

I am a Court Appointed Special Advocate— an officer of the court who has worked in the Foster system. Foster kids have many mental health issues, and a very high rate of trans identification.

As far as I am aware there is no longer a problem with conversion therapy for sexual orientation. It was proved not to work decades ago, and it seems to have died out, thankfully.

“Conversion Therapy” is, however, greatly feared by the Transgender activist community. Regular ‘exploratory’ therapy is considered a possible danger to trans identified people == something which others may use to ‘convert’ them away from ‘being trans.’

This is a paranoid belief, held by a group of people with a very high number of mental health issues. Many gender-distressed people have Autism, depression, anxiety, OCD, BPD, NPD, and other mental health disorders. 80% of gender-distressed people have ****two or more**** of these diagnoses, ON TOP of their gender distress.

It’s a great danger to psychologically vulnerable people when trans activists fear/demonize therapy and normal self-exploration.

First, notions of gender are known to be *fluid* in younger people. Kids given time to outgrow gender dysphoria mostly used to resolve to being comfortable in their bodies as they matured (up to 90%).

Second there is no evidence for “innate trans” as a state of being, and lots of evidence of sociogenic transmission of trans ideation; kids with mental health struggles or who don’t fit in are encouraged by peers to attribute their problems to “being trans.”

Finally there can be multiple “onramps” to wanting to be rid of one’s sexed body, for example, being raped or molested can make a girl want to not be a girl anymore. Things like molestation or assault DESERVE to be explored and understood by the client prior to removing body parts to ‘lower distress.’ If this raped girl realizes she is not trans, is that due to “conversion” or simply “good care”? Why are activists pushing kids NOT to explore themselves?

The large number of co occurring mental health issues among trans-identified people means that ethical, normal therapy is extremely important for them. Gender interventions are permanent and *often* do not improve mental health. Mentally anguished kids, like most foster youth, can be very impulsive— and need to be slowed down to actually think things through. More and more detransitioners are saying they were failed when nobody addressed their other presenting mental health issues and they were encouraged to transition.

Ethical therapists do not tell clients what to do nor who to be. They help the client have a clearer picture of themselves and the forces that have shaped them. Ethical therapists hold space, neither confirming nor denying their initially-presenting ideas about themselves but helping the client to more thorough self understanding by asking pertinent questions and offering ideas for consideration. Mentally struggling people generally have poor self knowledge and little ability to reflect.

It is important to know that in the past, most gender dysphoric young people outgrew their sense of being the wrong sex by completing puberty. And most of these kids were *gay* in adulthood (over 2/3).

Gay kids may feel “different” but may not be mature enough to realize that they are gay. Skipping exploratory therapy is a good way to “convert” kids who would naturally be Gay, or who have other issues causing their unhappiness, into “trans” kids. And when you lose sexual function, fertility, or body parts to transitioning, you cannot get them back.

Please do not limit mental health care for the very population that needs it the most because some activists fear that fewer kids will move forward with transition if they get it. Thinking things through and changing one’s mind is not “conversion.”

Thank You,
Laura Haynes