bocketing* (2014), Chapter 24 in Vol. 1, pp. 743-744, <https://content.apa.org/PsycBOOKS/toc/14193> ; American Psychiatric Association: *Diagnostic and Statistical Manual, Fifth Edition— Text Revision*, p. 516, rates of desistance calculated from rates of persistence, <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787> ; American Academy of Pediatrics policy statement: Rafferty J. et al. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics* 142(4): e20182162. (p. 4) <https://pediatrics.aappublications.org/content/pediatrics/142/4/e20182162.full.pdf>
- ¹⁹ 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>
- ²⁰ 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>
- ²¹ 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/>
- ²² Bechard, M., et al. (2017). Psychosocial and psychological vulnerability in adolescents with gender dysphoria: A "Proof of Principle" study. *Journal of Sex and Marital Therapy*, 43(7), 681 and Table 1. <https://doi.org/10.1080/0092623X.2016.1232325>
- ²³ Kozłowska, 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>
- ²⁴ British Psychological Society (BPS) (February 2012). Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients, p. 26. <https://www.bps.org.uk/guideline/guidelines-and-literature-review-psychologists-working-therapeutically-sexual-and-gender>
- ²⁵ Byne, W. et al. (2012). Report of the American Psychiatric Association Task Force on treatment of gender identity disorder. *Archives of Sexual Behavior*, 41, 764. <https://link.springer.com/article/10.1007%2Fs10508-012-9975-x>

²⁶ Vandenbussche, 2021.

²⁷ Littman, 2021.

²⁸ 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%3f-from%3d2020-01-01%26q%3dgender%2bdysphoria%26sp%3don%26to%3d2021-03-3>

³⁶ Norway: Society for Evidence Based Gender Medicine (SEGM) (March 9, 2023),” <https://www.segm.org>

³⁷ National Academy of Medicine (NAM), France. (28 Feb. 2022). Press Release: Medical Care of Children and Adolescents with Transgender Identity. Unofficial translation by the Society for Evidence-based Gender Medicine (SEGM), (2 March 2022). https://segm.org/sites/default/files/English%20Translation_22.2.25-Communique-PCRA-19-Medecine-et-transidentite-genre.pdf

³⁸ Buttons, C. (30 Jan. 2023). Italian Psychological Association expressed “great concern” over puberty blocking drugs. The Daily Wire. https://www.dailywire.com/news/italian-psychological-association-expressed-great-concern-over-puberty-blocking-drugs?inf_contact_key=5f4f5a2dc69a3b2e9ba1748470b5556bb7af0999dac2af6212784c39e05d2aef

³⁹ 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/>

⁴⁰ 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>

⁴¹ Wiepjes, C. et al. (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/>