



Chairman Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and all Senate Government Oversight Committee members, thank you for the opportunity to testify in opposition to House Bill 68. My name is Stephanie Stevens, and I am here today on behalf of the Ohio Counseling Association. In the Ohio Counseling Association (OCA), I act as the Student Liaison to the Government Relations Committee. I am a licensed Counselor Trainee in Columbus, Ohio, and a Clinical Mental Health Counseling student at Capital University. My clinical work focuses on adolescents in acute mental health settings, including transgender individuals, and I am passionate about the rights of underserved communities, making me well-qualified to speak on this topic today.

OCA objects to House Bill 68 because it will adversely impact trans, gender expansive, and intersex youth and young adults across the state. As currently written, House Bill 68 would create unnecessary blocks to access vital life-saving services and restrict trans youth from participating in sports.

Section 3129.03 states that mental health professionals cannot diagnose or treat a minor for a “gender-related condition” without each parent or guardians’ consent. This would become an unnecessary barrier to accessing mental health care services. This will also increase the amount of untreated, undiagnosed, and misdiagnosed mental and emotional disorders among Ohio's youth. Section 3129.06 would restrict access to services for gender expansive youth who receive government insurance. This section directly creates unnecessary barriers for low income or disabled families seeking support for their children when they need it the most. Therefore, OCA strongly opposes this and any bill that narrows the path to accessing services.

In addition, 3129.03 (B), indicates that minors must be screened for comorbidities and trauma that could “influence” their gender before being diagnosed with gender dysphoria. All ethical clinicians consider comorbidities and differential diagnoses before providing a client with a DSM 5 diagnosis. The implication that this is not already occurring shows and spreads distrust for mental health professionals. The assertion that our youths’ gender exploration and expression is solely linked to their experiences of trauma or mental health difficulties is misleading, dangerous, and fallacious. This stance also ignores the large body of research that demonstrates that untreated gender dysphoria results in mental health challenges such as depression, anxiety, and trauma (Van De Grift et al., 2020, Ellis et al., 2015).

Section 3313.5319 forces trans and gender expansive people out of public spaces and punishes them for their authenticity by banning them from playing sports that align with their gender identity. Trans girls have played sports in Ohio for decades, a handful currently play (OHSAA, 2022). Excluding trans women invites gender policing that subjects women and girls to invasive tests and accusations of cheating (ACLU, 2020) and has been used to ban cisgender women from sports (Clifton, 2021). This bill reinforces problematic gender stereotypes (Medley & Sherwin, 2019), undermines team unity and encourages divisiveness (Carroll, 2020) which takes away from the important skills that sports teach us such as teamwork, competitiveness, leadership,

which correlate to positive life outcomes.

Many of the studies cited in proponent testimony have been methodologically flawed studies and are criticized by professionals. The idea of implying that trans women have an advantage in sports has been soundly criticized by professionals (Avery, 2021; Factora, 2022) and peer-reviewed research actually demonstrates that trans women do not have an advantage in sports (Harper, 2016; Handelsman et al., 2018; Jones et al., 2017; Karkazis, 2019; Kornei, 2018). In addition, statistics implying trans youth “desist” in their trans identity in adulthood comes from four methodologically unsound and highly disputed publications (Temple Newhook et al., 2018). In a study published last year, 94% of trans children were still transgender after five years, which strongly contradicts the concept of desistance (Olson et al., 2022).

The committee should note that methodologically sound research suggests that the most common reasons for detransitioning are extreme barriers to live authentically such as parental pressure, societal stigma, and trouble finding work (Turban et al., 2021) and that most eventually re-transition later in life when they have the support to do so (Turban et al., 2021).

Gender affirming care is providing space for exploration, processing and understanding, linking to supports, allowing for diversity, and utilizing reflection and empathy; all while providing mental health support and collaborating with our client. Ethical counselors are providing our youth with a necessary space to feel safe enough to process an identity that faces discrimination, judgment, and stigma in our culture (Ellis et al., 2015).

Every child should belong in Ohio’s schools, sports, and counseling rooms. This bill endorses harmful misinformation about gender dysphoria and creates public distrust of counselors, all while creating barriers to care. We urge you not to pass House Bill 68. We are clinical mental health counselors, school counselors, counselor educators, and counselors-in-training. It is our collective professional belief that this bill will irreversibly harm the mental and emotional well-being of trans, gender expansive, and intersex youth in this state. The Ohio Counseling Association opposes House Bill 68 based on our commitment to counseling values, professional identity, and clinical excellence.

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