



Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and all members of the House Families, Aging and Human Services Committee thank you for the opportunity to testify in opposition to House Bill 454. My name is Gene Dockery, and I am here today on behalf of the Ohio Counseling Association. In the Ohio Counseling Association, I act as the Southeast Representative for the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities of Ohio (SAIGEO) and am also the Government Relations Committee Liaison. I am a licensed professional counselor in Newark, Ohio and a Ph.D. Candidate at Ohio University. Both my clinical work and published research focuses on LGBTQIA mental health, making me well-qualified to speak on this topic today.

I was able to read the sub bill after my testimony was originally submitted and have amended my comments to reflect that language to be sure my remarks are as relevant as possible. We have sent the updated version to the Chair for the record.

While OCA objects in general to the legislation and the damaging effect it could have on children and families in need of gender affirming care, I want to highlight a few provisions specifically. Several proponents of this bill stated they are not opposed to counseling of youth questioning their gender identity. But this legislation contains several provisions that would erode access to these services.

Section 3129.02 states that referral for diagnosis or treatment of “gender-related” conditions cannot occur without disclosing that potential diagnosis to the parent. Limiting the option of physician referral to mental health providers for concerns of gender identity is clearly limiting access for mental health services, something that goes against the efforts of this administration. The use of clinical mental health counseling to process gender exploration and identity in a healthy and productive way, leads to improved mental health in those struggling with gender dysphoria or those misdiagnosed with gender dysphoria. Therefore, the OCA strongly opposes this and any bill that limits access to counseling.

Section 3129.03 defines the requirements for trans youth to receive gender affirming care which includes two years of therapy for gender dysphoria, the treatment of comorbidities, and potential trauma treatment. Setting arbitrary guidelines and timelines for transition without the consultation of trained specialists is profoundly troubling and shows a distrust for our expertise. The implication that we are not properly considering best practice which includes therapy, understanding coexisting conditions, and informed consent by both the minor and parent is disturbing. Additionally, the insinuation that youth would not be trans if they were not for example autistic or traumatized is dangerous and fallacious.

In section 2, line 233 the bill states that most trans youth desist in their trans identity in adulthood. This is false. The evidence for this comes from 4 methodologically unsound and highly disputed publications (Temple Newhook et al., 2018). In a study published this year, 94%

of trans children were still transgender after five years which strongly contradicts the concept of desistance (Olson et al., 2022).

Now that I have discussed the bill, I would like to share my concerns about the proponent testimony that has been provided to the committee.

It was suggested that “watchful waiting” was advised by respected professionals, which is untrue. What is being called “watchful waiting” as a method of treating trans youth is a mischaracterization of the Dutch protocol, which was published in 2012 and advocated for using puberty blockers starting at age 12 for children experiencing gender dysphoria (Ashley, 2019). What watchful waiting means now due to this alarming mischaracterization is delaying transition in the hopes that the child will change their mind, and this has been demonstrated to cause significant harm to trans youth (Horton, 2022).

During proponent testimony, detransition was brought up at multiple points. The committee should note that detransition is usually due to the extreme barriers that exist in our society for trans people to live authentically. The most common reasons for detransitioning are pressure from a parent, societal stigma, and trouble finding work (Turban et al., 2021). Most people that detransition eventually re-transition later in life when they have the support to do so (Turban et al., 2021).

Social contagion or so-called "rapid onset gender dysphoria" in trans adolescents was also part of the proponent testimony. This is the idea that children will decide to be transgender because of social influence or mental health issues. There is no clinical evidence for such a phenomenon (Bauer et al., 2022).

In conclusion, this bill does not align with evidence-based care. It makes it illegal. Therefore, the Ohio Counseling Association opposes it based on our commitment to counseling values, professional identity, and clinical excellence. I thank you for your time and hope that you will take our input into consideration.

References

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