Opponent Testimony for House Bill 454
Dr. Nicolas Shannon Savard
State and Local Government Committee
November 16, 2022

Chairwoman Manchester, Representative Click, Representative Grendell, and Members of the Families, Aging, and Human Services Committee,

Thank you for allowing me to testify today. My name is Dr. Nicolas Shannon Savard. I am an educator; a researcher of LGBTQ community, culture, and inclusive educational practice; and mentor for LGBTQ youth in Columbus and Northeast Ohio. I am also a transgender adult who has had the great fortune to be able to access all of my gender-affirming healthcare here in the state of Ohio. Today I would like to address some of the outdated science informing the rationale presented in the proposed bill and offer an account of the consequences of denying compassionate, affirming gender-related care to transgender youth.

I'd like to start with a brief acknowledgement of the history the medical and psychiatric treatment of gender nonconforming children. I believe this can shed light on why it may appear that there are suddenly so many more transgender children and teens today than there were 10 years ago when, in reality, we just have a much better understanding of transgender identity and experience than we did 10 years ago. In 1980, the American Psychiatric Association added "Gender Identity Disorder" to the third edition of the Diagnostic Statistical Manual, listed under "psychosexual disorders." This category included "Gender Identity Disorder in Childhood," "Transsexualism," (renamed to "Gender Identity Disorder in Adolescence/Adulthood" in 1987) and "Gender Identity Disorder-non-transsexual, unspecified." Much of the diagnostic criteria for children was based on their behavior, clothing choices, preference in playmates, and parents' assessment of the appropriateness of their child's masculinity or femininity, with very little consideration of the child's internal experience. The most common course of action and advice given to parents when children displayed gender atypical behavior or feelings was to encourage the child to assimilate into the gender role that matched their birth sex. In other words, tomboys ought to transition into "young ladies" and sissies ought to transition into "real men" by the age of twelve or so. In the last 40 years, we've arrived at a much more nuanced understanding of transgender experience that distinguishes between gender nonconforming behavior, sexual orientation, and one's internal sense of identity. The fifth edition of the DSM, reflecting further research and aiming to de-pathologize gender nonconformity, included an overhaul of the diagnostic criteria for "Gender Identity Disorder," changing the name to "Gender Dysphoria."[1] This

[1] My explanation here draws upon the following sources which give a much more in-depth overview:
Davy, Zowie. "The DSM-5 and the politics of diagnosing transpeople." *Archives of sexual behavior* 44, no. 5 (2015): 1165-1176.
Drescher, Jack. "Transsexualism, gender identity disorder and the DSM." *Journal of Gay & Lesbian Mental Health* 14, no. 2 (2010): 109-122.
F. Beek, Titia, Peggy T. Cohen-Kettenis, and Baudewijntje PC Kreukels. "Gender incongruence/gender dysphoria and its classification history." *International Review of Psychiatry* 28, no. 1 (2016): 5-12.

marked two major shifts: 1. One's gender identity and sense of self is no longer classified as disordered and 2. The criteria for diagnosis focus far more on internal experience and addressing distress rather than aiming to assess gendered behavior or preferences. The reason that we're seeing so many more referrals for the treatment of transgender children today than we have in the past is that this updated diagnostic criteria was just published in 2012. Medical and mental health professionals did not have the language or guidelines to talk about this before then.

As HB454 would, in effect, ban effective, consensual, thoroughly-informed treatment of gender dysphoria based on outdated understandings of transgender childhood and adolescence. I would like to offer a brief image of what happens when trans youth do not have access to gender-affirming care. I was a transgender kid, growing up in the nineties and early 2000s, in the era of "Gender Identity Disorder." I was a textbook case: I preferred sports over dolls and makeup; usually took on male roles in pretend-play; fought my mother tooth and nail to let me wear boys' clothes, causing many scenes in department store dressing rooms during back-to-school shopping season. When I learned what changes would accompany a female puberty, in the absence of gender-affirming mental healthcare or puberty-delaying medication, I devised every way I could to stop puberty myself. At 12 years old, I would do hundreds of pushups every night before bed, trying to prevent my breasts from growing. When that didn't work, I would wrap my chest in ACE bandages at night and wake in the morning with sore ribs. I would exercise without appropriate rest and restrict my eating in hopes that I could stop my periods. The more my parents, following the guidance of the time, tried to get me to accept my social role as a young woman, the more they tried to get me to feel proud of my body, the more they tried to teach me how to be appropriately feminine, the deeper I fell into depression, anxiety, and shame, and the more disassociated I became from my own body and my emotions. By 16 years old, having accepted that I had failed to prevent puberty, I would lie awake at night praying I would develop breast cancer, knowing that the treatment would involve hormone suppression and a mastectomy.

When I moved to Columbus for graduate school at 23, I was finally able to access transition-related healthcare and gender-affirming psychotherapy. It is without exaggeration that I say this saved my life. However, I am also still dealing with the physical and mental consequences of the methods I used to survive and address my gender dysphoria in my adolescence. My excessive exercise regimen and habitual disregard for my body's pain signals has left me with permanent joint damage. It has taken years of therapy to re-learn how to connect with my emotions. It has taken years of therapy to repair my relationship with my body and to re-learn how to recognize the most basic of physical sensations: hunger, soreness, fatigue.

I gives me great hope that today's transgender youth may not have to experience what I did growing up. Medicine, research, therapy, and social supports exist today in ways that I could not have imagined 18 years ago. Please do not take that away.

Lev, Arlene Istar. "Disordering gender identity: Gender identity disorder in the DSM-IV-TR." In *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM):*, pp. 35-69. Routledge, 2014.

As a transgender Ohioan, as an educator, as someone who works closely with trans and gender nonconforming youth, I ask you to strongly consider my testimony opposing HB 454 and vote NO on this bill.

Thank you, again, for the opportunity to testify. I would be happy to answer any additional questions or provide input as needed. You may reach me by email at nicolasshannonsavard@gmail.com.

Thank you,

Respectfully submitted,

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