



The Save Adolescents from Experimentation (SAFE) Act

House Bill 454, also known as the SAFE Act, is geared toward protecting minor children from experimental medical practice, sterilization, as well as physical, mental, and emotional harm at the hands of Ohio medical providers. There is a growing trend in Ohio of psychologists, therapists, and medical providers diagnosing minors with gender dysphoria—the perception that a person’s biological sex does not match their psychological gender identification.

These providers often encourage children and parents to pursue puberty suppressants, hormone therapy, and/or surgical interventions as a “solution” or suicide prevention. There is no scientific evidence to support the claim. To the contrary, many children outgrow gender dysphoria as a phase where their self-perception fails to align with their biological reality. Unfortunately, these "de-transitioners" who attempt to reverse hormone therapy and/or surgery often find that there are long-term or even irreparable consequences.

This bill seeks to ban these forms of intervention so that experimentation on children can no longer be promoted as sufficient rationale to prescribe and engage in a life-altering course of treatment in this manner. Vulnerable children in Ohio should no longer be subject to the poor judgment of medical providers for the rest of their adolescent and adult lives.

Overview

- 80-95% of minors presenting with gender dysphoria who are supported in their biological realities come to embrace their biological gender by adulthood and outgrow their psychological gender dysphoria. In Ohio, at least one Children’s Hospital has publicly stated that 100% of minor patients diagnosed with gender dysphoria are directed down the path of gender reassignment therapies and interventions, despite data revealing the harms of such medical interventions.¹
- There are no long-term studies to show that such gender dysphoria therapies and surgeries are safe. Such treatments are experimental, as none of the medications are FDA-approved for the purpose of treating gender dysphoria.
- The use of puberty-blocking hormones and cross-sex hormones on minors can lead to irreversible, permanent, and lifelong sterilization of the individual. Surgical interventions lead to permanent disfigurement and scarring, and can lead to major complications, such as physical and sexual malfunction. There are no long-term studies or data supporting surgery as effectively treating gender dysphoria.

¹ <https://www.cincinnati.com/story/news/2018/02/16/judge-paves-way-transgender-teen-get-hormone-therapy-cincinnati-childrens-hospital/345321002/>



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- Prevention of suicide among gender-dysphoric minors is best accomplished by traditional methods: talk therapy and FDA-approved psychiatric medications if necessary. Studies show that the suicidal ideation risk among gender-dysphoric minors is actually less than the risk of suicidal ideation among minors dealing with anorexia or depression. Gender reassignment therapy drugs (puberty blockers/cross-sex hormones) actually increase the risk of depression and mental health disruption. Reliable studies show that post-transition individuals have alarmingly higher rates of suicidal ideation and suicide completion (approximately 40% greater risk).

Key Provisions

- Identifies and prohibits experimental medical and therapeutic practices from being performed on a minor if the purpose is to affirm the minor's dysmorphic gender perception rather than their actual biological sex.
- Prohibits public school or private school officials or staff from encouraging a minor to withhold from their parents that their perception of their gender is inconsistent with his or her biological sex.
- Provides criminal penalties for providers who attempt such prohibited surgical or "therapeutic" interventions on minors.
- Provides exceptions to the prohibition if the minor has a medically-verifiable genetic disorder of sex development or a diagnosed abnormal sex chromosome structure.
- Allows for the recovery of compensatory and exemplary damages, court costs and attorney's fees by the claimant.
- Grants notice to the licensing board or agency upon the indictment or charge of a provider in violation.
- Offers a 6 month grace period to allow children already receiving treatment to be weaned off of their medication.

Talking Points:

- Ohio's most vulnerable children are being subjected to experimental, unproven and expensive treatments and surgeries. This unmitigated greed in the health industry can lead to lifelong negative consequences for Ohio's children, including mutilation, sterilization and death. No long-term studies have been conducted to support claims regarding the effectiveness of sex reassignment treatments on minors in addressing gender dysphoria mental health issues.
- The best suicide prevention is to care and guide, NOT sterilize. There is no data to support the claim that sex reassignment treatments and procedures reduce suicidal ideation. In fact, studies show the exact opposite, a significant increase in suicidal ideation and suicide attempts/completions post-transition.



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- Most gender-dysphoric youth come to accept their natural biological sexual reality by adulthood. This is exactly why children should not be encouraged into sex-reassignment protocols with potentially permanent effects. Many individuals who have undergone hormone therapy or surgical procedures discover later that their dissatisfaction was rooted in much deeper trauma or undiagnosed mental illness.
- There are well-meaning parents who care deeply about their children's physical, mental and emotional health that are being coerced and losing custody. As the realities of science and biology give way to financial gain and political correctness, parents are left helpless in trying to protect their children from these dangerous practices.