

Dear Chair of the Health Committee:

We support Our Duty's and other parents' positions opposing SB923. This bill further pushes gender ideology which is resulting in an unprecedented number of children, adolescents and young adults believing that they need to alter their bodies, and that they are the opposite sex.

SB932 will make it impossible for parents to safeguard their children from irreversible damage based upon an ephemeral feeling that deep down they are the opposite sex — a physical impossibility.

SB932 is unconstitutional, illegal, harmful, not based upon evidence-based medicine, and unintelligently written. State Senator Scott Wiener is single-handedly trying to refute biological facts while sterilizing and mutilating a generation of young people in the name of equity and inclusivity. SB932 is another bill in a series of bills he has proposed that advocates for the now-debunked affirmation model.

This bill is almost unreadable in its double-talk, undefined and inconsistent terms, and vagueness. At its core, it is designed to (a) provide a constant stream of revenue to transactivist groups and lobbyist through tax dollars and insureds; (b) dismantle private insurance with its onerous requirements; and (3) completely eradicate the possibility that any gender-questioning Californian receive mental health exploration before becoming a life-long medical patient saddled to cross-sex hormones and surgeries. Long-term democrats like me are leaving the party in droves, as evidenced by the ouster of San Francisco School Board members and as more and more bills like SB932, which remove safeguards and do not serve the interests of constituents, are passed.

I. The Bill is Premised upon Faulty Scientific Evidence

- SB932 guarantees that the medical community will blindly follow the affirmation model which disregards any co-morbid mental health issues of a gender questioning patient as secondary or curable through transition, without evidence. Affirming care fails to account for causality which may be social contagion, trauma, autism or autistic traits (black and white, rigid thinking), internalized homophobia, perceived misogyny, depression or other mental illness. UCSF's own Dr. Erica Anderson, a transwomen and child psychologist, has cautioned against the one-size fits all treatment.¹
- European countries have significantly slowed down or ceased using the affirmation model, instead taking a more thoughtful approach of in-depth mental health exploration.²

¹ Erica Anderson. "The health establishment is failing young adults who question their gender – why hormones prescriptions for people age 18-25 should not be written after one doctor's visit." *San Francisco Examiner*, March 21, 2022; Erica Anderson "When it comes to trans youth, we're in danger of losing our way." *Special to the San Francisco Examiner*, Jan. 3, 2022; Erica Anderson and Laura Edwards-Leeper (child clinic psychologist in Oregon who participated in. bringing the "Dutch model" to US. "The Mental Health Establishment is Failing Trans Kids.", *Washington Post*, Nov. 24, 2021.

² France's National Academy of Medicine stated in February 2022, that additional studies are needed to address the effect of social media on the uptick of youth stating that they are trans, and that psychologic exploration should be the first step in gender care. Sweden's National Board of Health and Welfare in February of 2022, concluded that that basis for hormonal treatment in your is low quality and noted the increase in detransition and regret. In 2021, the UK's National Institute for Health and Care Excellence published a systemic review of evidence

- Prepubescent children who do not socially transition and do not go on harmful puberty blockers have a 90% likelihood of becoming comfortable in their natal bodies once they go through their natural puberty.³
- Evidence that transition is life-saving (prevents suicides) is unsubstantiated.⁴
- Data indicates a 19% increased completed suicide rate POST medicalization and surgeries in female to male transitioners — a 40% higher risk than the general population. Societal prejudice cannot be blamed since this study comes from Sweden, a country widely acknowledged as accepting of gender-non-conformity.⁵
- Adolescents and young adults who have to wait for “gender medicine” are **not** at a higher risk of suicide.⁶

II. The Enormous Cost of the Bill Outweighs any Theoretic Benefit

- Government-sponsored medical programs – Medi-Cal and PACE, state and partially federally-funded programs will be required to spend **tens of millions of dollars annually** on training by non-medical professional trans lobbyists and advocacy groups. Every one of the tens of thousands of employees who “are in direct contact with insureds in the delivery of care or insured services” must be given the *cultural competency* training by an advocacy group approved by the department. (See Sec. 3; Proposed Amendment to Section 1367.043 of the Health and Safety Code, Section 14197.09 of the Welfare and Institutions Code, and Section 10133.12 of the Insurance Code.) Every employee of Medi-Cal, which covers 1 in 3 Californians and already spends 16% of the state’s general funding, must attend annual training on this unscientific information. Training by activist groups without medical licenses on information without an evidence base is not a prudent use of California’s taxes.
- The effect of SB923 will be the **funding of lobbyists by the state and federal government, providing the financial means to further the ability of these groups to lobby the government**. Thus, the government is paying for lobbyist to lobby it. This is illegal and a gross misuse of tax payers’ funds. Each of the supporters of this bill stand to make millions of dollars by providing the “cultural education” This bill ensures that all medical providers are required to affirm the self-diagnosis of any gender confused person regardless of any companion mental health issues. That is not health care.
- The Transgender Wellness and Equity Fund has \$13M from the state to distribute to TGI [transgender, Gender nonconforming, and intersex] entities. The state is obverting funding of advocacy groups through this secondary method.

of use of puberty blockers and hormones holding that the evidence is lacking of the efficacy and safety of these treatments. Australia and New Zealand moved towards psychological exploration instead of medicalization, and Finland has stopped puberty blockers and cross-sex hormones in minors. (See, Society for Evidence Based Gender Medicine, <http://SEGM.org>.)

³ Society for Evidence Based Gender Medicine (<http://SEGM.org>.)

⁴ See, “The Mental Health Establishment is Failing Trans Kids” cited above; See also, Michael Biggs. “Puberty Blockers and Suicidality in Adolescents Suffering from Gender Dysphoria.” Feb. 11, 2020 Archives of Sexual Behavior (<https://doi.org/10.1007/s10508-20-01743-6>.)

⁵ Cecilia Dhejne et al. “Long-term Follow-up of Transexual Persons Undergoing Sex Reassignment Surgery; Cohort Study in Sweden, 6 PLOS ONE, Issue 2, Feb. 22, 2011.)

⁶ 2022, Stephen Levine et al. “Reconsidering Informed Consent for Trans-identified Children, Adolescents and Young Adults,” *Journal of Sex & Marital Therapy*.

<https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2046221>

- Who must be “educated” is all encompassing – from the cleaning crew to the surgeons. This will cost medical insurance tens of millions of dollars which will be passed to rate payers and California taxpayers for Medi-Cal and PACE.
- An individual (a term undefined which means it could encompass every Medi-Cal employee or Medi-Cal itself) must “complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for **not providing trans-inclusive health care**, or on a more frequent basis if deemed necessary by the health insurer or the department for purposes of providing trans-inclusive health care.” (See Sec. 3, proposed amendment to Ins. Code Section §10133.12.)(Emphasis added.) A closer examination of the possible effect of this unclear language is as follows:
 - a. The training course could be repeated as many times the insurance department decides – endlessly wasting time and money on a non-medical issue. There is **no limit** to the number of times that all of the employees at Medi-Cal or an insurer need to be trained in a year.
 - b. The use of the phrase “not providing trans-inclusive health care” is significantly more expansive than the bill’s purpose which is to require insurers to receive “cultural competency training.” Thus, this bill forces every provider to provide the nebulous “trans-inclusive health care” which **certainly violates religious freedoms of medical providers as well as physicians’ medical obligation of “First Do No Harm.” Physicians risk malpractice suits as parents and detransitioners are lining up their attorneys.**
 - c. This amendment does not delineate who is the decision-maker regarding the complaint, what is considered a valid complaint, who bears the costs of adjudicating a dispute, the venue for these disputes, etc.
 - d. The legislature is usurping the medical community’s role in identifying the needs of all gender confused patients regarding appropriate care, by engaging non-medical advocacy groups to convince doctors to place their “lived-experiences” above actual science.
 - e. Insurance carriers, Medi-Cal and PACE will have increased administrative burdens related to record keeping and reporting on the trainings. These costs will increase California’s taxes and increase the percentage of the general fund used for trans activism instead for medical care; funds will be diverted for administration, and dispute resolution.

III. **SB932 is Violative of Freedom of Speech and Forces Compelled Speech**

- The “cultural competency training” includes teaching all recipients of the training that they must use the patient’s chosen name and pronouns even in the face of conflicts with their religious beliefs or simply a lack of belief in the concept of a gender identity or that a person could be born in the wrong body. (See Sec. 3, proposed amendment to Health and Safety Code §1367.043 (a)(2)(B), Welfare and Institutions Code §14197.09 (a)(2)(B), and Ins. Code Section §10133.12(a)(2)(B). This forced speech is a violation of first amendment rights, and an affront to our democracy. A similar bill was rejected by the courts in *Taking Offense v. State of California* (2021) 281 Cal.Rptr. 298, now on appeal.

- The name and pronouns training does not distinguish between minors and adults and therefore usurps parental rights.
- Social transition by use of different names and pronouns is a medical treatment that concretizes a falsehood — the mistaken “belief” that a girl can be a boy and vis-a-versa. This narrative confuses and destabilizes children, and can lead to serious medical harms when incorrect sex-based medical treatment is employed or denied.

IV. SB932 Ignores the Growing Number of Desisters and Detransitioners

- California law makers continue to ignore the rapidly expanding population of detransitioners (those who medicalized their bodies in the hopes of alleviating their gender dysphoria or other mental illnesses but come to regret this medical pathway). The detransitioners are not included in any TGI organization and therefore, the “cultural training” will exclude this group of regretters who embody an inconvenient truth for those pushing the trans agenda.
- Under the proposed law, the trainers must be “TGI-serving organizations,” defined as “an organization with a mission statement that centers around serving transgender, gender nonconforming, and intersex people, and where at least 65 percent of the clients of the organization are TGI.” (Health and Saf. Code §150900.) This clearly excludes any training from any non-affirmation affiliations or those who assist detransitioners.
- Information as to why people detransition is in Exhibit A.
- Read some statements from detransitioners in Exhibit B.

V. The Definition of “Evidenced-Based Cultural Competency” is Vague, Ambiguous, Overbroad and Nonsensical

- Proposed amendment to Health and Safety Code §14197.09(2)(A), Welfare and Institutions Code §14197.09(2)(A), and Ins. Code §14197.09 (2)(A) states that the training needs to “include information about effects ... of historical and contemporary exclusion and opposition of TGI communities.” This information is not in any way medical and is pure advocacy. Since seniors are treated through insurance, should there be annual, unlimited, repetitive instruction by taxpayer-funded senior centers, on how seniors have been and are mistreated in society? Where is the training on the centuries-long persecution of Jewish people? Should there be trainings about the prejudices people of color have endured? Why not yearly unlimited training on the oppression of women and the loss of recognition of their biological sex differences?
- Subsection 2(C) of the aforementioned code sections require that the training must include discussion of health inequities in the TGI community. Given that the state pays for trans medical procedures and requires insurance carriers to pay for trans medical procedures despite the lack of medical necessity, what exactly are those inequities? The state has a \$13M fund for grants for women and people of color, who have suffered inequities for centuries, as have immigrants and those living in chronic poverty. Why are potentially tens of millions in tax dollars being spent on .06% of the population?
- Subsection 2(D) of the aforementioned code sections are absurdly vague. How can one require that each of the cultural competency trainings include all of the perspectives of diverse, local constituency groups and TGI-servicing

organizations, such the California Transgender Advisory Council which is at it's a core an advocacy and lobbyist group.

VI. The Criminal Penalties are Misplaced

- Violations of this bill would be criminal in nature while the routine crime of harming gender confused young people with unscientific narratives by employing transactivists to inculcate the state's entire medical community is being paid for by the citizens of this state. Parents are paying for the harm to their own children.

VII. Tracking Medical Facilities to See Who Covers Gender Medicine Is Bullying

- While seemingly innocuous, the amendment that requires insurers to list gender-affirming providers is not only a tacit requisite, but a manner in which the state can catalog which providers are doing the transactivists' bidding. (See e.g. Proposed amendment to the aforementioned codes at Health and Safety Code §1367.27 (F)(13).)

Respectfully,

My city in California is _____

My political affiliation is _____

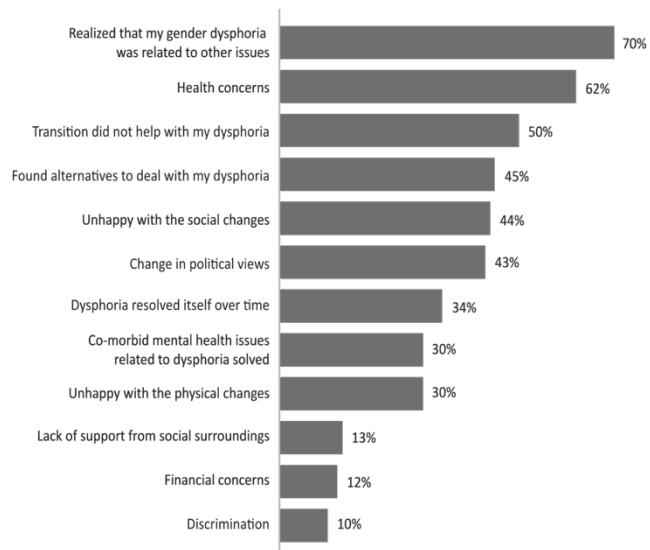
EXHIBIT A

Lisa Littman explored the reasons for detransition in her paper: *Individuals Treated for Gender Dysphoria with Medical and /or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners (Oct. 2021)*

	Natal female <i>N</i> (%) <i>N</i> =69	Natal male <i>N</i> (%) <i>N</i> =31
<i>Reasons for detransitioning*</i>		
My personal definition of female or male changed and I became more comfortable identifying as my natal sex	45 (65.2%)	15 (48.4%)
I was concerned about potential medical complications from transitioning	40 (58.0%)	9 (29.0%)
My mental health did not improve while transitioning	31 (44.9%)	11 (35.5%)
I was dissatisfied by the physical results of the transition/felt the change was too much	35 (50.7%)	5 (16.1%)
I discovered that my gender dysphoria was caused by something specific (ex, trauma, abuse, mental health condition)	28 (40.6%)	10 (32.3%)
My mental health was worse while transitioning	27 (39.1%)	9 (29.0%)
I was dissatisfied by the physical results of the transition/felt the change was not enough	22 (31.9%)	11 (35.5%)
I found more effective ways to help my gender dysphoria	25 (36.2%)	7 (22.6%)
My physical health was worse while transitioning	21 (30.4%)	11 (35.5%)
I felt discriminated against	12 (17.4%)	11 (35.5%)
I had medical complications from transitioning	12 (17.4%)	7 (22.6%)
Financial concerns about paying for transition care	11 (15.9%)	6 (19.4%)
My gender dysphoria resolved	10 (14.5%)	5 (16.1%)
My physical health did not improve while transitioning	9 (13.0%)	2 (6.5%)
I resolved the specific issue that was the cause of my gender dysphoria	6 (8.7%)	4 (12.9%)
I realized that my desire to transition was erotically motivated	1 (1.4%)	5(16.1%)
Other	19 (27.5%)	6 (19.4%)

*May select more than one answer

Eli Vandebussche also surveyed detransitioners in her 2021 paper entitled, *Detransition-Related Needs and Support – A Cross-Sectional Survey*. 237 Detransitioners were surveyed (92% Female and 8% male). The average age of detransition was 22.8 years old with the average duration of transition of 4.7 years. 45% reported that they were not properly informed about the health ramifications of medicalizing. 54% had **THREE or more comorbid diagnosed mental illnesses.**



Reddit/Detrans performed an informal survey in February of 2022 – Below are the results- male and females combined. Multiple reasons were permitted. About 400 detransitioners/desisters participated in the survey.

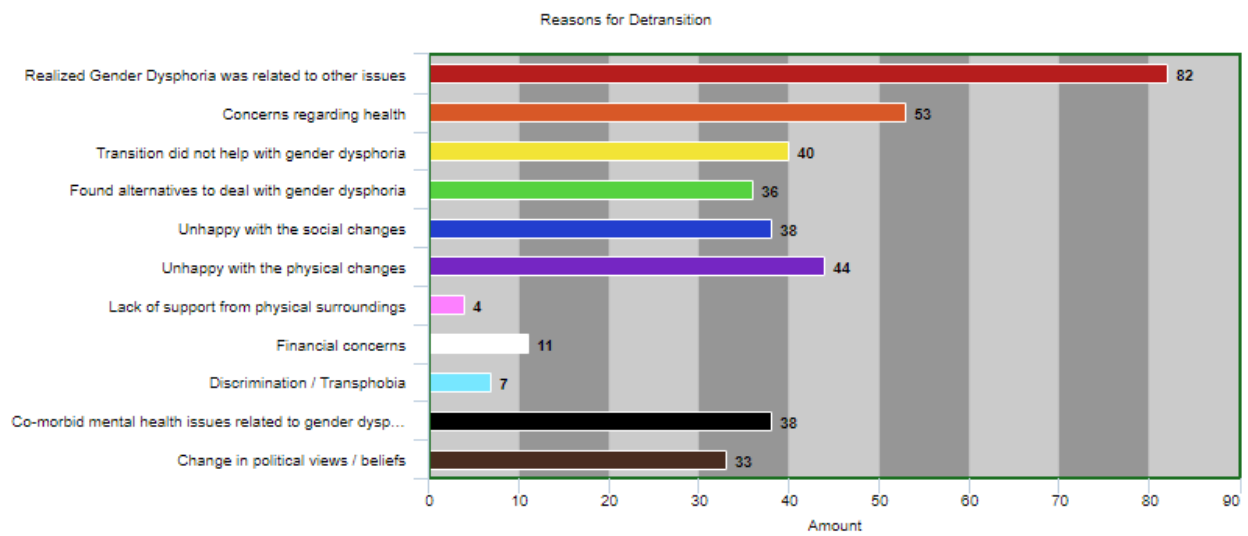


EXHIBIT B

DETRANSITIONERS' VOICES

“[F]un fact, my surgeon said i was the youngest patient [15] he had EVER operated on. the surgery was extremely painful with some complications. my chest is maimed with heavy scarring (not helped by the fact that in the weeks/months post op i was too depressed and in pain to take proper care of the incision sites so the scars are worse than they were supposed to be) and i have nerve damage and pain, or sometimes weird tingling sensations (??) to this day, if my chest isn't completely numb which it is most of the time. also, i HATE the way it looks. now that i am flat chested i can pass as male and i realize i don't actually like presenting as male that much. i miss being feminine . . . from the second i woke up in the operating room i knew it was a mistake. i had no idea how painful it would be, physically and emotionally, and i had expected some sense of like... joy? euphoria? that i would finally be in the right body. . . , but i didn't expect it to be pure misery either.

i wasn't a man, i wasn't male, i was/am an artsy kid into cosplay and role playing and alter egos. imagining myself as a dude made me imagine an alternate reality of sorts, where male me was more confident, intelligent and happy. i thought once i got the surgery and “became male”, i would somehow obtain all the traits i imagined of this fictional happy boy version of me. . . .

i thought i was so sure of my identity, i felt so confident that this was the right thing to do, and now i'm realizing i was just lost and in over my head.”

“I decided to detransition a month ago, after two years of presenting as a woman, and I've never been happier. I was bullied very badly for being gay in high school, and I have a very conservative fox news loving father who didn't accept me, so I thought transitioning would be the answer for me. I've always had more feminine interests and hobbies, (reading, writing, poetry, art) so it was easy to convince myself I was trans. however, even after this, I was still depressed and suicidal and self harming, and little had changed for me. only recently I realized I don't need to change my body to be happy, I need to accept myself for who I am. I'm learning how to love myself, and be ok with who I am, and that's bringing me happiness, not changing everything.”

I didn't transition because I wanted to be a guy-I transitioned because I wanted to be male. I thought I was supposed to have been born that way, and despised the fact that I was "born in the wrong body" Why did nobody tell me that my body was right? That regardless of how I felt, it wasn't going anywhere? . . . I just wish someone had told me that transitioning wouldn't fix anything. I didn't need to change myself, I needed to find myself. And now that I have, I feel like an absolute idiot for putting myself through this hell on earth . . .

“I know right?! It's something that's so celebrated transitioning like you're finally taking a mask off when in fact you are really putting a new one on. I think gender expression is important and I think something to certainly be played with, but changing biological hormones is ridiculous and doesn't cure anyone of anything, only induces pain at the end of the day. I'm sorry you had to go through that pain. . . . I hope you'll be able to find peace.”

"I've been very annoyed at the argument against the social contagion aspect of transition, when it seems so obvious to anyone willing to open their eyes and look that it plays a significant role. . . . Let's say we ignore all the copious amounts of posts about how great and awesome being trans is and how special it makes you. Let's even ignore all the posts about how inherently awful cis people are and how they'll never understand how special and awesome it is to be trans. Even foregoing all that, I'm left thinking about the brain space I was in around puberty ish (maybe 12 to 15) when I was a wannabe goth kid. I used to beg and plead and wish I had schizophrenia or depression or bipolar or whatever because I thought it would make me edgy and "cool". . . . And the thing is, the community I was in *encouraged* this. Yes, the broader community did not and judged people with these illnesses, but the counter culture sub-community I was in furthered that narrative of: severe mental illness= interesting, mysterious, and cool.

"If you feel like you left a cult, it's probably because you left a cult. Brainwashing through memes and social media, asking for donations, requiring a belief in some entity that is unscientific in nature (gender identity- we can't prove it exists, believing in the concept of gender identity as truth would be by definition a religious belief), the catchphrases (trans women are women, gender is a spectrum, there is no ethical consumption under capitalism, etc), the shaming and cancelling. The lack of tolerance for other viewpoints. The peer pressure to not be friends with people of different viewpoints, even to cut off family. The promotion of drug use. This is what cults do. This is what was done to me. There might not be a proper name for this cult yet, but I know I left a cult. I won't accuse anyone of being in a cult, but I can speak for myself and my own experiences, and those were my experiences. These experiences fit the criteria for cult like behavior, even if there is no clear figurehead.

"Sorry I'm posting so much, I've just been having a couple really crappy days
I can't believe I was allowed to get a mastectomy at 18 and suicidal nonetheless. I don't know why I wasn't stopped when I panicked before the surgery. I don't know why my psychologist didn't question me or try to get me to reflect on the choice more than "I don't like my breasts so they have to come off".
I didn't like the way they looked. I didn't like the way they felt. I felt gross. I think I could've learned to like them. I wish I would've gotten help in loving myself and accepting my body instead of changing the bits I didn't like. My body wasn't even done growing when I got them cut off."

I discovered the online trans community, who enabled my feeling of self-hatred and led me to believe that transitioning was the cure all to all of my problems. ... [I] realized that transitioning had not fixed any of my problems. I'm finally getting to know my autistic masculine female self and I love her.

I DO acknowledge I made the choice to transition, but it shouldn't have been allowed in the first place! Removing healthy body parts to treat a mental health issue? Telling an 18-year-old girl that cross sex hormones would fix her? Why shouldn't I blame the people who allowed this?

I saw a handful of therapists to start transitioning. None of them tried to work with me through my dysphoria. None told me that dysphoria can go away naturally, or that there are options other than biomedical. I was 18. Fuck.

I recognize now that trans ideology sold me on the idea that I could identify into the powerful group. I was hurt knowing I couldn't marry a woman at that time. Hurt that I couldn't have a family that looked like the only families I had seen until then. The idea I could identify out of oppression and be a straight man instead, felt liberating. There are few studies behind detransition rates, but I can tell you that there are thousands of us. Our voices are hidden because we're seen by the queer community as an inconvenient consequence of their movement. We are just collateral damage for the greater good. Many, maybe most, are gender nonconforming lesbians.... Most desisted at the same age as me, around age 25. This is not a coincidence. This is the age your brain becomes fully developed.ⁱⁱ

Testosterone, probably surgery

I've gone through so damn much to transition. Put my body through a bunch of unnecessary shit. Now it's struggling just to function like normal.... For what? Just to regret everything? Just to ruin my voice and my breasts and my genitals? ... I was a kid when I was put on hormones.... How the hell was I allowed to do this? How the hell was I encouraged by medical professionals to do this? What kind of fucked up, sci fi dystopia are we living in that this is a normal fucking situation?...And I see a bunch of other KIDS online, really, really fucking young kids. Like 16 and under, who are starting hormones and getting surgeries and are encouraged by doctors and others around them. My heart just breaks for them. They are not old enough to make these decisions. They are not old enough to consent to this. I was not old enough to consent to this. I was a child. How is this allowed to go on? Why?ⁱⁱⁱ

Testosterone; double mastectomy, revision of mastectomy, hysterectomy including ovaries around ages 20-21

The whole time I had fully believed I was just inherently trans. That's what doctors told me.... Transition was supposedly the best way to treat this and yet I still didn't like my body most of the time and objectively I had only made myself more sick and dependent on medication....

I don't think I can live with this long-term. I think I went too far to live with this.

Knowing that I gave myself all these health risks. Knowing I let myself get surgically castrated. Because of depression, because of trauma. Only to get out more depressed, more traumatized.

I'm just 23.

How am I supposed to live knowing I fucked myself up so much in such a short period of time?...

What tops it off with misery is the knowledge that this is still happening to other people right now. And even younger women! I talked to a young woman who transitioned as a 16-year-old, got all her reproductive organs removed as a 18-year-old, now she's 25 and full of regret. So is my female friend who transitioned at the same time as me, by the way... She went as far as I did and is detransitioning as well. Went to different therapists, got approved by different doctors, and it's the same result.

... I was mentally ill. My therapist and doctors, who were aware of how fast I was transitioning, let me down. How was I supposed to talk about something I wasn't really aware of? I was suppressing so much.

I find that actual, critical exploring of our reasons for dysphoria is something very rare in the trans community in general.... FTMs [female-to-male transitioner] with homophobic families, FTMs with autism, eating disorders, depression, FTMs who were survivors of childhood sexual abuse, FTMs with so many red flags in their backgrounds, hell, I met an FTM who was a survivor of sexual trafficking and yet I rarely ever saw anybody get questioned in our little bubble. As long as you were diagnosed you were good to go.

Steps taken to transition could not be determined

Honestly, it's so fucking depressing when you go to these trans kids' blogs, and they are talking about how they feel about their bodies and it's just:

- Symptom of trauma
- Symptom of trauma
- Symptom of trauma.

And they've clearly latched on to the trans idea as a way to divorce their old body and emerge from a chrysalis transformed into a new pain-free version of themselves because, as it is right now, they are in agony.

And it works temporarily! It really does because you're so focused on this new goal that all the pain fades into the background, and the new you is just around the corner!...

But the truth is, no matter how much you try to leave the old you behind, your body still remembers, and you can't divorce yourself from your existing self.

Steps taken to transition: Testosterone, double mastectomy, hysterectomy including ovaries, phalloplasty

I think my transition was a result of childhood trauma....I had my power taken away from [by] a man, so I stopped dating men because I feared them, and I became one because it was the only way I knew to take my power back....I created Tyler [her trans identity] as a means to protect myself, to feel like I was in power.... I thought Tyler was the answer,...creating this man who would protect me instead of hurt me....

Testosterone at 17, double mastectomy a few years later.

...I also had an experience there [at the TransActive Gender Center] which I believe to be directly negligent on the part of the therapist. During the course of my therapy, before I received a referral for hormones, I began to have trauma flashbacks.... I brought these up to my therapist, and her only response was to devote one or two sessions to it, and then continue with the transition therapy process. This process seemed to be primarily about validating pretty much whatever I said about my gender/planning and mapping out a timeline for my transition, and it was not brought up at any point that prior trauma might have anything to do with dysphoria. The implication that was always present, in therapy ...was that if I was trans, and my therapist never gave me the impression that I might not be, my options were "transition now, transition later, or live your life unhappy/commit suicide." To a teenager who is struggling with mental health issues, this is a very attractive proposal: "This is The Cure for all of the emotional pain you're feeling".

I've grown. I've learned to live in this body. I've learned to love myself as a lesbian. But fifteen-year-old me, sitting trembling and scared in my gender therapist's office for the first time, didn't know that that was possible. My therapist certainly didn't ever tell me it was. Once she'd determined that my dysphoria was real (and, god, was it real,) there was one path. It involved turning my life upside down to go "stealth," taking testosterone and eventually surgical intervention. I made it through the first two steps before I started to figure out there was another way.

Even if that one path had been right for me, I still would have deserved to know there were others. Everyone who is transitioning deserves to know that some people are able to manage their dysphoria with less invasive treatment. They deserve to know that some people with genuine dysphoria find transition unhelpful, counterproductive or just altogether useless. They deserve to know that some people find transition traumatizing, retraumatizing or to be at least a reaction to trauma. Everyone deserves informed consent. But that's not what we're getting. We're being lied to. We're being told, "spend the rest of your life taking hormones; have irreversible, major surgery; it's the only possible way."

So, they position this treatment as the One And Only,... and then don't even research the effects of what they're giving us. A quick glance over the Society of General Internal Medicine's 2014 [Cancer Risk and Prevention in Transgender Patients](#) makes it clear, repeatedly, how little we know...: "MTF [male to female] individuals receiving feminizing hormones experience breast cancer, yet the degree of risk relative to natal females is uncertain." "There are no long-term studies on endometrial cancer incidence among FTM [female to male] individuals." "No

long-term studies have investigated ovarian cancer incidence among FTM individuals.” We don’t know. We don’t know. We don’t know. Or maybe, we don’t care. We don’t care. We don’t care.

Steps taken to transition: Could not be determined

I was never like raised to believe that there was more than one way to be a girl. You know like I thought femininity and womanhood was like being thin, being white, wearing skirts and wearing dresses and you know playing dress up, playing with dolls ... and liking boys.... And that was never my experience you know.... What I thought ... was that... if I could not blend into what is considered to be woman,... I thought well then I must be a boy....I thought ...that’s what would save me. That’s what would make it okay for me to like girls. That’s what would make it okay for me to exist ... in this world in this body that I have.

Testosterone – had to stop due to a stroke

I started experiencing dysphoria at nine years old after being sexually abused. I lived as a boy for several years....I was assaulted again as a young adult and it triggered that same response, and I transitioned again. I felt happier both times although I recognize now that it's because I wanted to escape the body that had been betrayed rather than actually being trans....

The hard part though is that when I was identifying as trans, people were extremely supportive, and I had all the resources in the world available to me. When I went public with my sexual abuse story and detransitioned, I found myself totally alone.

Testosterone for 5 years - resulting in kidney failure

I was drawn to this idea that all my anxiety [that she developed due to sexual abuse by her father] could be swept away. All the things that I am feeling about my body and insecurities I have and the defensive qualities that I’ve developed, the fact that I don’t feel safe or comfortable in certain situations, I felt like that was inappropriate, and I wanted that to go away, and I thought that if I were able to change my body that those things would go away.

Testosterone

My counselor from my detransition team said if you hadn’t transitioned you might have gone a darker path and taken drugs or killed yourself because I was so depressed. And here I am like NEWSFLASH I freaking did! I killed myself when I transitioned to a man completely erased my past self and the drugs were testosterone which f-up my body. I’m responsible for my own choices but when will the health professionals start speaking out that they may also have f-up!? That they may not actually know what they are doing. They keep coming back to if people don’t transition they will kill themselves. Most of us who are or have been questioning about gender need psychiatric support that don’t result in hormones or surgery but self acceptance....

Mastectomy

I feel that nobody will like me, who could find me attractive? I have no breasts.

It breaks my heart to see my post mastectomy photos.... No one who saw those photos would see a guy in them, there’s just no way, I was the only one who saw that.

There’s no way to have them back, I don’t want a reconstruction, that wouldn’t fix anything, I will never have my natural breasts, I’ll never breastfeed.

It hurts that I didn’t allow my body to fully develop, I just hated myself so badly, I hated my breasts and now I wonder what it would be like to have them, and see my full adult body. I’m turning 20 next week, and, idk [I don’t know] how to feel about my body. Do I look my age? Will I ever look my age? I don’t really care that I’m flat, I’ve been presenting myself this way and it’s normal for me now, but the fact that I had breasts hurts, that I was once complete.

Mastectomy

...FUCK THIS BS!!!!!!!!!! STUPID GENDER CLINIC DOCTORS, SO FUCKING "SURE" ABOUT WHAT THEY WERE DOING, SO FUCKING PROFESSIONAL, I WAS 18 WHEN I SIGNED THOSE STUPID PAPERS FOR SURGERY AND NOW I JUST FINISHED CUTTING [up] MY OLD BRAS. IT'S SO DISGUSTING TO KNOW MANY GIRLS WILL DO THE SAME FUCKING MISTAKE I DID. FUCK

Testosterone

Transition was like suicide without the gun, the knife, or a hand full of pills.

There's a little girl that lives inside of me that I've always hated. A fearful, weak, sensitive, chubby little girl a mother couldn't even love. I always tried to get rid of her. I tried to cut her out, to starve her down, to throw her up. But I got so tired. She was so hard to kill, determined to not be erased.

And then I found out I didn't have to kill her like that. I could invent a replacement, and wait until she withered away....

It made sense. I hated part of myself. I hated this little girl who lived inside me. When I cut myself, I was crazy. When I starved myself, I was vain. When I made myself throw up, I was disgusting.

But when I injected myself with testosterone, hoping that bottled up girl would just fucking drown, I was brave.

Steps taken to transition: Testosterone

The professionals around me who should have screened me thoroughly and been willing to help me get to the root of my issues with my body, my expression, my gender, and myself, did not. Because of that, I will never get the chance to have a healthy relationship with the body that I had and the person who I was before T [testosterone].^{xvi}

Testosterone

My sophomore year I was sexually assaulted. It absolutely contributed to just this feeling that I wanted to take my body off....I regret it [transition]. It was a waste of my money. It was a waste of my time. It was more time that I didn't do what I needed which was [to]...address my dissociative symptoms.

Socially transitioned ages 16-19

I think trauma is a huge factor for a ton...of people specifically...women who transition to men.... It makes you want to...run from being female when you come to terms with the fact that you're a target of sexual violence for simply being female.I guess I learned that I can't fully escape things that have happened.... It just further represses it, and you're just going to have to deal with it later.

Testosterone ages 16 to about 19

"I had just gone through a very traumatic sexual experience with an older man on the internet,... and I didn't want people to perceive me as a woman anymore, because the reason that whole thing happened was because I was a female...."

Testosterone 5 years, double mastectomy

I have spent 5 years on testosterone, got a double mastectomy and realized I regret transition after doing some work on trauma. I am a gender nonconforming female and not a male who appears gender conforming.

Testosterone, binding, double mastectomy

And then I ... had some health issues from testosterone where it was ... symptoms that I didn't know were things that would actually happen to me because I went through informed consent when I got hormones. Where it was two appointments: one to talk about the information section, the second to like turn in the signed paper and get my prescription for hormones. And one of the symptoms was vaginal dryness, ... but what that actually means in the severe, severe sense is atrophy, and that means that like your vaginal walls can get like thinner. They're easier to damage and bleed...and I didn't know at the time, that that can extend to your cervix and your uterus. I don't know how I didn't put those two things together where it's like, "Oh if you're a trans man, and you're on hormones

for a while, you might have to get a hysterectomy.” ... I didn’t fully understand that, but I’m realizing now it might be for preventative care in case atrophy happens, or ... if atrophy happens, that they might just have to remove it [the reproductive organs] because it is too painful and dangerous.

Binding, Testosterone 1 month

My attraction to other girls kind of ostracized me at school. ...My mother was very homophobic and met my inclinations towards other girls with distaste. I have a distinct memory of telling my sister and mother that I wanted to dance with another girl at my sixth-grade dance and just seeing their faces contort with disgust. When I actually did dance with a girl who liked me at that dance, people at school started talking about me behind my back and treating me like there was something wrong with me. It made me feel really bad about myself, and I felt a lot of shame about my feelings.... At about sixteen, I was really leaning heavily into a binary male identity, particularly as a gay male. I pushed down all my sexual thoughts about women. I had devalued myself and other women so much that the idea of lesbianism was just repulsive to me. I do recommend you go to GNC Centric’s [another detransitioner] channel for a video about this very topic: lesbians identifying as gay men as a coping mechanism.

Testosterone

It’s difficult to explain concisely why I transitioned, or why I detransitioned. Both are complex circumstances that took me years to process. I didn’t transition because I was autistic, same-sex attracted, or a “tomboy,” and I certainly didn’t consciously transition because I had childhood trauma, but these likely played a role in my gender dysphoria. Similarly, I didn’t detransition because my gender dysphoria vanished or for any similar singular reason, but the accumulation of many factors.

For one, occupying the male social role was difficult for me. I passed as cis, but nothing could have prepared me for knowing that passing as male wouldn’t make me male. The better I passed, the greater the divide felt between who I was seen as and who I truly was. I had to lie and pretend I had been born something I hadn’t been, experienced things I could never have, and understood things I didn’t, while pretending that I hadn’t experienced or understood the things I had....

For another, the things I couldn’t have because I wasn’t male were the things that mattered quite a bit to me: being able to have “normal” sex as a man with a penis, having biological children with my future wife, feeling safe at night when passing a group of drunk guys catcalling a woman down the street... I would always be a “man” with a qualifier: a trans man. I simply wasn’t equipped to deal with that reality as a kid who grew into a young adult told that HRT [hormone replacement therapy] (and particularly T [testosterone]) was basically magic that would turn me into a real boy.

Testosterone 11 months

I walked into a gender clinic and got a coupon [prescription] for testosterone for the Wal-Mart pharmacy in under 30 minutes, and detransitioned after being on it for 11 months. The accessibility is definitely a contributing factor in the increasing number of children, teenagers, and adults detransitioning.

Testosterone ages 18 to 20

So I started testosterone two days before I left for college....It was super easy...I basically told my parents like I’m going to go to hang out with a friend, and then I drove six hours to Chicago, and I went to Planned Parenthood in Chicago. And then it was basically like an hour appointment where I talked to this social worker....She asked me like a handful of questions....And then she was like, okay, I’m going to go talk to the nurse practitioner, and then she came back in, and she said, “You know what? We’re technically supposed to do a two-week follow-up visit, so that we can get the blood work results back in, but considering you’re so sure, and you drove all this way, were just going to give you the testosterone without even running any blood work...”

And then the, the nurse practitioner, she was just like, “Okay, yeah, we’re going to give you your testosterone, hurray.”

And then I said, “Well I think that I have extra estrogen because my hips are big, and I have big boobs,” which I really don’t. I just have body dysmorphia....

And then she said, “Okay, yeah, cool, um we’ll give you a higher dose then,” and she started me on a 100 milligrams a week which is the highest dose, and I have the medical records to prove it....I didn’t know what I was getting myself into.... I just had had no conception of like, how is 100 milligrams of testosterone just right out the gate going to affect me as opposed to 25 milligrams.... I think even back then, part of me was, like, “Do we have to go all the way to 100?” But I ... wasn’t going to turn it down at the same time.”

Socially transitioned ages 17 to 26

For eight years I had thought I was transgender, before coming full circle to calling myself a woman again, ... I discovered an online group of women who'd had similar trajectories. They referred to themselves as "detransitioned" ...or as "reidentified,"

...The women spoke of all the negative messages about being female that they'd gleaned while growing up. Many had learned from a young age—some as a result of sexual abuse or assault—that having a vagina meant being a target. They'd realized that having breasts meant being leered at in public, or that having a womb meant that their worth would be measured by the children they bore.

In these women's revelations, I heard thoughts that I'd held privately for years. Like them, the only way I had known to process the frightening, uncomfortable, or disempowering aspects of being a woman had been to escape womanhood and see myself as something else....

It's been four years since I reidentified as a woman. My gender dysphoria was real and often painful, but the way for me to resolve it wasn't by becoming a man. It was by questioning and rejecting the stories society had told me about what it means to be a woman.

Testosterone

I no longer experience what a lot of people term “gender dysphoria” because these days I expect to be treated as a human being and accept no less. When someone treats me poorly because I am a woman or a dyke, I do not get mad because I should be treated “like a man.” I get mad because I should be treated like a human being (which is to say, treated like a man, in practice).... Changing my understanding did work for alleviating the entirety of my “gender dysphoria.”

Testosterone, binding

For many years my end goal was for cis men to accept me as one of their own and assume I was automatically cis when engaging in conversations with them. Well, that goal that I held for nearly 10 years was achieved, and I realized it made me feel guilty, and not only guilt but pain. Especially since it was at the expense of women.

This is in no way to shit on cis men at all, it’s more that I realized that this club I so desperately wanted to get into just wasn’t for me. I held a lot of internalized misogyny throughout my life, I would frequently call women all sorts of bad names and my friends growing up were men who validated that point of view. I was automatically cool and different for hating women. This developed into a FTM identity, I was convinced that the only way I could exist was as a stealth man. Once I got that goal through HRT, I didn’t feel the euphoria everyone talks about. I felt disappointed, I felt confused. I felt like I didn’t belong still.

Accepting my body and embracing my body is something I didn’t think I could ever do but once it happened, I felt euphoric. It was a huge weight off my shoulders no longer worrying about binding and packing, whether my hair growing out could “give me away”, my hips being too big, restricting my outfits to bland colors to “pass better”, etc. It felt like heaven to just exist without panicking about being misgendered and hiding myself away from that possibility.

Testosterone ages 15 – 19.

I feel like I became trans to simply protect myself from the abusive and manipulative relationship that I was in with my ex-girlfriend, and I don't want to make it seem like the entire reason I transitioned was because of this ex, but I do think it is a huge part of and the sexual abuse and the manipulation, gas lighting did heavily contribute.

Testosterone

I wish I could go back to March 2018 and tell myself it was okay to not be a man, I wish I could tell myself that it is okay to be female and be a woman even though it's hard. Even though I didn't know how.

I wish I could have left communities where people gave me drugs and encouraged my dysphoria and my self-hate. I wish I could have left the people who abused me. I wish I could have told myself I didn't need to change for the people I loved. That I could be myself and still be loved.

I wish I could go back to 2013 before any of this trans, non binary, gender fluid garbage entered my head. I wish I could tell myself "you're beautiful and perfect" exactly as I was. I wish I hadn't been so soft-hearted as to be hurt by all the men who hated women, who I watched dunk on feminism and women's rights, who I watched laugh at the fact that every month I bled and it hurt.

I wish I could go back and tell myself "the grass is not greener on the other side" that men have just as much struggle and problem as women, I saw it disguised under a veneer of hate because being a man is hard, just in different ways. I wish I knew that the sexes hating each other and themselves was the problem, that trying to change which I was wouldn't solve anything.

I wish I could unbreak my mind, my voice, and my body. I wish my heart would stop beating, but it still goes on, and I'll keep going on. Some days I feel alive but today I just don't. Today I wish I wasn't. But I am.

Keira Bell, one of the UK's most prominent detransitioners who is currently pursuing a case against the NHS Tavistock and Portman NHS Trust, tells me:

"Detrans Awareness Day is necessary because our stories are constantly shut down and there is a lot of stigma surrounding the topic. I think the mainstream has been hoping that we'll just quietly go away so that medical transition can continue to be seen as a really positive, solid solution for all. It's too much for them to admit that they've either been promoting or have been complicit in something that has caused so much harm."

<https://lesbianandgaynews.com/2021/03/the-first-ever-detransition-awareness-day-is-this-friday-12th-march/>

he rise in detransitioners corresponds to demographic changes. Over recent years there has been a shift in the profile of those seeking to switch sex; whereas once a handful of men sought to be recognised as women often toward middle-age, today many people begin their transition as adolescents. The ratio of male to female has also flipped; in recent years 75% of those referred to gender identity services in the UK are girls who wish to become boys.

It seems there is an informal veto on any attempts to investigate detransition. When in 2016 James Caspian, a counsellor and therapist, "became aware that there appear to be a growing number of people who have sought to reverse the surgery they had as part of a gender transition" he applied to Bath Spa University to study the phenomenon. Caspian explained on his Crowdfunder page why he wanted to research this group:

“Gender Reassignment Surgery includes surgery to the genitals, and for women changing to male, often removal of the breasts. I wanted to talk to the people who regretted their GRS and then had surgery to try to reverse the original surgery. There is no research into this phenomenon, and it is needed to develop insight into why this is happening and to learn from these peoples’ experiences.”

Bath Spa University initially granted permission for his Masters research and then blocked it over fears “it might attract unpleasant comments on social media, which they said might be detrimental to the reputation of the university.”

The online community of detransitioners use the salamander as their emblem, a lizard which can grow back lost body parts. Whilst there is little that can be done to restore the harm caused to the bodies of young detransitioners, greater awareness of their situation might prevent others from unnecessary surgeries and harmful hormone treatments.

Having gone through immense personal suffering, detransitioners are a powerful and determined group who have been failed by the institutions charged with their protection. Universities, health professionals and mainstream LGBT organisations cannot force detransitioners into a closet; their numbers are growing and their stories will be heard.

I regret taking the hormones so much and I’ve learned my lesson, but I still have to cope with the permanent effects. Feels like this trans nightmare will never end.