



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 studies<sup>1</sup> and at least 9 professional organizations, including the Endocrine Society's Guideline,<sup>2</sup> agree. **But if children are continually socially affirmed in their incongruent gender identity for 5 years, only 2.5% resolve.<sup>3</sup> 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.**<sup>4</sup>
- C. **Sweden,<sup>5</sup> Finland,<sup>6</sup> England,<sup>7</sup> and Norway<sup>8</sup> 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<sup>9 10 11 12</sup> 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.<sup>13</sup>
  - **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.<sup>14</sup> ***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.<sup>15</sup> 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.<sup>16</sup> **The American Psychiatric Association's official diagnostic manual agrees.**<sup>17</sup>

- 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.<sup>18</sup>
  - C. Psychiatric conditions may predispose young people to develop gender dysphoria. Rigorous research has found internationally<sup>19 20 21 22 23</sup> 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 Society<sup>24</sup> and the American Psychiatric Association<sup>25</sup> 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.<sup>26 27</sup> 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.<sup>28</sup>
  - B. The health authorities of Sweden,<sup>29 30 31</sup> Finland,<sup>32</sup> and England<sup>33 34 35</sup> 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*. Norway<sup>36</sup> is the most recent to agree along with medical associations in France<sup>37</sup> and Italy<sup>38</sup>.
  - C. Rigorous studies in Sweden<sup>39 40</sup> and The Netherlands<sup>41</sup> 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](http://iftcc.org))

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