I am a liberal-voting, pagan, lesbian somatic therapist in Portland. Below is my relevant experience and perspective on HB2458.

I have spent extensive time in the queer and trans community, and I am well aware from my experience in the community of the ways that trans people have manipulated their therapists in order to get hormones and surgeries. This is commonly known in the community, but trans activists are invested in not having this known because it could result in a slowing down or limiting of access to these "treatments." I am concerned that we are now seeing this manipulation of therapists happening on a large scale, which is unfortunately resulting in false claims and non-scientific and manipulative arguments (including the vague conflation of therapies that explore the issues beneath gender identity, with the very real concerns regarding gay conversion therapy). If gender exploratory therapy were deemed to be "conversion therapy," my concern is that this will very likely result in an increase in detranstioning cases, because it would leave therapists without choice and clients without actual therapy.

I have known several detransitioners closely and have met dozens in person who have left the queer community. These individuals report themes of severe mental illness and trauma that has been left untreated, while hormones and surgeries were pushed too soon.

1. The WPATH standards of care do not recognize the existence of the growing detransitioner population. Until we have a standard of care for detransitioners, as well as a plan for preventing their predicament via a better standard of care for trans-identified clients, we do not have any business shutting down forms of therapy that may serve to investigate internalized hate and trauma responses (such as dissociation) which often underly trans identification. Until we have long term studies proving the positive impact of hormones and surgeries, it is unethical to be limiting the research and development of alternatives. How can we rush a client into another traumatic experience? We need to explore discomfort and ambiguity, not be cheerleaders. Trauma is sometimes defined to mean something happening, "too fast, too much, too soon." It is therapeutically appropriate to not rush the client.
2. This bill does not protect therapists or give us professional space to explore a client's trans identity – in the same way we would work with a client's eating disorder, suicidal ideation, self-harm, and so on – without fear of retribution. In an environment with so many social pressures to transition and to affirm, both minors and adults deserve the chance to speak to a professional in an ethical, balanced way to explore their sexual identity.
3. In other forms of therapy, we take time to explore internalized oppression. Many female detransitioners discover that they were carrying internalized misogyny, internalized lesbophobia, internalized oppressive gender roles, and unrealistic body images. These clients need to be able to explore the difference between their personal values and society's oppressive expectations. They need to have the ability to claim, with the assistance of a professional, their bodily autonomy and self-ownership outside of the standards of society. They need the opportunity to work on self-image and inner work rather than simply move to bodily change and other affirmation.
4. The existing statute already denies minors the opportunity to receive vital, ethical care from a licensed therapist. Extending it to adults will create more damage.
5. The right answer is to rewrite the existing statute for minors with clearer, more specific language that a) protects minors from abusive and unethical practices, and b) protects their rights to receive ethical care as it relates to sexual attraction, feelings, and behavior.

6. Conversion therapy bans have been deemed unconstitutional in some parts of the country; indeed, this issue is headed to the US Supreme Court. Do we want to aggravate this by extending our potentially unconstitutional ban to adults?
7. HB2458 would deny adults the freedom and liberty to pursue the therapy of their choosing – this is about freedom of conscience.
8. No other state has a ban like this for adults, why would Oregon?
9. By conflating two very different issues (gay & lesbian conversion therapy, and therapies that explore the issues beneath gender identity), we assume that trans identities are permanent. This is not true; in fact, one study showed that 85% of children who identify as trans later identify as gay or lesbian, not trans. We need to consider whether this legislation that serves to transition mostly gay children (when doing so may cause sterility and lifelong dependence on medical treatments) may, in effect, be anti-gay. The wording of this bill also tricks most well-meaning therapists who do not understand the implications of stopping exploratory therapy (or preventative care for those who may end up being detransitioners) into supporting this bill simply because they are opposed to anti-gay conversion therapy.
10. Many therapists have been taught how to do therapy with trans people by trans activists – not by seasoned professionals or by professionals with a basis in research. Activism should not lead the field; this removes any legitimacy when we claim to endorse and allow only evidence-based practices.
11. Therapy is about increasing resiliency in the world, not fostering an identity that depends and is easily uprooted based on the affirmation of others.
12. If, in the future, we determine that hormones and surgeries have resulted in too much regret and worse, additional trauma to the client, what option do we have for turning back this harm if any therapy other than referrals for hormones and surgeries is punishable by law?
13. When therapists are faced with the growing number of detransitioners who are suing their therapists, the impact will likely be that fewer therapists will be willing to work with trans people, especially if their counseling board threatens them for providing the space, information, and skills they have been trained to provide, and especially when someone is moving toward making significant life-changing decisions.
14. Therapists are not trained to be drug or surgery pushers, which is what affirmation-based therapy usually looks like. If we can't perform exploratory therapy, trans therapy should be removed from our field all together.
15. Trans communities have long known that the way to get hormones and surgeries is to tell their therapists that they have always felt like the opposite sex and that they are suicidal. We, as therapists, are being manipulated by keeping this work in our field and having us serve as little more than letter writers so clients can get their drugs paid for by the state. We acquiesce to this manipulation because we are told that if we do not, these clients may commit suicide. The only long-term (Swedish) study on the outcomes of hormone and surgical intervention for trans clients showed that the peak of suicidality occurred between 7-10 years after medical intervention. Detransitioners report that this is because they followed a mirage that said they could be the opposite sex, but after getting all the hormones and surgeries they could, they finally realized they could not. Furthermore, their preexisting conditions remained untreated, but now they had bodies and self-images that were more damaged than ever.

16. As therapists, we do not collude with other identities that can result in physical harm, such as eating disorders – we do not tell an anorexic client that she is fat, or quickly offer referrals for weight loss surgeries, no matter how urgent the case. We work with all of our clients on trauma and self-regulation, and refer them to crisis care if needed.

17. We are taught in counseling school to rule out other diagnoses and causes, to explore concurrent disorders, etc. With trans mental health care, however, we are taught (before medicalized trans healthcare has begun) that other symptoms are likely to be caused by the client being perceived as their biological sex, warranting referrals for hormones and surgeries with the goal of transitioning. Then when we treat trans people *after* medicalized treatment, we are told to *not* see the cause as being connected to the client's trans-ness. Currently, we are so focused on affirmation of trans identity that we block reason and exploration of other background causes where such exploration is due.

18. We should not be complicit in the mutilation of healthy bodies under the age of 25. Child and young adult development show us that the cerebral cortex is not fully formed (and therefore unable to make long-term life-changing decisions). From the detransitioners I have seen, younger adults are the ones who are most likely to detransition; consequently these are the clients who need robust therapeutic care, not automatic affirmation.

19. If we are not allowed as therapists to explore gender identity and all that is behind it, and instead only provide affirmation based "therapy," what we are actually doing may, in fact, be more appropriately deemed conversion therapy.