



A SAFE HAVEN FOR DIFFICULT CONVERSATIONS  
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Letter to the Editor,

I am a local mental health counselor (MA, LPCC-S, NCC, FT) here in Ashland, Ohio. I am the co-owner of Refuge Counseling, and we specialize in affirming care for all folx but in particular the LGBTQIA plus population. I am also a doctoral student in counselor education and supervision at Ohio University. I was gravely saddened by statements and affirmative vote on House Bill 68 from local and state representatives.

One local representative stated that parents need to be a part of these decisions, but as a licensed professional counselor (MA, LPCC-S) parents already have legal access to counseling records. Insistence that counselors report to parents when clients discuss gender is putting children directly in harms way (contrary to your report that this bill protects women and children). Many counselors are fearful that their licenses will be at risk if they do not report concerns surrounding gender and this is not helping the already problematic shortage of mental health professionals who are willing and trained to work with children and adolescents.

Unfortunately, there is also gross misinformation within the bill itself. For example, the bill states that “scientific studies show that individuals struggling with distress at identifying with their biological sex often have already experienced psychopathology, which indicates these individuals should be encouraged to seek mental health care services before undertaking any hormonal surgical intervention.” This is not accurate, and though co-occurring diagnoses are always a possibility, the grave reality is that mental and emotional distress is caused more by a lack of support and acceptance than Gender discordance itself. Moreover, the bill states that many individuals end up regretting obtaining gender affirming care, which is itself not defined well in the



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bill. Nevertheless, studies suggest that rates of regret have actually declined over the years as patient selection and treatment methods have improved. In a review of 27 studies involving almost 8,000 teens and adults who had transgender surgeries, mostly in Europe, the U.S and Canada, 1% on average expressed regret.

Tragically, house bill 68 puts at risk youth (an already vulnerable population) at further risk and pain. Data indicate that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide, with suicidality highest among transgender youth (Austin et al., 2022). Research examining family rejection and support among transgender individuals unequivocally point to the detrimental impact of family rejection of a youth's transgender identity on their well-being (Klein & Golub, 2016). Many clients come to us as counselors because they don't have the support of their families (which as indicated by the research stated above) is detrimental to their overall wellbeing.

I am deeply saddened our representatives vote of "yes" on this bill and am perplexed by the phrasing that this bill protects children. It unequivocally does the opposite and I implore individuals to reach out to representatives and encourage them to look further into research that directly opposes the language of the bill as well as spend time talking to trans youth in Ohio who are at higher risk of suicide (not because of confusion surrounding gender) but because of a lack of support and compassionate care)

I am signing this letter with the support of several of my colleagues who agree that House bill 68 is damaging to trans youth in Ohio.

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