To: Representative Kristina Roegner, Chair Government Oversight Committee

From: Cardinal Support Network Parents/www.CardinalSupportNetwork.com

Proponent Testimony

In Support of the PASSING OF HB 68, SAVING ADOLESCENTS ACT

Cardinal Support Network (CSN) is a parent support network for parents of children and young adults with gender dysphoria or are gender non conforming (GNC).

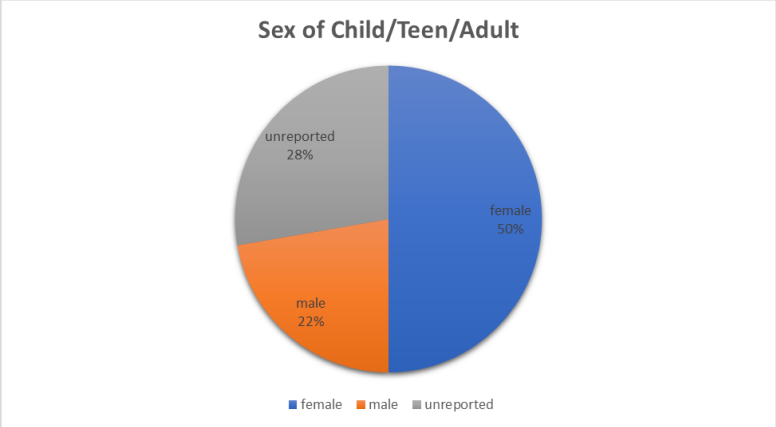
The SAFE ACT of 2023, HB 68 is a sound bill that would protect children from medical transition, stop therapists and hospitals from gaslighting children down the path to unnecessary, life altering medical interventions. In 2019, Ohio discovered that the now outdated "affirmation" Dutch protocol is actively followed by every pediatric gender clinic in Ohio. Ohio HB 68 would stop these activist medical interventions not approved by this protocol. Examples are puberty blockers on normal healthy pubescent children, wrong sex hormones (testosterone off label use on minor female children, estrogen and other drugs on pubescent males), surgeries (mastectomies, penectomies, hysterectomies - performed by Ohio House Representative, Dr. Somani). CSN supports Ohio 68. Our website statistics prove that this ideology is disproportionally affecting teenage girls, a new, unstudied cohort previously rarely affected with gender dysphoria. This ideology and has become the most **dangerous social contagion** of the century leading to vast medical harms and the worst malpractice disaster in Ohio's history.

Ohio has 6 known pediatric gender clinics located in our Children's Hospitals: Cincinnati Children's Hospital was the first in 2013, followed by Nationwide Children's Thrive Clinic, Cleveland Children's Clinic, Akron Children's, Toledo's Rainbow Babies, and Dayton Children's. Two of them have partnered with Planned Parenthood, sending their 18 year olds to PP so they can stay on the wrong sex hormones for life after they become addicted. They have bragged about treating a total of over 4,000 children, many who "came out" as gay or lesbian initially. Ohio's Hospital Association has testified against previous attempts to protect Ohio's children and admitted administering unnecessary puberty blockers to over 200 physically healthy children in 2022 when testifying against the Safe Act. **There has been at least one child suicide, post child transition in Cincinnati at the hands of Cincinnati Children's Transgender clinic's "gender affirming care" per their Facebook page.** Dr. Rittakerttu Kaltiala, Finland's leading child gender expert, has warned physicians that telling parents their children are in immediate risk of suicide without hormone therapy or that medical transitioning relieves suicidality is "purposeful disinformation." (LINK) Clinics admit doing surgeries on minors, hiring their own in house surgeon in 2022 in Cincinnati. These interventions are experimental and unnecessarily performed on physically healthy children, enticing children into believing they can have "the wrong puberty". There is no way to diagnose a child—they diagnose themselves. Puberty is a natural part of life and the majority of these children out grow their confusion. LINK[1] Many of them end up being regular gay, lesbian or bisexual adults. Why then, are 100% affirmed without question and put on an unnecessary medical transition path as admitted by Dr. Conard, Cincinnati Children's in 2015? Why did Children's show up in court in a custody battle **against** parents who refused the testosterone interventions? Why do these clinics offer egg and sperm bank services to "trans children" if it's all reversible?

We need to protect our kids from radical doctors who provide the drugs and surgeries to our vulnerable youth. Let's stop the status quo unnecessary interventions happening across Ohio. The UK, Finland, France, Sweden, Norway, Florida, Kentucky, and Indiana have stopped transitioning kids. After systematic reviews of the research, Norway, England, Sweden, and Finland have dropped the affirmative care model as dangerous and ineffective. These children are suffering and they cannot possibly understand or consent to these irreversible, life altering interventions.

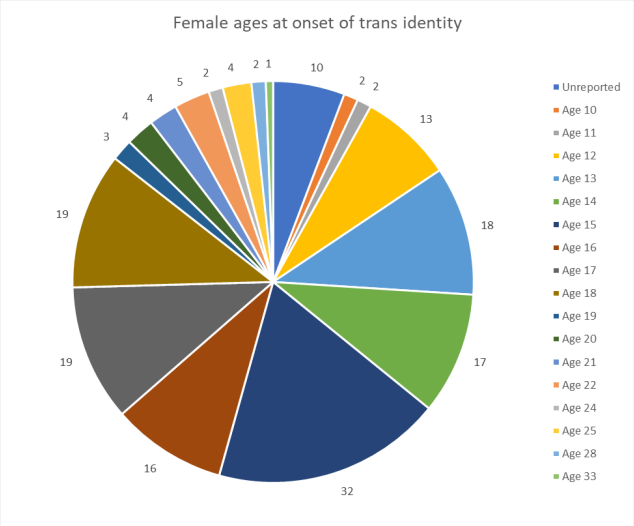
Child medical transition is a bad for business for Ohio. *No one wants to live in an unsafe state. Yet, activist groups will try and convince moderate Republicans that they are bullies if they protect children from careless, unnecessary, unstudied, life altering medical interventions. The bullies are those making money off of the backs of vulnerable children. It's a billion dollar industry. CSN seeks to demonstrate why you should protect our kids—mostly teenage girls caught in a social contagion that is being marketed to them through social media, Equitas, HRC, The ACLU, Planned Parenthood, TransOhio, Living With Change and gender clinics.*

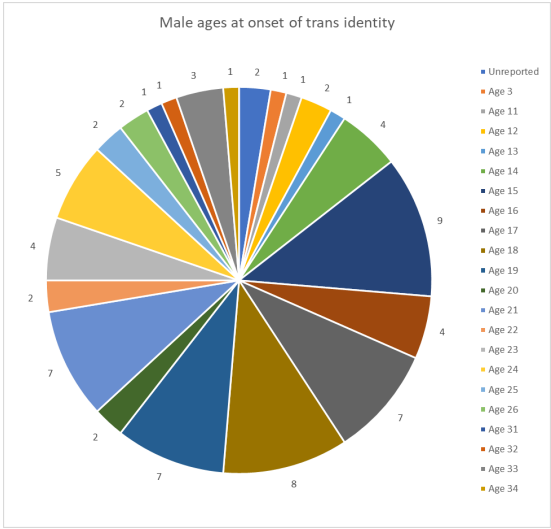
Inquiries can be sent to www.CardinalSupportNetwork.com



Similar to other countries, the rise in teenage girls identifying has been a cause for alarm. Here, we focus on girls, however we are equally concerned about young males who are teased for being gay, and then take on the transgender identity as a shield.

Sex	
female	**173**
male	**77**
unreported	**96**





CSN's tallied 346 parent responses from the website: CSN statistics are in line with the social contagion concerns with the ages of identifying for females is between 12-22, most numerous being age 15, 16 and 17. All have similar co-morbidities the most common, depression, then anxiety, then ADHD, ADD, ASD and OCD. In addition, physical, mental and emotional trauma were common as well as giftedness and autism. We have been witnessing this trend since 2018 and have included some of parent's responses on pages 4-7. We believe it is important for you to understand the duress our parents are in. Our children's issues are not being addressed. We are well read, educated parents who love our kids. In 2018, Dr. Littman began studying teenage girls getting caught up in this trend. Here are some of her findings:

Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. Littman L. (2021). Archives of Sexual Behavior: https://link.springer.com/content/pdf/10.1007/s10508-021-02163-w.pdf: "The majority (55.0%) felt that they did not receive an adequate evaluation from a doctor or mental health professional before starting transition and only 24.0% of respondents informed their clinicians that they had detransitioned."

Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. Littman L. (2018). PLOS ONE. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330 The AYA children described were predominantly natal female (82.8%) with a mean age of 16.4 years at the time of survey completion and a mean age of 15.2 when they announced a transgender-identification. 62.5% had been diagnosed with at least one mental health disorder or neurodevelopmental disability prior to the onset of their gender dysphoria. In 36.8% of the friendship groups described, parent participants indicated that the majority of the members became transgender-identified. Parents reported subjective declines in their AYAs' mental health (47.2%). AYA trying to isolate themselves from their families (49.4%), and only trusting information about gender dysphoria from transgender sources (46.6%). Most (86.7%) of the parents reported that, along with the sudden or rapid onset of gender dysphoria, their child either had an increase in their social media/internet use, belonged to a friend group in which one or multiple friends became transgender-identified during a similar timeframe, or both.

CO-MORBIDITIES

FEMALES

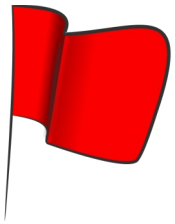
Anxiety	**116**
Depression	**101**
ADHD/ADD	**50**
ASD	**17**
OCD	6
Bullied	3
Trauma	**19**
Eating disorder	11
Gifted	11
Miscellaneous other	37

MALES

Anxiety	**35**
Depression	**30**
ADHD/ADD	**18**
ASD	**18**
OCD	11
Bullied	3
Trauma	**7**
Eating disorder	1
Gifted	3
Miscellaneous other	25

SEX UNREPORTED

Anxiety	**62**
Depression	**47**
ADHD/ADD	**15**
ASD	**19**
OCD	5
Bullied	1
Trauma	**13**
Eating disorder	5
Gifted	2
Miscellaneous other	16



Reports of an increase in teenage girls identifying as transgender or gender non conforming are on the rise in other countries, such as Sweden, France, Finland, UK and other countries which has **caused a permanent hold of medical and investigations are under way. Florida, Kentucky and Indiana among other states have discovered the harms done as well.**

Per SEGM, "Historically, the small numbers of children presenting with gender dysphoria were primarily prepubescent males. In recent years, there has been a sharp increase in referrals of adolescents, and particularly adolescent females, to gender clinics. Many do not have a significant history of childhood gender dysphoria and a number suffer from comorbid mental health issues and neurodevelopmental conditions such as autism (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). The reasons for these changes are understudied and remain poorly understood. Childhood-onset gender dysphoria has been shown to have a high rate of natural resolution, **with 61-98% of children reidentifying with their biological sex during puberty. "**

"The research into the course of gender dysphoria desistance among the cohort presenting with adolescent-onset gender dysphoria is still in its infancy, due to the novelty of this presentation. However, recent research from the UK clinic population suggests that 10-12% of youth may be detransitioning within 16 months to 5 years of initiating medical interventions, with an additional 20-22% discontinuing treatments for a range of reasons. The researchers noted that the detransition rate found in the recently-presenting population raises critical questions about the phenomenon of "overdiagnosis, overtreatment, or iatrogenic harm as found in other medical fields." U.S. data suggest that the rate of medical detransition has reached 30%."
www.segm.org

Since 2018, parents have been comparing notes and are witnessing a sharp increase in their teenage daughters identifying in groups. As the Ohio gender clinics grew, so did our parent numbers. In 2019, Our parents reported (www.parentsofrogdkids.com) some alarming trends in teenage girls. Of the 580 parents who have completed our survey to 80% of their children were female, mostly between the ages of 12-21, average age = 14, 67% had one or more friends come out at the same time (average = 3), 55% had a formal mental health diagnosis prior to "coming out" as transgender (most common diagnoses were anxiety (74%), depression (65%), ADHD (30%) and ASD (16%), 70% reported their child had experienced a major stressful event prior to onset of GD (e.g. death or divorce of parents, suicide of friend or sibling, sexual or physical trauma, or receiving a serious medical diagnosis) Parents overwhelmingly reported that social transition had a negative effect on their child's socialization, emotional wellbeing and family relationships.

Next page: Our parent question: *"Does your child/relative have co-existing traumas or mental health conditions, such as depression, anxiety, family troubles, autism, or developmental disabilities prior to identifying as transgender, non binary or other label? Please explain here" responses are pages 4-7.* They are described as "compounding issues and free text responses."

Compounding Issues and Free Text Comments from Cardinal Support Network

felt like her brothers were distant
Divorced parents (get along, though different parenting styles)
She has struggled with adolescence, body changes, and is afraid of being perceived as a female. In her mind, she will be sexualized and objectified. At the end of 2020, she found out about LGBTQ+, became a supporter, and after a few months of reading about it and watching videos, she started to question her gender.
“Family troubles” consisted of “abusive ex-husband”, emotional abuse, physical abuse, traumatic events such as death, loss of loved one, “horrible relationship with her mother”, divorce and custody issues a common factor.
toxic relationship online and trauma related to the relationship/friendship, sensory issues
Hurt by friend group and started hanging out with a group of girls who all started identifying as non-binary and trans in 7th and 8th grades. She's been indoctrinated by friends, her older 'edgy' sister, school and the internet. She was raised in a happy nuclear family with strong Judeo-Christian values. Tradition, heritage and family have all been important. She's been in counseling for years (4 different ones) and raised in the Christian faith. We aren't hateful. We both have had gay friends while we don't agree with the lifestyle. We are at a loss. She's never behaved masculine or presented masculine. Even now she wears skirts, makeup, fake eyelashes etc but wants to be called 'he/him'. Changing her psychiatric this week and hoping for a better medication regimen. Hoping someone here may have an idea of the best 'cocktail' of antidepressants etc to help reduce or reverse gender dysphoria. Thank you. God bless you and this network.
trauma from childhood 'friend' that groomed her, was very toxic and manipulative. We believe the friend struggled with same sex attraction.
"bi", alcoholic/abusive dad
"Failure to launch"
She has been on Lexapro and Quataprine for 3 years. Showed no early signs of gender confusion (ROGD). Heavily influenced by the internet & has self diagnosed to "fit in" and avoid dealing with trauma.
Spent 14 months in therapeutic boarding school. She came back home to us just before xmas and started her ROGD just after.
She has been adjusting to life in two households following her parents divorce at age 12, with puberty coming only 1-2 years thereafter during a time of more significant depression.
not fitting in with her peers, then end of 9th grade year March of 2020 is when COVID hit, so isolation for the next year. Had some trauma because of problem we had with her older brother (4 yrs older) who was Oppositional Defiant with multiple mental health issues, lots of screaming in the house for years. She also has had major friendship problems through the years since preschool until now, loss of close friends due to her having severe jealousy issues and possessiveness.
Child was physically and verbally abused by father (CPS and police report exist). Child recently posted on Tiktok that they were raped
We are a military family and I believe the multiple moves has had an effect on my daughter.
Lesbian
Taking lithium and prozac
18 months inpatient treatment centers. Now in college outside Columbus OH.
18 months in inpatient treatment centers. Came home in a dress and five month later started to id as a boy.
issues with absent biological Father
seriously ill immediate family member
Death of grandparent, family stress
I believe she is on the autism spectrum - very high functioning, and fell into deep depression during the COVID remote learning and determined she is trans
Yes. My daughter was bullied terribly at her private school, just before the pandemic. Then I moved her to the public school when Covid broke out. She felt very isolated, depressed and alone. During that time, she struck up an online friendship with some claiming to be trans. I didn't know about this friendship - turned out to be a catfish. Found her a boarding school where she is happy but has a real need for attention. It is at this school that she decided that she is a boy. The school is all girls but seems to have support and even encourage transitioning. She also has a chronic disease which has required surgery and hospitalizations. She might be trans but she is definitely confused, immature and looking for attention. Before attending this school, she never expressed an interest in trans.

Compounding Issues and Free Text Comments from Cardinal Support Network

family troubles exist as her dad has never been part of her life
rapidly developing physically, and about to change schools. A lot of stressful things were happening all at once. Also, she has a history of anger control issues and a tendency to shut down rather than discuss difficult personal issues.
she blames the ED on the gender dysphoria and not being able to medically transition. I have not provided my real name as I have privacy concerns. Everything else is accurate.
no but socially awkward and very intelligent, didn't connect with peers
Divorce, peer group who are "all trans and all on testosterone"
Announced she was Trans a few months before her 13th birthday through a text. She suffers from anxiety, OCD (since age 6, due to possible PANDAS), depression, possible ASD, low self esteem, no self confidence. Has difficulties making connections with people, has only had 5 true friends in her life she is now down to one (after all of the others dropped her for more popular friends) the only friend left is also FTM trans identifying and has had multiple hospitalizations for suicide attempts and self harm. There are relationship difficulties with my daughter and my husband (her father) that have only been made worse after her coming out as transgender. She is a very black and white thinker. she has very limited categories of eating and will eat too much of bad foods then causing weight gain which hurts her self image even more. I don't think she really wants to be a boy but just doesn't think she can fit into the stereotype of girls she goes to school with. She goes by a different name at school she never asks us to call her anything different or by different pronouns. If I ask her why she goes by a different name she say it makes her feel better. prior to coming out she was a typical girl never seemed stressed about who she was or what she liked. Once puberty started (years before all of her other friends) she shut down a bit and spent a lot of time online (when she should have been sleeping) watching things that definitely influenced her coming out.
Divisive Divorce of the childs parents. Transgender Queer peer pressure/indoctrination from alt parent, alt parents partner and partners children.
The lockdown has been terrible for her.
Therapist not investigating other issues
Yes and therapist is not investigating that.
prior no, just didn't feel like he fit in now depression and anxiety
my child spent first 3 years in an orphanage, otherwise is doing well in life.
(was called a school shooter and criticized for being too masculine)Also important to note, I myself am a pediatrician, this is not true trans, he is having a trauma response
peers rejection, parents separation
Friend troubles
adoption issues
loss of father
We had an assessment done and took the suggestion to begin a course of dbt therapy, and our family has completed the cycle and our daughter is in therapy. DBT has been tremendously helpful but we are having difficulty getting a reasonably priced adhd assesment.
In the time leading up to her coming out our family experienced extreme financial hardship which then culminated when we were threatened with homelessness as the pandemic began. So, yes. I would consider those to be traumatic events and comor-bidities
A recent situation developed that I feel caused him some trauma. The timing of that coincides when he said he began to feel like a girl.
Trauma father died at 14
Not really, except from fighting a lot with a sibling. We moved from one country to another and we were under a lot of stress asa family.
Raped
Parents divorce
bullied in school
Yes, family issues. Her therapist did not explore her issues but instead affirmed her, unbeknownst to us.

Compounding Issues and Free Text Comments from Cardinal Support Network

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Raped
Parents divorce
bullied in school
Outside influences
Yes, family issues. Her therapist did not explore her issues but instead affirmed her, unbeknownst to us.
suffered with school refusal
creative & peer, social media & school influence
Identifying as transgender came very close to onset of severe anxiety symptoms post pandemic isolation
Our son is a deep feeler and emotional at times, but besides these characteristics he would not be described as feminine at all! I firmly believe that he is being influenced by some of the classmates he sees at school, and by connections he has made online. My son is socially isolated himself (really has no friends). *In summary, I believe his gender questioning is a result of 1) his mental illness, 2) lack of friends, 3) society communicating that changing his gender will yield happiness, peace, and identity. We are a loving family of five, with no other traumas than my son's mental illness.
school refusal, family trauma in past
all their friends came out as trans a few years ago & many on hormones now.
He suggered tragic alterations of his body during the time he believed himself to be transgender. Now that he has realzied it was all a mistake inflicted by a broken culture and medical establishment, he is devasated and angry. I am devasated and angry. And he is so angry with me he has recently taken "space." I am so grief-stricken and feel so guilty and duped by doctors, therapists, cultural trends, knee-jerk "woke cuture," etc. I know no one in my position. I just want to find emotional support for me so I can better help my son.
Lesbian
Adopted, brother with autism
Gay
He was all along a perfect male child, no issues. except some bullying at school and a Fbook incident. As far as we know we came to know of this just 6 months back. Might have been some body image issues which we did notice. A sports person. recently after moving to California he is coming up with all sorts of gender related issues and seem to be pressurized by a few pro LGBTQ peers.
yes, I am looking for a family therapist to work with my son and myself to help heal our broken relationship due to his trans identification. Any suggestions?
We are a military family so multiple moves have been difficult for my daughter.
Family trauma
Adopted
High conflict divorce
Depression and increased anxiety only after trans declaration.

Compounding Issues and Free Text Comments from Cardinal Support Network

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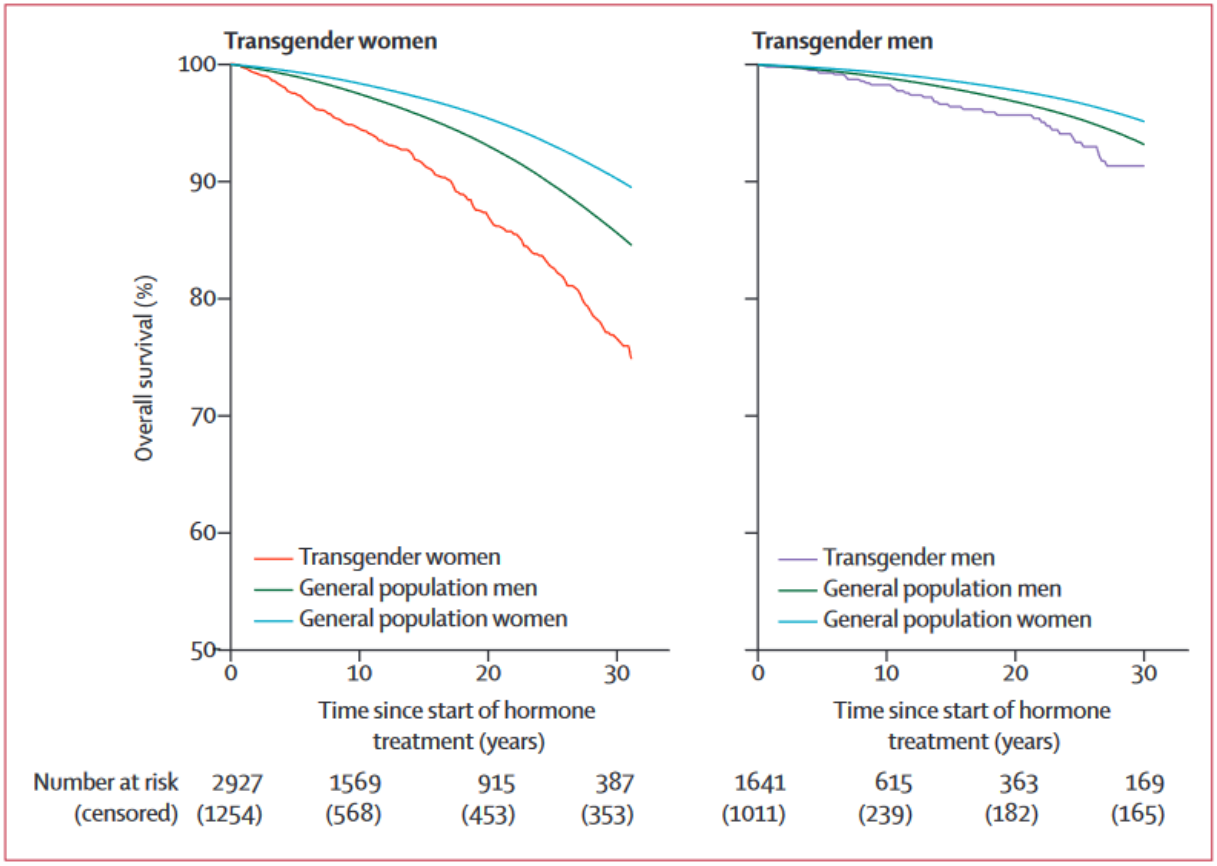
Lesbian
Adopted, brother with autism

In **adults** post transition, a much larger study in Amsterdam over the course of many more years (De Blok, 2021) shows increased mortality rates as adults. Essentially, if you are taking wrong sex hormones, your rate of death is higher (most prominently due to cardiovascular death). We need to be VERY CONCERNED ABOUT premature death due to cardiovascular disease, cancer, and HIV (and of course suicide, which was OFTEN brushed over). **Children cannot consent or understand their post transition long term health challenges.** https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800814



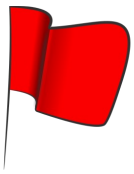


Figure 2: Cumulative survival in transgender women and transgender men during follow-up

In 2015, Cincinnati Judge Henden stated: "It is a concern for the court that the statistic presented by Dr. Conard, the Director of the Transgender Program in her testimony that 100% of the patients seen by Children's Hospital Clinic who present for care are considered to be appropriate candidates for gender treatment." **'The Court would be remiss if it did not take this opportunity to encourage the Legislature to act in crafting legislation that would give the Juvenile Courts of this state a framework by which it could evaluate a minor petitioner's right to consent to gender therapy. The Legislature should consider a set of standards by which the Court is able to judge and act upon that minor's request based upon the child's maturity. That type of legislation would give a voice and a pathway to youth similarly situated as JNS without attributing fault to the parents and involving them in protracted litigation which can and does destroy the family unit."**

"The threat of suicide and the existence of suicidal ideation can never hold this Court hostage as it searches for proper outcome of litigation revolving around the best interests of that child. Despite the fact that the parents initially stipulated during the adjudicatory phase that the child had expressed suicidal ideation, the medical records in evidence indicate that at the time of the filing of the complaint, that ideation was not presenting as an imminent threat. It is particularly troubling to the Court that the initial filings in this case indicate that suicide is a potential factor to be considered by the Court, when in the medical records admitted during trial it is clearly not. "

'Grandparents shall have the right to determine what medical care shall be pursued at Children's Hospital and its Transgender Program, but before hormone therapy begins, the child shall be evaluated by a psychologist NOT AFFILIATED with Cincinnati Children's Hospital on the issue of consistency in the child's gender presentation, and feelings of non-conformity. "

This case demonstrated the court's concern about Cincinnati Children's actions 8 years ago! After this case and an unfortunate suicide, a gender identity inclusive "conversion therapy ban" was put into place in Cincinnati, punishing any therapist for trying to align a child's mind with their natal sex. This case was referring to a 17 year old teenage girl, "JNS". JNS, the child in question had been hospitalized at the Cincinnati Children's Hospital Medical Center for at least four weeks. Clearly, then, JNS had been in great distress, in that a four-week psychiatric hospitalization is comparatively rare, especially for a teenager. JNS called a social services hotline expressing anger that her parents would only consider a Christian counselor. The media's inaccurate portrayal of this family's daughter as a "boy" is common and misleading to the public. Why would any parent trust a child with a clinic that would testify against them? Ref: https://4thwavenow.com/2018/02/17/cincinnati-trans-teen-custody-decision-more-than-meets-the-eye/

Cincinnati has a long history of transitioning children and Cincinnati Children's has a track record of scaring parents who refuse medical transition for their angsty teenage daughters. Bragging over 2,000 kids treated so far, their private Transgender Facebook page demonstrates they have lost their way in the care of our most vulnerable patients and have not stopped to question their protocols even after a suicide in 2021. Cincinnati Children's accepts funding from an activist lobby, Living with Change, funded by a sex toy business, owners currently transitioning their own biological son. No long term study of children exists that proves medical transition is a suicide prevention plan that works. In fact, our detransitioners who have testified tell a much different outcome. **The age of regret is between 5-10 years in adults. Adolescents will take longer to understand what has been done to them. We must safeguard these children and future tsunami of Ohio detransitioners with Ohio Bill 68. Thank**

2015 Court Record 4thWave Now

characteristics. (It must be noted that the parents, while objecting to the administration of hormone therapy, have continued to financially support the ongoing therapy sessions for the child at the Children's clinic.) The entire field of gender identity and non-conforming gender treatment is evolving rapidly and there is a surprising lack of definitive clinical study available to determine the success of different treatment modalities. One aspect, however, is constant in the testimony presented in court of all of the medical personnel, and in the sparse recognized professional journals available, and that is that the potential candidate for gender transition therapy must be consistent in the presentation of his or her gender identity. It is a concern for the Court that the statistic presented by Dr. Conard, the Director of the Transgender Program, in her testimony is that 100% of the patients seen by Children's Hospital Clinic who present for care are considered to be appropriate candidates for continued gender treatment.