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INTERNATIONAL FEDERATION FOR THERAPEUTIC AND COUNSELLING CHOICE
TESTIMONY IN OPPOSITION TO
LD1735, Gender Health Care, 2023-2024
May 11, 2023

Dear Members of the House Committee on Judiciary,

I am Dr. Laura Haynes, psychologist, general board member, and U.S.A. Country Representative for 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 LD1735, Gender Health Care.

Under ME LD1735, children can be kidnapped by parents who lost custody of their child in another state or can be trafficked or be runaways across states lines to Maine if the parent or child is seeking medical gender interventions for the child and the child's home state does not permit these interventions that can sterilize them. A minor's gender identity may not last, but the harms of altering their bodies can last a lifetime. 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. "**Medical affirmation" usually is giving puberty blockers plus cross sex hormones that can permanently sterilize minors, surgical removal of breasts, and potentially sex surgeries.**

2. **A minor's incongruent gender identity may not last.**

   - **Children who experience gender dysphoria before puberty overwhelmingly—85% to 98%—outgrow gender dysphoria, if not socially or medically affirmed to live as another sex,** according to 11 our of 11 studies and at least 9 professional organizations, including the Endocrine Society's Guideline.[1] **But if children are socially affirmed to live as another sex for 5 years, only 2.5% resolve.[2] Most go on to be medically sterilized.**

   - **Even the American Psychological Association's *APA Handbook of Sexuality and Psychology* cautions that the gender affirming approach** 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.**[3]

- **Regarding adolescents, Sweden,[4] Finland,[5] England,[6] and Norway[7] have now concluded that gender identity, like identity in general, is a temporary search for identity in young people. Young people should not be permanently sterilized based on youthful identities.**

3. **Gender affirmation—whether social or medical—is a path of serious and lasting harms:**

   - **96% to 100% of children who begin with puberty blockers go on to be given cross sex hormones and be sterilized for life**[8] [9] [10] [11] for a gender identity they may have outgrown naturally if not affirmed.

   - **After young people's bodies were altered, 30% changed their minds within 4 years and discontinued the drugs despite having full financial coverage** in a rigorous U.S. population based study.[12] More research has had similar findings.[13] [14] [15] ***But the body harms still last a lifetime.***

   - **More than 75% of detransitioners did not tell the professionals who medically altered their bodies that they regretted it and detransitioned**.[16] Clinicians do not know.

   - **Detransitioners 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.**

4. **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. It neglects *psychiatric causes.***

   - **A highly regarded global consensus statement by endocrine societies around the world on intersex and related conditions rejects a view that incongruent gender identity is an intersex condition of the brain.** They said there is no consistent evidence that the brains of gender incongruent people are different from the brains of gender congruent people**.[17] The American Psychiatric Association's official diagnostic manual agrees.[18]**

   - **At least 14 professional organizations agree that gender identity *develops from a mixture* of biological, psychological/behavioral, social, and cultural influences. This is widely accepted.[19]**

   - **Psychiatric conditions commonly pre-exist gender dysphoria in adolescents and may predispose young people to develop gender dysphoria. Rigorous research has found internationally**[20] [21] [22] [23] [24] that a large major-

ity of adolescents had psychiatric conditions (psychiatric disorders, neurodevelopmental disabilities such as 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.**

- **The British Psychological Society[25] and American Psychiatric Association[26] say an adolescent's discordant gender identity may be due to a psychiatric disorder, and affirmation may not be appropriate.** Finland's government recommends first trying to resolve adolescent gender dysphoria by treating predisposing psychiatric disorders.[27] ***Parents who do not consent to medical interventions may be right about what is best for their child, but LD1735 does not appear to contemplate this.***

- **Research evidence on the safety and effectiveness of medical gender affirming interventions is inconsistent and of low quality according to health authorities in** England,[28] [29] Sweden,[30] [31] [32] [33] [34] [35] Finland,[36] [37] France,[38] Norway,[39] Italy,[40] Australia,[41] and New Zealand,[42] and the Endocrine Society's gender guidelines co-sponsored with 6 professional organizations.[43] **The most representative studies have found mental health problems and suicidality continued at the same rate or even got worse after these treatments.**[44] [45] [46] [47] **Maine should not mass produce this.**

5. **It would be dangerous and scientifically unfounded for politicians to send children down a medical conveyor belt based on a *viewpoint* that affirmation is in the best interest of a child, a viewpoint on which professionals themselves worldwide are not in agreement.**

    - **The health authorities of Sweden,[48] [49] [50] Finland,[51] and England[52] [53] [54] are *moving away from the affirmative approach***. They all conducted research reviews and concluded that gender affirmative treatment is *experimental—not scientifically supported*, and ***the risks do not outweigh the harms***. Norway[55] is the most recent nation to join their caution along with medical associations in France,[56] Italy,[57] Australia,[58] and New Zealand.[59]

    - **Rigorous studies in Sweden[60] [61] and the Netherlands[62]** of all gender dysphoric people in entire national populations over nearly half a century show **little to no improvement in suicidality, depression, and anxiety long term from societal affirmation and medical interference with natural bodies and health.** In Sweden, transgender people who got cross sex hormones and surgeries were no better off in depression, anxiety, or hospitalizations following suicide attempts than those who did not get them.[63] **Recent studies of young people cannot show the long term outcomes in adulthood.**

    - **Countries having the longest experience with research and treatment** for gender distress that far surpasses that of the United States **are *prioritizing holistic treatment and psychotherapy* over experimental medical af-**

firmation now to resolve child and adolescent gender distress, **which LD1735 would very foolishly jeopardize. LD1735 would be a DISASTER.**

- **These nations are moving away from gender affirmative guidelines and positions** of those professional organizations that have been captured by biased advocacy science. **America is increasingly an outlier on gender treatment. Worldwide, there is NOT a professional consensus in support of LD1735.**

6. LD1735, if passed, would end in lawsuits to protect minors and therapists.

- **Maine would be taking upon itself tremendous liability for enticing children into crossing state lines under perilous circumstances, administering exceedingly high doses of experimental, wrong sex hormones, cutting off breasts, sterilizing young people, and taking away sexual capacity for the rest of their lives for a gender identity they may still outgrow. There will be demands for reparation. Do you want to be responsible for this?**

- **Therapists are ethically required to inform clients of alternate therapy options. They must inform clients of the option of noninvasive psychotherapy increasingly prioritized in Europe to resolve rather than necessarily affirm gender dysphoria or incongruence or be at risk of lawsuits. Can professionals fulfill this ethical obligation in Maine? They must thoroughly inform young people that they are risking their health and giving up sexual capacity for life for gender feelings that may change. How will Maine carry its burden of responsibility for what professionals do or fail to do? It is currently expected that 1,000 families will sue in England for gender affirming treatment given to minors.[64] A lawsuit has already begun in California.[65] Does Maine want to get on this train?**

- **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)

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