

EXHIBIT 21



Thanks for trying out Immersive Reader. Share your feedback with us.  



Arizona House passes bill banning transgender student athletes from participating in girls sports

The Arizona House of Representatives passed a controversial bill Tuesday that aims to ban [transgender female athletes](#) from participating in girls' school sports. If signed into law, the ban would apply to all students in the state through college.

The bill, [HB 2706](#), would require female athletes to prove their biological sex with a signed doctor's note following genetic testing if another student athlete disputed it. All public and private schools that sponsor interscholastic and intramural sports would be forced to comply, including K-12 schools, community colleges and universities.

"Women are being displaced in their own sport. The playing field is no longer level," said Republican Representative Nancy Barto, who introduced the bill. "All that needs to be determined is what sex a person is and that determines which team they can play on."

If the bill becomes law, any student would be able to dispute another athlete's gender if they feel it has negatively affected them. According to Democratic lawmakers, students would be allowed to target other students with no burden of proof.

*I haven't figured out why we're even hearing [#HB2706](#). This isn't a problem in Arizona, the [@AZHouseDems](#) have covered every angle of why this bill is not only unnecessary, but harmful. (Part 1 of my closing statement on why I voted no.) pic.twitter.com/crzHKyIO7f
— Rep. Kirsten Engel (@EngelForArizona) [March 4, 2020](#)*

Barto said the bill "frankly doesn't discriminate or ban anybody from playing sports," adding that transgender girls could play on coed teams or boy's teams if they wanted.

Democrats [called](#) the bill "unnecessary and transphobic" and said it threatens the privacy of Arizonans, but a Republican majority passed it 31 to 29 along party lines.

"Transgender children are being attacked at the will of members of the [@AZGOP](#) all because they don't fit in their siloed and antiquated thought process," State Representative César Chávez [tweeted](#) Tuesday.

Opponents argue the bill leaves LGBTQ youth vulnerable to harmful bullying and privacy invasions.

"The vote tonight was shameful," State Representative Kirsten Engel [tweeted](#). "Political points for Republicans at the cost of our most vulnerable kids, our transgender youth. I'm not proud of my State today."

☹️Trans girls are girls ☹️#HB2706 is a harmful bill that sends the message to trans girls that they are not worthy of a full and social life and it denies them the opportunities and experience that their peers have. pic.twitter.com/7Rv6tSBx3v

— *ACLU of Arizona (@ACLUaz) February 18, 2020*

"Whether someone is a sports fans or not, most view this as a matter of basic fairness," Representative Barto said in defense of the bill. "Female student athletes should not be forced to compete in a sport against biological males, who possess inherent physiological advantages. When this is allowed, it discourages female participation in athletics and, worse, it can result in women and girls being denied crucial educational and financial opportunities."

The bill will now head to the Senate. According to the House, [similar legislation](#) is being considered in Idaho, New Hampshire, Washington, Tennessee, Georgia, and Missouri.

The ACLU of Arizona called the bill invasive, discriminatory and harmful. "#HB2706 will police young girls' bodies and shame trans girls in the process," it [tweeted](#).

"Transgender girls are girls, and transgender boys are boys. Transgender students participate in sports for the same reasons that other students do. They want enjoy the activities, challenge themselves and be a part of a team," Amanda Parris, policy counsel for the [ACLU of Arizona](#), said in a statement. "Participation in sports has been shown to lead to better grades, better academic performance and improved self-esteem. We should not allow politicians to deny students opportunities to follow their passion and to compete. Transgender students deserve our support, not baseless attacks because of who they are as people."

Currently, the Arizona Interscholastic Association (AIA) [allows](#) all students to participate in sports in a way that is "consistent with their gender identity" regardless of their gender assigned at birth. The AIA also guarantees confidentiality in the process of determining eligibility for transgender student athletes.

“If the Speaker and President are not allowed to intervene, they will not be able to exercise their statutory right to mount a defense, and the duly enacted laws challenged here may receive no adequate defense, or even no defense at all,” reads the brief.

This isn’t the first time the legislative leaders have asked the court to let them take sides in a lawsuit. The two [won permission to intervene in a lawsuit against 2021 abortion laws](#) earlier this year, as well as in a [challenge to President Biden’s COVID-19 vaccine mandate for federal contractors](#) — both cases in which Mayes refused to take up the mantle of her predecessor, Republican Mark Brnovich.

EXHIBIT 22





Donate

COVID-19 Coverage

AZ Senate Advances Bill to Ban Transgender Kids from School Sports

KAWC | By [Howard Fischer](#)

Published January 21, 2022 at 5:16 PM MST



1 of 3

By Howard Fischer

Capitol Media Services

PHOENIX -- Rejecting pleas from parents of transgender children, a Senate panel voted Thursday to limit their participation in public or private school sports to the biological sex of their birth.

The 4-3 party line vote by the Republican dominated Judiciary Committee came after Matt Sharp, an attorney with Alliance Defending Freedom, cited instances in Connecticut where transgender females defeated cis-gender girls and women in sports. He said those born male have a biological advantage over girls.

Sharp, however, could not cite a single instance of problems in Arizona. But he said that's irrelevant.

"We're trying to prevent what happened in other states from happening here," Sharp said.

The Arizona Interscholastic Association which governs high school sports already has a policy that says all students should be able to participate "in a manner that is consistent

KAWC
q from the CBC

AIA lobbyist Barry Aarons said there have been only a dozen requests in the past seven to 10 years to allow students to participate in a sport in the gender with which they identify when it does not match that of their birth. And he said the AIA's Medical Sports Advisory Council which reviews these has granted just seven.

The measure requires each interscholastic or intramural athletic team sponsored by a public or private school whose students or teams compete against a public school to be expressly designated as for males, females or coed "based on the biological sex of the students who participate on the team or in the sports." And it specifically prohibits teams designed for females from being open to males.

It also says any student or school who suffers any harm from violation of what's being called the Save Women's Sports Act can file suit to both halt the practice and collect damages.

SB 1165 picked up support from several speakers who said that allowing those born male to compete against girls and women isn't fair. That includes Jadis Argiope who identified herself as a transgender woman who said all the measure does is deal with "biological reality."

"The reality is we're stronger," she said.

"We have bigger bones, we can take in more oxygen," Argiope continued. "We have a better fat distribution that gives us an advantage taking hits. We have stronger ligaments."

Christine Pierce cited her own experience in sports.

"Allowing males to compete against females takes away the fairness of competition in female athletics," she said. But Vanessa Anspach said she sees it from the perspective of the parent of two children, including a 10-year-old transgender girl.

"When I became a parent I never imagined I'd be standing here today begging you for my child's right to be a child," she testified. "As a parent, my job is to support her, defend her and be her advocate."

Anspach said she knows her daughter will face multiple challenges.

"Playing sports with her peers shouldn't be one of them," she said.

Albert Levensohn had his own story.

"I am the proud parent of a transgender girl in middle school who deserves all the rights and opportunities to play sports just like all other girls growing up in Arizona," he told lawmakers. And Levensohn said that those who are backing the measure are wrongly focused on who wins.

"Participating in sports is an important part of students' physical, social and emotional well being," he said. "Playing sports provides student athletes with important lessons about leadership, self-discipline, success and failure as well as the joy and shared excitement of being part of a team."

But Sen. Warren Petersen, R-Gilbert, said the measure does not discriminate but simply recognizes biological differences.

"It is absolute lunacy to think that it's OK to allow a male to dominate in a female sport," he said. And Petersen said nothing in the legislation precludes transgender students from doing that.

"They can play," he said. "They just can't play on the team they want to play on."

He suggested that one option would be for schools to create "transgender leagues."

That suggestion, however, drew questions from Sen. Martin Quezada, D-Glendale, who questioned whether Petersen was advocating a form of "separate but equal," a concept the U.S. Supreme Court rejected in the 1950s when it disallowed schools from being segregated because of race.

Sen. Wendy Rogers, R-Flagstaff, cited her own experience playing high school volleyball and participating in track and field competition in college, all of which came about because of federal Title IX which prohibits any institution from discriminating against individuals on the basis of sex in education or programs

Stahl Hamilton, D-Tucson, said all that is based on what she believes is a mistaken premise that men, by definition, are stronger than women. In fact the senator said she would like the men on the committee to stand up with her.

"There is not a man on this dais whose physical appearance I find intimidating," said Stahl Hamilton who said she stands 5-foot-10 in her bare feet -- and 6 feet with heels. "I would take any one of them on on the basketball court any given day, and would have done it as a 14-year-old girl," she continued. "And, in fact, I did."

The measure now goes to the full Senate after constitutional review by the Rules Committee.

On Twitter: @azcapmedia



Howard Fischer

[See stories by Howard Fischer](#)



Now, more than ever, your support powers KAWC!

[Donate Now](#)

KAWC
from the CBC

EXHIBIT 23



Thanks for trying out Immersive Reader. Share your feedback with us.  



British Cycling to ban transgender women from competing in female category



British Cycling's Jon Dutton 'confident' new policies safeguard fairness

British Cycling is to ban transgender women from the female category of its competitions following a nine-month review and consultation.

Under a new participation policy that the governing body said was "predicated on fairness", such athletes will compete in an 'open category' with men.

Female races will be "for those whose sex was assigned female at birth".

The changes will prevent riders such as Emily Bridges potentially being part of the British women's team.

Last year Bridges - the country's highest-profile transgender cyclist - was stopped from competing in her first elite women's race by the UCI, cycling's world federation, despite meeting the rules at the time.

Bridges reacted to the announcement with a statement on social media, calling the change a "violent act" by a "failed organisation" that was "controlling" the conversation on transgender inclusion.

She added that the racing scene was "dying under its watch" and that British Cycling was engaged in "culture wars".

British Cycling's policy had allowed transgender women to take part in elite female events if they met testosterone-based regulations.

But with the governing body at the heart of the debate over balancing inclusion with fairness, its [regulations were suspended](#) amid mounting controversy about Bridges and a review was launched.

"Research studies indicate that even with the suppression of testosterone, transgender women who transition post-puberty retain a performance advantage," said British Cycling.

"Our aim in creating our policies has always been to advance and promote equality, diversity and inclusion, while at the same time prioritising fairness of competition.

"We recognise the impact the suspension of our policy has had on trans and non-binary people, and we are sorry for the uncertainty and upset that many have felt during this period."

Transgender women will be able to participate in non-competitive recreational and community cycling without restriction.

The new policies will be implemented by the end of the year.

'You have no right to tell me when I am done' - Bridges response

In her statement, Bridges was critical of the state of British Cycling and its treatment of transgender riders.

"Cycling is still one of the whitest, straightest sports out there and you couldn't care less," she said. "I agree there needs to be a nuanced policy discussion and continue to conduct research. This hasn't happened.

"Research isn't being viewed critically, or any discussion about the relevance of the data to specific sports.

"I've given my body up to science for the last two years, and this data will be out soon.

"There is actual, relevant data coming soon and discussions need to be had."

Bridges claimed discussion of the debate is "inherently political" and "framed by the media who are driven through engagement by hate", saying she was "terrified to exist".

She claimed British Cycling was "furthering a genocide against us. Bans from sport is how it starts".

She added: "I know a lot of people will think I'm being dramatic, or overplaying how scary things are at the moment. I don't even know if I want to race my bike any more... but you have no right on telling me when I am done."

British Cycling is not commenting on Bridges' statement.

What's the background?



Emily Bridges previously set a national junior men's record over 25 miles and was selected to join British Cycling's senior academy in 2019

Having been a highly promising competitor in junior men's events, Bridges came out as transgender in 2020, starting hormone therapy as part of her gender dysphoria treatment.

She then became eligible to compete in elite women's events under British Cycling's transgender regulations, which required riders to have had testosterone levels below five nanomoles per litre for a 12-month period prior to competition.

But days before the 2022 National Omnium Championships, the UCI said Bridges' participation could only be allowed once her eligibility to race in international competitions was confirmed, dashing her hopes of competing for Wales in the Commonwealth Games.

A group of elite female cyclists called on the UCI to "rescind" its rules around transgender participation, claiming female athletes in the UK were "willing to boycott" events over their "concerns about fairness in their sport".

Bridges said she felt "harassed and demonised" and had "little clarity" on her eligibility. She added that she "does not have any advantage" over her competitors, and could prove it with data.

While British Cycling suspended its rules, the UCI then toughened its regulations, doubling the qualification period to two years and lowering the required testosterone threshold for transgender women riders to 2.5nmol/L.

But this month, after Austin Killips became [the first transgender woman to win a UCI women's stage race](#) at the Tour of the Gila, the world governing body re-opened consultation on the issue, saying it "hears the voices of female athletes and their concerns about an equal playing field for competitors".

'Paucity of research' - British Cycling boss

"We acknowledge the paucity of research at this time, but can only look at what's available to use," said British Cycling chief executive Jon Dutton.

"I am confident that we have developed policies that both safeguard the fairness of cycle-sport competition, whilst ensuring all riders have opportunities to participate.

"We have always been very clear that this is a challenge far greater than one sport. We remain committed to listening to our communities, to monitor changes in the scientific and policy landscape, to ensure that sport is inclusive for all."

Fiona McAnena from Fair Play For Women told BBC Radio 4's World at One she was "concerned about all the women and girls who need to know that sport will be fair so I think an open category is a great solution because it doesn't negate anyone's identity...[and] the female category can be protected."

"We're finally reverting to fairness. We are going to see it across all sports."

However Joanna Harper - a sports scientist who studies the effects of transition on transgender athletes, and who is transgender herself - said she was "disappointed but not surprised".

"I don't think it's necessary" she told BBC Radio 5Live. "Trans women have been competing in cycling for many years...and although they have achieved some success in the sport, they are under-represented and are not anywhere near taking over the sport."

In March, [UK Athletics](#) also [banned](#) transgender women from competing in the female category in its competitions and events. There have been similar moves in [swimming](#), [triathlon](#) and [both codes of rugby](#).

A number of studies have suggested transgender women retain cardiovascular and strength advantages compared to female athletes, even after taking testosterone-suppressing hormones.

Critics of transgender athletes' participation in some women's sports argue that gives them a disproportionate advantage over their peers and limits opportunities for their rivals.

However, others argue there is not enough detailed research in the area, that the science is not clear, and that with very few elite transgender athletes, sport should be more inclusive, with open categories criticised for being [discriminatory](#).

British Cycling said its women-only community programme "will continue to remain open and inclusive for transgender women and non-binary people" who can "continue to participate in a broad range of British Cycling activities in line with their gender identities".

Across the BBC

- Will they carve a brighter future down under? [Ten Pound Poms starring Michelle Keegan and Warren Brown](#)
- Could eating nuts reduce your waistline? [Michael Mosley chews over the surprising benefits of these nutrient powerhouses](#)

EXHIBIT 24



Thursday, March 17, 2022

Amid protests, Penn swimmer Lia Thomas becomes first known transgender athlete to win Division I national championship

By Katie Barnes

ATLANTA -- Lia Thomas is a national champion.

Thomas, who is a transgender woman, touched the wall in 4 minutes, 33.24 seconds in the 500-yard freestyle on Thursday night to become the first known transgender athlete to win a Division I national championship in any sport.

Thomas finished 1.75 seconds ahead of second-place Emma Weyant, who attends Virginia. Thomas' time was a season best and a little more than 9 seconds off of Katie Ledecky's 4:24.06 record.

The race began with the crowd cheering for each of the swimmers, but fans were noticeably quiet for Thomas' introduction. Save Women's Sports founder Beth Stelzer draped a vinyl banner with the organization's phrase over the railing.

During the race, Thomas was alternately tested by Olympians Brooke Forde (Stanford), Erica Sullivan (Texas) and Weyant. Thomas led early, but was passed by Sullivan and trailed for most of the first half of the race. Thomas and Weyant went stroke-for-stroke in the back half of the race, but Thomas pulled away over the final 150 yards to win her first national championship.

"It means the world to be here," Thomas said in an interview with Elizabeth Beisel after the race.

Thomas, who declined to attend the NCAA-required postrace news conference, told Beisel she has been trying to tune out the distractions. "I try to ignore it as much as I can," Thomas said. "I try to focus on my swimming, what I need to do to get ready for my races. And just try to block out everything else."

As she stood on the podium with her trophy, she flashed a peace sign, just as she did for her four Ivy League championships. And once again, the crowd was noticeably quiet as she was announced as the champion.

Thomas returns to the pool Friday morning for the 200-yard freestyle prelims. She also is scheduled to compete in the 100 on Saturday.

"It's a symbol of Lia's resilience," Schuyler Bailar, who at Harvard became the first known transgender man to compete on a Division I men's team, told ESPN. "The fact that she's able to show up here, despite protesters outside, people shouting and booing her, I think it's a testament to her resiliency. And it's also a symbol that we can both be who we are and do what we love."

"Any hate is unnecessary," Virginia junior Lexi Cuomo said after the Cavaliers won the 200 freestyle relay. "We need to look at it as we're all competitors right now. We're focused on ourselves and our team. Our first and foremost goal is to win a national title."

After posting the nation's top times in the 200 and 500 freestyle events in December at the Zippy Invitational in Akron, Ohio, Thomas garnered national attention. Her success in the pool drew both praise and criticism. Some of that criticism was on full display in Atlanta.

Outside of the McAuley Center, dueling protests dominated the morning. More than 20 protesters from Save Women's Sports and Young Women for America (the college branch of Concerned Women for America) chanted outside, protesting Thomas' inclusion in the women's category.

The group also included Idaho state Rep. Barbara Ehardt, the author of HB 500. HB 500 was the first law restricting transgender athletes' ability to play sports in accordance with their gender identity. It has since been blocked in federal court.

"We're not going to stand by and let women be displaced," said Annabelle Rutledge, the national director for Young Women for America. "We must fight for their rights."

Concerned Women for America announced Thursday that the organization filed a Title IX complaint against the University of Pennsylvania. CWA contends that Penn is violating Title IX by allowing Thomas to compete on the women's team.

"The future of women's sports is at risk and the equal rights of female athletes are being infringed," CWA president and CEO Penny Nance said in a statement. "We filed a formal civil rights complaint against UPenn in response to this injustice."

This is not the first Title IX complaint CWA has filed in response to a prominent transgender athlete. After Franklin Pierce University (FPU) track athlete CeCe Telfer won a Division II national championship in the 400m hurdles in 2019, CWA filed a Title IX complaint with the Office for Civil Rights (OCR) at the Department of Education. The OCR found that FPU's transgender inclusion policy violated Title IX and the school was forced to rescind its policy. The Department of Education has not yet responded to CWA's latest complaint.

On the other side of the street from Save Women's Sports and CWA were a dozen counterprotesters, who were Georgia Tech graduate and undergraduate students.

"They are bringing off-campus hate onto our campus," Georgia Tech Grad Pride president Naiki Kaffezakis told ESPN.

Another counterprotester, who wished to be acknowledged by only her first name, had words of support for Thomas.

"I'm rooting for her. I'm very happy for her," Em said. "Good luck out there, girl. Get 'em."

EXHIBIT 25



NCAA

High School volleyball player Payton McNabb urges ban on transgender athletes after serious injury

A female player was injured by a transgender woman.



Payton McNabb, a senior at Hiwassee Dam High School in Murphy, N.C. LAPRESSE

LW

21/04/2023 - 23:09 CDT

A high school volleyball player in North Carolina, Payton McNabb, has urged state lawmakers to pass a bill banning transgender athletes born male from playing on female sports teams after she was seriously injured during a game. McNabb told state representatives that a transgender girl spiked a ball at her face during a game in September, causing her to suffer a concussion and neck injury.

Related

Celebrities. Who is Julz Dunne? Get to know the stunning older sister of LSU gymnastics sensation Olivia Dunne

More Sports. Kayla Simmons, volleyball star turned influencer, steals the show in Paris with sultry snaps

"Due to the North Carolina High School Athletic Association policy allowing biological males to compete against biological females, my life has forever been changed," McNabb said. She added that she still struggles with the effects of her injuries, including impaired vision, partial paralysis on the right side of her body, unremitting headaches, anxiety, and depression.

Independent Women's ...  
@IWF · [Seguir](#)

 **MUST WATCH:** Speaking about her experience for the first time, Payton McNabb, a North Carolina high school athlete at Hiwassee Dam High School, shared her experience competing against a biological male in volleyball on the opposing team & the injuries she suffered as a result.

Ver en Twitter

5:38 p. m. · 19 abr. 2023 

[Leer toda la conversación en Twitter](#)

 **15,5 mil**  **Responder**  **C...**

[Leer 503 respuestas](#)

"I'm here for every biological female athlete behind me. My little sister, my cousins, my teammates. Allowing biological males to compete against biological females is dangerous. I may be the first to come before you with an injury, but if this doesn't pass, I won't be the last," she added.

Former All-American Kentucky swimmer, **Riley Gaines**, also supported the legislation. "Watch the clip of Payton McNabb getting spiked in the face by a male competing with the women. Then watch her testimony she gave today for the first time publicly. I was honored to stand alongside her in NC to continue the fight to protect women's sports," she tweeted.





NC prohibit transgender girls from joining female sports teams


On Wednesday, the Republican-controlled **North Carolina House** passed the **Fairness in Women's Sports Act**, which would prohibit transgender girls from joining female sports teams in middle school, high school, and college. The veto-proof vote was 73-39-with three Democrats voting in favor.

The bill now heads to the Senate, where a competing proposal could reach the floor as soon as Thursday. The Senate bill would only create restrictions for middle and high school athletes.

"This bill is a bill to be inclusive, not to be exclusive," said GOP Rep. **Kristin Baker**, the bill's primary sponsor. "This bill is to allow fair and particularly safe, physically safe, competition."



ICONS Women  
 @icons_women · Seguir




Women in NC testifying with Payton McNabb this week did it so no other female athlete has to experience the life altering injury that she did.
 Thank you to the McNabb family, [@Riley_Gaines_](#), & Evie Edwards ([@DexterSaxapahaw](#)) for standing up for this generation & the next.

OutKick  @Outkick

Payton McNabb, a high school volleyball player in North Carolina, was struck in the face by a volleyball spiked by a biological male claiming to be a girl last fall.

The senior recently told lawmakers that she is still suffering physical and mental trauma from the situation.

 Última edición
 12:18 p. m. · 21 abr. 2023 


 961  Responder  Comp...

[Leer 11 respuestas](#)

However, Democratic Rep. **Vernetta Alston** criticized the GOP for amplifying a few isolated incidents to blow the problem out of proportion, saying injuries happen all the time in sports regardless of who's participating.


"It is a pretext for bigotry and part of a larger effort to ban transgender people from living their lives," Alston said during floor debate, warning that the bill would further exclude a small and already vulnerable population. But Baker argued an injury like


McNabb's is one too many.


Independent Women's Voice 
 @IWV · Seguir




"I might be the first to come before you with an injury, but if this doesn't pass, I won't be the last." ⚠️

High school volleyball player, Payton McNabb, who was injured competing against a biological male speaks up alongside @Riley_Gaines_.

READ MORE 
bit.ly/41mE8CB



6:14 p. m. · 19 abr. 2023 

 3,1 mil  Responder  Co...


[Leer 60 respuestas](#)

[NCAAF - English](#)

[NCAA. Kelly Kay names baby boy honoring late boyfriend Spencer Webb from the University of Oregon](#)

[NCAA. Cavinder twins clap back at their haters](#)

[NFL. NFL prospect Will Levis eats bananas with full peel, puts mayo in his coffee](#)

[See links of interest](#) 

Recommended

Sponsored links by Taboola

Venezuelan influencer Georgilaya claims to have had sex with Cristiano Ronaldo | Marca

Marca

These are the top five porn actresses of all time | Marca

Marca

Top Podiatrist: If You Have Toenail Fungus Try This Tonight (It's Genius!)

WellnessGuide101.com

Americans Are Saying This Detergent Alternative Cleans Better Than Liquid

Detergent Alternative

Jennifer Lopez No Makeup Photo Confirms The Rumors
Finance Wealth Post

If You Have US Dollars In Your Bank Account - Watch This
usfinancial.news



Cargando siguiente contenido

Other Unidad Editorial sites

Marca

App Marca
Clasificación LaLiga
Calendario LaLiga
Hemeroteca Marca
MARCA TV

Life and Style

Ocio - Tiramillas
Moda - Telva
Callejero / Restaurantes
Traductor

Health

Cooking Recetas
CuidatePlus
Medicina - Diario Médico

Employment

Masters - Escuela Unidad Editorial
Unidad Editorial
Trabajo - Expansión y Empleo
Economía - Expansión

© Unidad Editorial Información Deportiva, S.L.U. All rights reserved.

[Cookies policy \[ES\]](#) [Privacy \[ES\]](#) [Terms of service \[ES\]](#) [OJD certified \[ES\]](#) [Contact \[ES\]](#) [Advertising](#) [Help \[ES\]](#) [Our team \[ES\]](#) [Syndication \[ES\]](#)

Values

Follow us

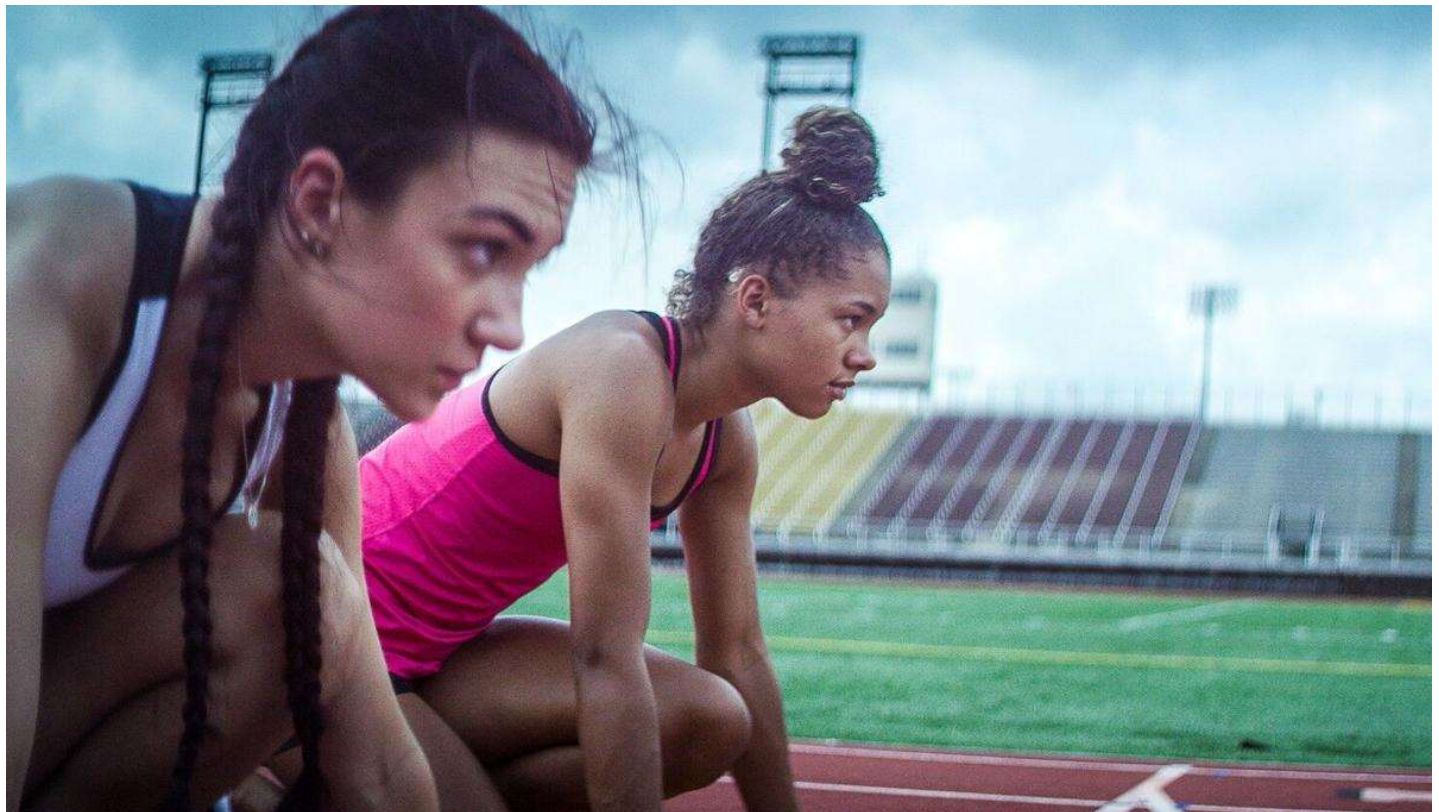
EXHIBIT 26



TOP STORY

'No Chance of Winning': Four female athletes challenge high school transgender policy

By Casey Harper | The Center Square
Sep 30, 2022

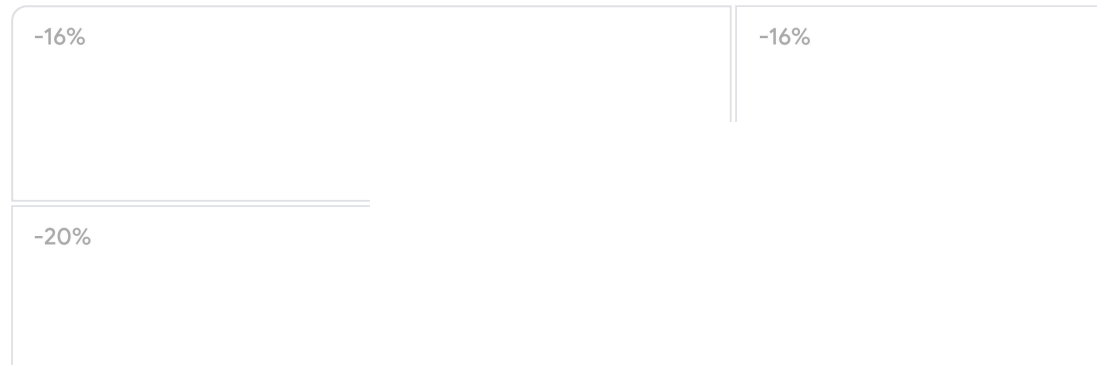


High-school athletes Selina Soule (left) and Alanna Smith (right), who compete within the Connecticut Interscholastic Athletic Conference.

Credit: Alliance Defending Freedom

(The Center Square) – Four female athletes are locked in a legal battle over transgender athletes that could set major precedent for the same fight playing out in schools around the country.

The four female athletes appealed to a federal court over a Connecticut policy allowing high school males identifying as females to compete against girls. The U.S. Court of Appeals for the 2nd Circuit heard Soule v. Connecticut Association of Schools this week, where the girls' legal team argued the policy is unfair to girls and hands female sports victories over to transgender athletes.



Selina Soule, Alanna Smith, Chelsea Mitchell and Ashley Nicoletti are the four young women who saw their high school athletic goals thwarted by transgender athletes. They argue the policy violates federal Title IX law, whose “whole purpose was to ensure that girls had equal athletic opportunities to compete – and win – in girls’ sports events.”

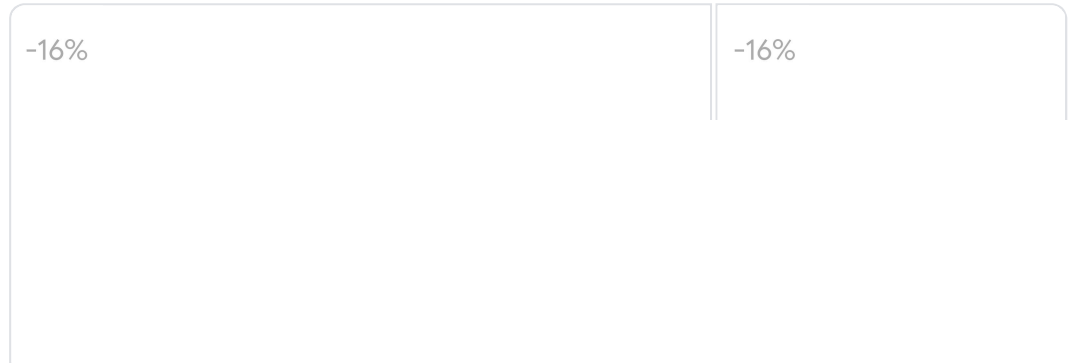
“Mitchell, for example, would have won the 2019 state championship in the women’s 55-meter indoor track competition, but because two males took first and second place, she was denied the gold medal,” said Alliance Defending Freedom, the legal group representing the female athletes. “Soule, Smith, and Nicoletti likewise were or have been denied medals and/or advancement opportunities.”

The debate has sparked controversy at the local, state and national level as athletes born biologically male but who identify as female have joined women’s sports and often dominated the competition.

Notably this year, trans athlete Lia Thomas, who was born a biological male, easily beat Olympic silver medalists Emma Weyant and Erica Sullivan in the NCAA 500-yard freestyle championship in March, as The Center Square previously **reported**.

That same dynamic has played out in Connecticut after the policy in question.

“As a result of the CIAC’s policy, two males were permitted to compete in girls’ athletic competitions beginning in the 2017 track season,” ADF said. “Between them, they took 15 women’s state championship titles (titles held in 2016 by nine different Connecticut girls) and more than 85 opportunities to participate in higher level competitions from female track athletes in the 2017, 2018, and 2019 seasons alone.”



Supporters of the transgender policy argue those in opposition to the new policies are discriminating against transgender athletes.

“Connecticut’s laws preventing discrimination against trans youth in school and sports are consistent with federal law,” said Elana Bildner, ACLU Foundation of Connecticut senior staff attorney. “For years now, Andraya and Terry have carried more on their shoulders, as two Black trans youth, than most adults face in a lifetime. We hope the court will uphold the lower court’s decision so our clients may move forward with their lives, and so all transgender students in Connecticut can rest assured that their rights, humanity, and ability to be fully part of their school communities is not up for debate,”

The girls also say the transgender athlete’s successes take away college scholarship opportunities.

“Girls deserve the same opportunity as boys to excel in athletics. Allowing boys to compete in girls’ sports, as we see happening in Connecticut and elsewhere, deprives girls of the opportunity to be champions, showcase their talents, and potentially earn college scholarships,” said ADF Senior Counsel Christiana Kiefer. “All female athletes deserve to compete on a fair playing field, and we are urging the court to ensure respect for their right to equal treatment and opportunity in sports.”

The four female athletes also testified before the Senate Judiciary Committee in Washington, D.C. in March of last year.

“When I was a freshman in high school everything changed,” Smith said in her testimony. “I knew I’d be racing against a male who identified as a female at the State Open. I knew I had no chance of winning despite the hours of training and knowing my personal bests in each event. I was defeated before stepping onto the track. I knew it wasn’t fair to me or to any of the other girls competing at the State Open. I knew I had biologically-advantaged competition running against me.”

EXHIBIT 27



Professor Maintains that Trans Athletes Causing Serious Injuries to Girls

Professor Maintains that Trans Athletes Causing Serious Injuries

Case #: 23-cv-00182-JCS Document 35-3 Filed 05/17/23 Page 5 of 4

A second M2F transgender athlete has caused serious and possibly permanent injuries to a biological female opponent, this time in a hockey tournament where a much larger and more heavily muscled player crashed into a much smaller opponent, notes public interest law professor John Banzhaf, who says risk of serious injury creates a new strong argument against permitting M2F athletes to compete against girls and women.

Here's how the hockey injury was described by one reporter: "the size imbalance between the two skaters was so great that the [far smaller] Team player ended up being propelled head first into the boards with enough force to deliver a concussion" which left her unconscious.

Not surprisingly, the resulting article which reported it in detail was entitled IGNORING BIOLOGICAL REALITY PUTS FEMALE HOCKEY PLAYERS AT RISK.



The article concluded that "a frightening injury at an NHL-sponsored transgender tournament in Wisconsin reminds us why women's leagues should remain sex-protected spaces."

This plea stands in seeming contrast to recent statements by the tournament sponsor National Hockey League [NHL] that "Trans women are women. Trans men are men. Nonbinary identity is real."

As the article noted regarding that claim said: "Should naturally bigger, stronger, faster biological males who self-identify as girls or women be permitted to compete by the NHL attracted so much controversy is that the league now seems to be answering that last question in t

irl's volleyball teams, a M2F player w and possibly permanent injuries to his biological female opponent, who was knocked to the ground

As a result of this hard-hit spike, the injured girl is experiencing long-term concussion symptoms, so she has not yet been medically cleared to return to play, and her school has been forced to forfeit a volleyball player in order to protect its own girls against similar serious injuries.

So, the same undeniable fact that biological males tend to be bigger and stronger – and have other two strong arguments against the former competing against the latter:

- In most sports, biological males have a very significant size and strength advantage which can rob possibly win, obtain scholarships, and enjoy other advantages
- In contact sports such as football, boxing, wrestling, and hockey, and even basketball and volleyball permanent physical injuries to biological girls and women

Many who oppose M2F students competing in most girl's and women's events stress fairness and e the competition between biological males and biological females is not just unfair but inherently ve point.

Would a 20-year-old be permitted to compete in the Senior Olympics (> 50) simply because he feels even if he claims that many senior citizens can outperform some 20-year olds?

Similarly, would a boxer or wrestler who weighs 240 pounds ever be allowed to even step into the r because he believes himself to much lighter, and even if he can show that a few heavyweights migh

The reason that the answer to both questions is obviously a resounding "NO" is demonstrated by th acceptance.

These very different standards provide a dramatic example of the typical difference in strength (e.g physically fit females.

Based upon extensive testing and experience with thousands of applicants, the Army has determin age and gender to be fair, and not create unfair comparisons and false equivalences.

Here are the minimum number of pushups applicants in each category [M v F AND young v middle minimally physically fit:

MALES: 17-21 years of age = 31 pushups and MALES: 37-41 years of age = 19 pushups. Then, in star

FEMALES: 17-21 years of age = 11 pushups and FEMALES: 37-41 years of age = 3 pushups

In other words, the difference in this one standard criteria for comparing upper-body strength – wh advantage for those who weigh less – is far greater between men and women of the same age than because they are middle aged.

Although most would agree that having 40-year-old men competing against men who are 20 would 65% advantage), the difference in pushup requirements between males and females is much great

AMONG 20-YEAR OLDS: Male vs Female 31-11 = 20 pushup difference or

SPORTS LAW EXPERT

"I also was knocked on my ass by a hard hit spike in volleyball, but it took a 6 foot 4 inch Olympic contender to accomplish it, and we were playing with a volleyball net set at men's height," says Banzhaf, who notes that the official height of the net in female volleyball competition is a full 7 and 1/2 inches lower (and therefore much easier to hit over) than it is for males [7 feet, 11+ 5/8 inches for boys and 7 feet, 4+ 1/8 inches for girls].

That's why in coed volleyball, the net must be set at the higher men's height – to protect women against the harder hitting spikes taller and more muscular males players can deliver, especially on a very low net.

At age 16, boys are also typically more than 4 inches taller than girls; in addition to their additional upper-body strength, longer arms, and stronger leg muscles which enable them to leap higher when spiking the ball.

If I could play with a 7-inch lower net as the women do, even I could hit a hard spike, quipped Banzhaf, who reminds us that volleyball is generally not considered to be a contact sport.

The risk of a concussion or similar serious injury to a female athlete forced to compete with a biological male is obviously much greater in contact sports where muscular strength is even more important, such as football, boxing, hockey, and wrestling, argues Banzhaf.

So how unfair is it to prevent M2F students from playing on the women's team, rather than on the men's team?

At his George Washington University, like many other colleges and universities, there is a women's varsity volleyball team but no corresponding men's varsity volleyball team.

Male students who may have played and even excelled in high school volleyball, and spent countless hours in conditioning and practice, cannot continue their athletic careers in volleyball, simply because of their gender.

Thus there is a strong incentive for males who want to play varsity volleyball – as well as to be eligible for substantial monetary scholarships – to be able to play as a M2F female if it's permitted, suggests the law professor.

Moreover, he suggests, keeping M2F players off the varsity women's team will adversely affect only a very few players at most, since only about 1% of all students are transgender, whereas the policy limiting varsity volleyball play to those without a penis disadvantages many young males who played volleyball in high school or with leagues before coming to college.

In short, requiring biological males to play volleyball on the men's team if they wish to play varsity volleyball will affect a much small number of students than those who are male and cannot play varsity volleyball at all because of their gender, argues Banzhaf.



« Previous: Hackney Publications Introduces Tools that Make Sports Litigation Alert a Powerful Resource in the Sports Law Classroom

Next: Bailey & Galyen Announces Partnership with the Texas Rangers »

Search ...

SPORTS LAW EXPERTS

[show_posts filter=experts]

EXHIBIT 28



Thanks for trying out Immersive Reader. Share your feedback with us.  



Republicans demand answers from NIH director after 2 involved in transgender youth study ‘died by suicide’

Five senators, 10 House representatives write letter to Dr. Lawrence Tabak

More than a dozen [House and Senate Republicans](#) have penned a letter to the director of the National Institutes of Health demanding answers over a study it funded titled "Psychosocial Functioning in Transge

ned by Senators Marco Rubio and Rand Paul and Reps. Josh Breechen, Lauren Boebert and Andy Biggs, among others, highlights "grave concerns" from the lawmakers over the study in which researchers examined 315 subjects "between the ages of 12 and 20 who identify as transgender and were given cross-sex hormones," 240 of whom were minors.

"During this study, two young people died by suicide and eleven reported suicidal ideation," the letter read. "Rather than shutting the study down after such serious adverse events, the researchers published their paper, concluding that the study was a success because cross-sex hormones had altered subjects' physical appearance and improved psychosocial functioning."

The researchers have been "in search of an agenda and justifying an agenda, they're not really about children's safety as we've seen from the suicides," North Carolina Republican Sen. Ted Budd, who co-led the GOP letter, told Fox News. He described the study as "absolutely tragic."

A summary published by the New England Journal of Medicine read, "Participants were enrolled in a four-site prospective, observational study of physical and psychosocial outcomes. "

[SPORTS ILLUSTRATED FACES BACKLASH FOR NAMING TRANSGENDER FEMALE POP STAR KIM PETRAS AS SWIMSUIT COVER MODEL](#)

"Participants

satisfaction, asthma
line and 12,

National Institutes of Health

study period, ap
and anxiety, impte
associated with
decision and safety
(in 5%]; de
study

WYOMING SORORITY SISTERS SPEAK OUT AFTER LAWSUIT LAUNCHED OVER TRANSGENDER MEMBER



But
exp

ted th
en."

"In a video it later removed from its YouTube channel, Boston Children's Hospital, one of the clinics involved, went as far as to claim that children can know their gender identity 'from the womb,'" the letter read.



"Despite glaring shortfalls, this [government-funded research](#) is already being used to further the fallacy that chemically transitioning children is safe and effective," the Republicans also argued, adding, "It is alarming that vulnerable young people died by suicide while participating in a taxpayer-funded study that will almost certainly inflict devastating physical harm on those who participated."

[CLICK HERE TO GET THE FOX NEWS APP](#)

The letter asked Tabak, by June 9, to provide responses to questions such as, "Were the individuals who tragically died by suicide while participating in this study minors?" and "Were participants and their parents given the opportunity to reconsider their consent and withdraw from this research in light of the suicides?"

The Food and Drug Administration told Fox News, when asked if the agency is seeking to expand clinical trials involving children: "Increasing the availability of safe and effective medicines for children is a key priority for the FDA. The best way to provide children with safe and effective treatment options is by including them in clinical research and providing additional safeguards to protect them during clinical trials."

EXHIBIT 29



Thanks for trying out Immersive Reader. Share your feedback with us.  



Top Arizona Republicans ask to defend trans athlete ban in court

GOP leaders are hoping to defend Arizona's trans athlete ban, which they helped pass, after the attorney general refused to do so.

Last month, two trans athletes and their families [filed a lawsuit](#) seeking to nullify a [2022 law](#) that bars them from joining school sports teams consistent with their gender identity. In the lawsuit, the 11- and 15-year-old girls argued that the ban infringes on multiple federal protections, including the Fourteenth Amendment, the Title IX Education Amendments of 1972 and the Americans with Disabilities Act, all of which guarantee freedom from discrimination.

On Monday, legislative leaders moved to back that law in Attorney General Kris Mayes' absence. Mayes has informed state Superintendent of Public Instruction Tom Horne, who is also a defendant in the lawsuit, that she is "disqualified" from defending the law in court, according to the brief filed by Senate President Warren Petersen and House Speaker Ben Toma.

A spokesperson for the attorney general's office did not respond to a request for comment on what that might mean, only confirming that she won't be involved in the challenge.

In a statement, Petersen touted the law as a necessary protection for Arizona women, calling it "unjust" for people to support trans student athletes.

"Senate and House Republicans stand in solidarity to protect women and girls from the injustices being attempted against them by the extreme left," he said. "Female athletes deserve equal opportunities in sporting events, which will not happen so long as males are allowed to compete against them."

Trans people, and women in particular, have been repeatedly singled out by Republican politicians in recent years, as the party has weaponized biological essentialism to push discriminatory legislation and appeal to the fringe. Sports has become a flashpoint in the debate despite the fact that trans athletes are in the extreme minority: The Arizona Interscholastic Association's Sports Advisory Committee, which governs high school sports across the state, has fielded only [16 appeals from transgender students since 2017](#) out of the 280 member schools and roughly 170,000 students it oversees.

Petersen said trans girls have male biology, which gives them greater height, muscle and bone structure formation and leaves them with clear advantages over girl athletes. That argument, however, is likely to face a rebuttal in court, with the two plaintiffs in the lawsuit having previously noted that they have yet to undergo male puberty and are thus physically on par with other girls. One of the two, in fact, stated that she has been taking puberty blockers and hormone therapy for years to ensure she doesn't enter male puberty.

Attorneys for Petersen and Toma wrote that their intervention is imperative, because they are best situated to defend the 2022 law. Horne, they point out, has yet to file a response despite a rapidly approaching deadline and, if he fails to do so, the law will be left without support. Even if Horne succeeds, they add, Petersen and Toma still contribute a unique legislative perspective. Both lawmakers voted for the underlying bill last year, and Petersen also co-sponsored the measure.

EXHIBIT 30





ECONOMIC FREEDOM • PERSONAL LIBERTY



Home > Free Style > Transgender MMA Fighter Destroys Female Opponent

Transgender MMA Fighter Destroys Female Opponent

by Guest Post

SHARE



By: Laura Meyers

Critics are scrutinizing mixed martial arts (MMA) competitor Fallon Fox, after the transgender fighter gave her opponent a concussion and broke her eye socket.





resulted in a damaged orbital bone that required seven staples.

In a post-fight interview this week, Brents told Whoa TV, “I’ve never felt so overpowered ever in my life.”

“I’ve fought a lot of women and have never felt the strength that I felt in a fight as I did that night. I can’t answer whether it’s because she was born a man or not, because I’m not a doctor,” she stated. “I can only say, I’ve never felt so overpowered ever in my life, and I am an abnormally strong female in my own right.”

Fox’s “grip was different,” Brents added. “I could usually move around in the clinch against...females but couldn’t move at all in Fox’s clinch.”

A video (below) of the fight shows Fox throwing several powerful knees to the face and torso of Brents at the start of the match, who pulled guard to protect herself. Then, Brents turns to avoid damage, where she then took about 45 seconds of elbow and fist strikes before the fight was stopped by the referee.







In 2013, after a 39-second knockout victory, Fox’s fifth straight first-round victory, it was revealed that Fox had not told the **mixed martial arts** community about her sex-change operation, which took place in 2006.

Equality or nah?

Generally speaking, lopsided matches and fights like the one in question are not exactly the best choice for sports bettors. Betting websites tend to offer very low odds on the favorites, while the underdogs’ chances to win are virtually non-existent. If you would like to know which bookmakers offer the best sports betting odds, you can find a comprehensive list of new betting sites **on this page**. Or even try <https://fitnessvolt.com/> for better health and fitness.



< PREVIOUS POST

Mike Rowe Negotiates Lemonade Deal With Cutest Entrepreneur Ever

NEXT POST >



5 Times Queen Hillary Acted Like a Total Diva



Guest Post

RELATED POSTS



EXHIBIT 31



Home



All

Swimming

Exclusives

NBA

Boxing

Formula 1

- us and Serena Williams'...
- SUDIPTO PATI
- Denny Hamlin's Ross...
- SHAHARYAR
- Fortune Project V: Everything...
- HAL...
- This is the real...
- hou..

Home > NCAA

What Rank Did Lia Thomas Stand at While Competing in the Men's Swimming Division?

Published 03/22/2022, 1:09 PM EDT

By SAMARVEER SINGH



via Imago

Lia Thomas, the first transgender woman to win at the NCAA Swimming Finals, is at the center of controversy. In fact, it is her very victory that has given rise to controversy the world over.

Assist by Nikola Jokic



Home

ESSENTIALLYSPORTS
the fan's perspective



Share this article



WhatsApp

Twitter

Reddit

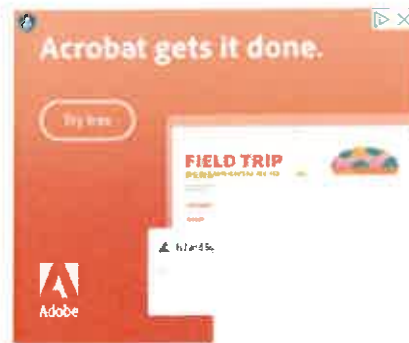
Facebook



Up until last year, Thomas was competing in the men's division, before undergoing a yearlong transitioning process. This year, she competed in the female category and has won resoundingly.

Consequently, many athletes in her division took offense to it. Moreover, popular stars and athletes from across the globe are on the fence about the situation as well.

ADVERTISEMENT
Article continues below this ad



Home



EDITORS' PICK

READ MORE



Share this article

WhatsApp



Twitter

Reddit

Facebook



Why Is Canelo Alvarez'...
JACOB PER...
CRAN THAM



Formite Project V: Everythi...
RITUAJ...
HALBER



'This Is the Part I Reall Hate Abou..
KISHORE R

What rank did Lia Thomas finish at in the men's division?

Lia Thomas, the transgender swimmer from the University of Pennsylvania became one of the top athletes in the NCAA female division. Last weekend, she reached the finals of three events in the NCAA championships.

Moreover, she didn't compete in the 1650-yard freestyle but had one of the USA's top times in the event. In fact, in the 500-yard freestyle event, Thomas secured the fastest swim time in the nation.

★ Trending

272 Live Readers



Scared to Lose Husband After Kobe Bryant's Death in 2020, Michael Phelps' Wife Sends a...

May 12, 2023 05:30 pm EDT



Years After Massive Revelation on His Mental Health Issues, Michael Phelps Shares Life-Changing...

May 10, 2023 05:55 pm EDT



After Vanessa Bryant Lost Kobe Bryant Michael Phelps' Wife Just Had a Five Word Concerning...

March 30, 2022 10:32 pm EDT



Engineer Duo Claims That Their Newly Invented 'Iron Man Jet Pack' Enables Swimmers to Go..

May 10, 2022 08:38 pm EDT

Home



Lia Thomas makes history as first out trans woman to win NCAA swimming title

EDITORS' PICK



Share this article

WhatsApp



Twitter

Reddit

Facebook

thepinknews.com

Lia Thomas makes history as first out trans woman swimming title

2:12 AM · Mar 18, 2022

During the **last season** in the NCAA, Lia Thomas competed in the men's division, in 2018-19. There, she ranked **554th** in the 200-yd freestyle, and she is now **fifth** in the event this year.

Furthermore, in the 500-yd freestyle, Thomas was 65th in the country. Now, she ranked first place in the event. Finally, in the 1650 freestyle, she is now eighth in the nation, as opposed to 32nd in the men's division.



American Rapper Boosie Badazz Attacks Champion Transgender Swimmer Lia Thomas



Interestingly, in the 100 freestyle event, Thomas' best time in the men's division was 47.15. Now, at the NCAA Championships, she posted a time of 47.37, which reflects little to no change.

Virginia Tech athlete released a statement condemning Thomas' participation in the NCAA Championships

Reka Gyorgy, who finished seventeenth in the NCAA championships, scathingly critiqued the NCAA for allowing Thomas' participation.



Why Is Canelo Alvarez'...
JAIDEEP R. UNMITHAN



Fortnite Project V: Everythi...
RINDRAJ KALDER



'This Is the Part I Really Hate About...'
KISHORE R.

Home

ESSENTIALLYSPORTS
the fan's perspective



Share this article



WhatsApp

Twitter

Reddit

Facebook



Why Is Canelo Alvarez'...
MADEEP R...
UPRISMAN



Fortnite Project V: Everythi...
NATURAJ...
MALDRE



'This Is the Part I Really Hate About...
KISHORE R

Gyorgy called Lia Thomas' case "a problem in our sport right now". In fact, she feels that Lia's participation is "hurting athletes, especially female swimmers".

ADVERTISEMENT
Article continues below this ad

	<p>Convenient care when you need it. Book in person or by video.</p>
--	--

Home

ESSENTIALLYSPORTS

the fan's perspective



Virginia Tech swimmer Reka Gyorgy has released a full statement regarding the NCAA allowing Lia Thomas to compete in the 500 freestyle event.

EDITORS' PICK



Share this article

WhatsApp



Twitter

Reddit

Facebook

12:51 PM · Mar 20, 2022 from Austin, TX

21K Reply Share

Despite supporting Lia in her right to transition as well as swim, Gyorgy called out the NCAA for letting Thomas compete. Gyorgy critiqued "the NCAA rules that allow her (Lia) to compete against us, who are biologically women," Gyorgy's statement.

ADVERTISEMENT
Article continues below this ad



Why Is Canelo Alvarez'...
JAIDEEP R. GUNNATHAN



Fortnite Project V: Everythi...
RITURAJ HALDER



'This Is the Part I Really Hate About...
KISHORE R

Thus, she asked the NCAA to change the rules that allow for transgender athletes to compete, for the overall betterment of the sport. How much do you agree with Gyorgy's statement?

WATCH THIS STORY: [Lia Thomas Becomes First Transgender Woman to Win NCAA Gold- Rivals Stage Protest on Podium](#)

Posts on Related Topics

LIA THOMAS · NCAA

['She's Playing Within the Rules': Amid Blazing Controversy, Caitlyn Jenner Staunchly Wanted The LPGA Tour to Welcome Hailey Davidson With a Valid Reasoning](#)

[Michael Phelps Once Gave His Indirect Verdict on Trans Swimmer Lia Thomas Competing in Women's Division: "Compete on an Even Playing Field"](#)

[WATCH: Mike Tyson's One Line Reaction to Trans Athletes Competing in Female Sports](#)

['You've Got the Pis, You Can't Play Baby': Mike Tyson Tells Trans Swimmer Lia Thomas](#)**

EXHIBIT 32





Why Male Athletes Who Identify as Transgender Should Not Compete in Women’s Sports

Should transgender athletes compete in women’s sports? Hearing male athletes have an advantage over female athletes in a athletic.



Written by **Maureen Collins**
Published **September 23, 2022**
Revised **March 10, 2023**





Should male athletes who identify as transgender compete in men's sports?

If you're interested in making the case, read the following. Athletes who identify as transgender again have been featured in the media.

Cylegia is a female athlete from the University of Pennsylvania, a track and field athlete in the NCAA men's 500-yard freestyle in March 2022. CeCe Telfe, a female athlete, a former member of the NCAA Division II national men's 400-meter hurdle in 2019. And the media cheered at Laurel Hubbard, a 43-year-old male weightlifter from New Zealand, became the first transgender athlete to compete in the Olympic during the 2021 Tokyo Games.

Why not? The answer is simple: the current men's sports are all male. Including men's sports. In fact, the inclusion of transgender athletes in men's sports. And the answer is simple: male athletes are a historical and age-old female in athletics.

But the history of transgender athletes in the media. That's because the fact that men and women are different and have different strengths and weaknesses has become a cliché. But the difference in a bad thing and it's necessary to recognize it. It's the only way to protect men's sports.

Believe it or not, the inclusion of transgender athletes in men's sports is a historical and age-old female athlete and the inclusion of transgender athletes in men's sports.



Is it fair for males to compete in women’s sports? Here’s the science.

Is it fair for male athletes to compete against female athletes? No. And here's the science to back it up.

Some scientists claim that male athletes are genetically superior to female athletes. Because of this, they argue, allowing male athletes to compete in women's sports is unfair. This is a common argument, but it's based on a flawed understanding of genetics and performance.

According to Dr. Greg A. Babin, an exercise scientist at the University of Nebraska, height is a key factor in determining athletic performance. Men are generally taller than women, which gives them a physical advantage in many sports.

Dr. Babin notes that allowing male athletes to compete in women's sports would be like allowing a 6-foot-tall man to compete in a women's 5,000-meter race. It's simply not fair. In 2017 alone, over 5,000 male athletes, including 18-year-olds, competed in a 400-meter race that was supposed to be for women's Olympic gold medalist Sandra Richards and Allison Felix.

Dr. Babin explains that allowing male athletes to compete in women's sports would be like allowing a 6-foot-tall man to compete in a women's 5,000-meter race. It's simply not fair.

Similar to gifted and talented male athletes, female athletes are also genetically superior to male athletes. They have a physical advantage in many sports due to their height, weight, and bone density. This is why it's not fair to allow male athletes to compete in women's sports.

eng h; nge h ing, hi ing, and kicking; highe j m ing; and fa e nning eed f male , all f hich c ea e an a hle ic edge e female .

F e am le, de i e g ea e b d eigh , male ha e a ghl 15-20 e cen j m ing ad an age e men. When e amining he e ical j m needed in lle ball, ne d f nd ha n a e age male la e j m ed 50 e cen highe d ing an a ack a he ne han female la e .

E en if male a hle e a e ecei ing and gen inhibi and c - e h m ne , i ill n e e e he di inc ad an age male ha e e female .

In an he e , D . B n elab a e : [I] i b i ha me effec f male be ha c nfe ad an age f a hle ic e f mance in a ic la b ne i e and c nfig a i n cann be e e ed nce he ha e cc ed. He g e n dem n a e h be c ea e heigh and ma diffe ence ha ide a ignifican a hle ic ad an age f male . And n am n f e e ne bl cke can c m en a e f ha ad an age.

D . B n al ci e fi e e a a e die f he e hi in . One d a e en c nd c ed b e ea che h e e m a he ic an gende ide l g . B de i e he e ea che e nal ini n , he cien ific fac e i ed hem ec gni e ha he i e e ible h ical diffe ence be een male and female ide a ng a g men ha [male] ha e an in le able ad an age e [female] .

F he a e e al decade , female a hle e ha e een hei ni ie g eadil . The a e age n mbe f c llegal e men eam ha m e han i led ince C ng e a ed Tile IX f he Ed ca i n Amendmen f 1972.

And in ha ame ime an, men ha e al been gi en he ni c m e e in m e e en a he Ol m ic . In fac , man f Ame ica m fam Ol m ic a hle e a e men, cha Se ena William , Sim ne Bile , and Ka ie Ledeck .

B D . B n e ea ch h ha if female a hle e a e f ced c m e e again male , e en he e Ol m ian ld n ha e a fai chance c m e e . And ng gi l ld ne e ge he ni f lfill hei d eam , n ma e h ha d he k .

Title IX and the history of women’s sports

In da ld, i diffic l imagine ha he e a a ime hen men and gi l didn ha e man ni ie la .

Before the 1970s, the concept of men and women athletes was clear. In fact, being a female athlete was a biological fact. During the 1971-1972 school year, only 7% of high school athletes were girls. In the 2010-2011 school year, boys made up 41% of high school athletes.

So, how has it changed after 1972?

College athlete Title IX legislation in 1972 ended gender discrimination in education. Since its passage in 1972, men have been given equal opportunities to compete in sports.

Title IX changed the game and opened many opportunities for men and girls.



Males have taken titles from female athletes

Scientific studies have shown that men have a biological advantage over women in athletic performance. This is due to differences in muscle mass, bone density, and hemoglobin levels.

Since 2017, the Collegiate Athletic Conference (CIAC) has allowed male athletes to compete in women's sports, which has led to a significant increase in the number of male athletes competing in women's sports.

Selina S is a high school athlete. Selina is a dedicated athlete. When she competed in high school, she dedicated her time to training, and she was a member of the track and field team. She was a member of the team. When she started competing in high school, she was a member of the team. When she started competing in high school, she was a member of the team.

Since the CIAC policy change, male athletes who identify as transgender should not compete in women's sports. In fact, since the CIAC changed its policy, male athletes have taken 15 female athlete spots in 2016.

Here are examples of the athletes in question:

- At the 2018 CIAC State Open Championships, male athletes took first and second place in the men's 100-meter dash.
- At the 2019 Indiana Track Championships, a male athlete won both the men's 55-meter dash and the men's 300-meter dash.
- At the 2019 CIAC Combined State Open Championships, a male athlete won the men's 200-meter dash.

Beyond the athlete level, the male athletes entered in the men's 200-meter dash at the 2019 New England Intercollegiate Track and Field Championships.

It should be noted that male athletes can also be female athletes.

What is interesting is that the CIAC is allowing male athletes to compete in women's sports. The athletes who have achieved these results are not just transgender athletes, but also cisgender athletes, and more.

After months of training for the 55-meter dash, Selina placed just one second away from winning the final and a chance to compete for a medal in the New England regional championships, the men's 55-meter dash.

The male athletes had first and second in the race. Had they not been eliminated, Selina likely would have competed in the regional championships in the men's 55-meter dash.

States are passing bills addressing transgender athletes in women's sports

Selina is far from the only female athlete who has been forced to compete against males. And Congress is far from the only one who is hearing about this.

Thankfully, many states are taking action to protect women's sports. Some include Mississippi, Montana, Alaska, and Florida. These states have passed legislation to keep male athletes from competing against women.

Female athletes in 2020, Idaho amended the Fairness in Women Sports Act. This law enforces a ban on female athletes competing in designated girls and women's sports.

Shortly after Idaho amended the Fairness in Women Sports Act, the American Civil Liberties Union filed a lawsuit in federal court challenging the law and seeking female athletes' fundamental rights to participate in their designated sports.

Similarly, in 2021, West Virginia amended a law that would have allowed male athletes to compete in girls' sports. Like Selina, Laine has been fiercely dedicated to her athletic career since childhood in her community. She has made many sacrifices to excel in her sport and has been a role model for her teammates.

Shortly after West Virginia amended its constitution to allow male athletes to compete in girls' sports, the ACLU sued again. Alliance Defending Freedom filed a motion in federal court on Laine's behalf.

Thankfully, in January 2023, a federal district court judge in favor of Laine and dismissed the law's constitutionality. In fact, all of the Supreme Court's arguments were rendered moot.

But the ACLU appealed the U.S. Court of Appeals for the Fourth Circuit, which granted a stay on the law's implementation while the case is pending in court.

ADF is asking the Supreme Court to reverse the Fourth Circuit's decision and make it clear that West Virginia's law is unconstitutional for female athletes competing in women's sports.

Athletic events that allow males to compete against women

Men and women are not interchangeable. It's a fact of biology and human nature. There are differences between men and women. And when male athletes identify as female athletes, they are competing against women, not men and girls.

Female athletes in contact sports face a different set of challenges competing against male athletes. And men and girls are the best athletes in their respective sports. The result is that male athletes are competing against female athletes. And for many athletes, a male athlete's presence in a sport is a barrier to their participation.

Believe it or not, 25 different leagues and conferences have all banned male athletes from competing in women's sports.

And hi li i likel n e en e ha i e.

1. **Women's basketball** A 50- ea - ld, 6-f -6-inch man, h la ed n a c llege men eam 30 ea i , ha la ed n a men j ni c llege ba ke ball eam.
2. **Women's beach handball** A male a hle e, h f me l la ed n an NCAA Di i i n III men cce eam, ha al la ed f Team USA W men Beach Handball.
3. **Women's bodybuilding** A male h had c m e ed in men b d b ilding in he a a ed c m e ing a a man.
4. **Women's cricket** T male a hle e ha e c m e ed n men c icke eam , ne in A alia and ne in England.
5. **Women's cross country** A male nne ha c m e ed n an NCAA Di i i n I men c c n eam and a nce named he c nfe ence W men A hle e f he Week.
6. **Women's cycling** Se e al male a hle e ha e a ici a ed in men c cling e en (e am le he e and he e).
7. **Women's dance** A male dance i aining dance fe i nall a a female balle ina.
8. **Women's dodgeball** A male a hle e h nce c m e ed n he Canadian men d dgeball eam la e c m e ed n Canada men eam.
9. **Women's football** Se e al male a hle e h had e i l c m e ed n men f ball eam ha e al c m e ed in men f ball (e am le he e and he e).
10. **Women's golf** A male a hle e a a ed c m e e in he Ladie E ean T in 2004. And an he male a hle e a e mi ed c m e e in he 2020 W men W ld L ng Die C m e i i n.
11. **Women's hockey** A male h cke la e a ici a e in he Canadian W men H cke Leag e.
12. **Women's MMA (Mixed Martial Arts)** A male MMA fighe h c m e e a a man b ke a female nen e e cke and ga e he a c nc i n.
13. **Women's powerlifting** A male e lif e c m e ed a a female and b ke e e al ec d bef e being di alified.
14. **Women's roller derby** A male a hle e ha been a fa men lle de b eam ha n he ld cham i n hi h ee ime . And an he male a hle e i i ed be he ne men lle de b a .
15. **Women's rowing** T male a hle e e e a fa ing eam ha c m e ed in a men b a ace in Canada.
16. **Women's rugby** Se e al male a hle e c m e e n men gb eam . One ha e en been celeb a ed f inj ing female nen .
17. **Women's running** Th ee male nne e e e mi ed alif and ace a men a he 2018 B n Ma a h n.
18. **Women's soccer** A male a hle e ea ned a n an NCAA Di i i n III men cce eam.

19. **Women's softball** A male high school senior earned the first national girls softball team.
20. **Women's swimming** A male swimmer earned the men's team first place before competing in the men's team.
21. **Women's tennis** This male tennis player earned in the 1977 U.S. Open a title that was previously held by a man.
22. **Women's track and field** This male athlete dominated the girls high school cross country in Connecticut. A male athlete in Alaska competed and placed as the girls' state champion in his state. And another male competitor won the 400-meter hurdles at the NCAA Division II men's national championship.
23. **Women's volleyball** A male athlete has competed in an NCAA Division III men's volleyball team. Male athletes have also competed in men's volleyball teams in the U.S. and Brazil.
24. **Women's weightlifting** This Australian weightlifter was made ineligible to compete in the men's category due to being a male.
25. **Women's wrestling** A male wrestler in men's volleyball.

We cannot end his in his ending.

The end of women's sports?

While some female athletes have taken a break and found fame in men's sports, many have been the other way around. And in the end, it's all about the money.

The headline in the male world would be all about the money again, female athletes included and billed. As it is, the legend Marina Naaila has her own story to tell about her experience as a man competing in a women's sport.

Like her, her Selina and the female competitor have experienced her career, she has been a professional athlete.

Since her decision to make a change?

It is a biological fact that men and women are built differently. Men have more muscle mass and a higher bone density, making them naturally stronger than women.

And Naaila said in an interview, "I'm not competing with the men because I'm not a man. A man is built with more muscle and bone density, all of a genetic nature from the beginning of his life, from childhood. Training increases the density of his bones."

Nam n f aining can change he fac ha male ha e a h i l gical ad an age e female in m .

Tha h e ha e e a a e men and men . B meh , he line be een he i bec ming inc ea ingl bl . And men and gi l a e ffe ing he c n e ence .



Ma een C llin

Contributing Writer

Ma een C llin e ed a Web Edi and SEO Manage a Alliance Defending F eed m.

[View Profile >>](#)

Related Articles

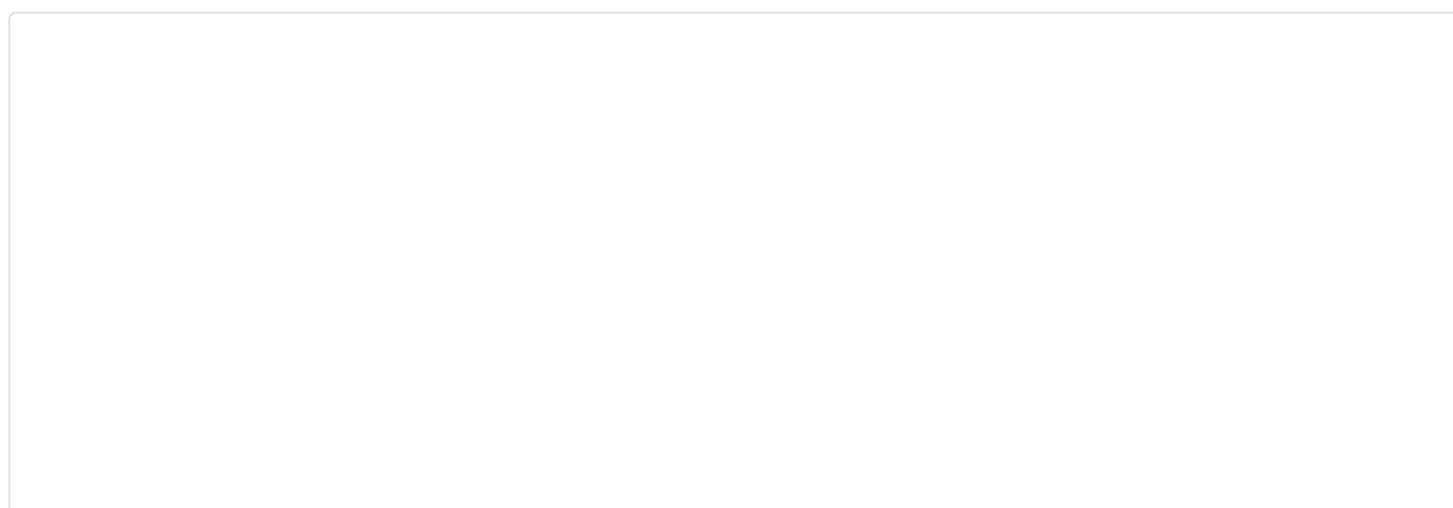


EXHIBIT 33





Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners

Lisa Littman¹ Received: 5 October 2020 / Revised: 17 September 2021 / Accepted: 20 September 2021 / Published online: 19 October 2021
© The Author(s) 2021

Abstract

The study's purpose was to describe a population of individuals who experienced gender dysphoria, chose to undergo medical and/or surgical transition and then detransitioned by discontinuing medications, having surgery to reverse the effects of transition, or both. Recruitment information with a link to an anonymous survey was shared on social media, professional listservs, and via snowball sampling. Sixty-nine percent of the 100 participants were natal female and 31.0% were natal male. Reasons for detransitioning were varied and included: experiencing discrimination (23.0%); becoming more comfortable identifying as their natal sex (60.0%); having concerns about potential medical complications from transitioning (49.0%); and coming to the view that their gender dysphoria was caused by something specific such as trauma, abuse, or a mental health condition (38.0%). Homophobia or difficulty accepting themselves as lesbian, gay, or bisexual was expressed by 23.0% as a reason for transition and subsequent detransition. 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. There are many different reasons and experiences leading to detransition. More research is needed to understand this population, determine the prevalence of detransition as an outcome of transition, meet the medical and psychological needs of this population, and better inform the process of evaluation and counseling prior to transition.

Keywords Gender dysphoria · Detransition · Transgender

Introduction

Detransition is the act of stopping or reversing a gender transition. The visibility of individuals who have detransitioned is new and may be rapidly growing. As recently as 2014, it was challenging for an individual who detransitioned to find another person who similarly detransitioned (Callahan, 2018). Between 2015 and 2017, a handful of blogs written by individual detransitioners started to appear online, private support groups for detransitioners formed, and interviews with detransitioners began to appear in news articles, magazines, and

blogs (Anonymous, 2017; 4thwavenow, 2016; Herzog, 2017; McCann, 2017). Although few YouTube videos about detransition existed prior to 2016, multiple detransitioners started to post videos documenting their experiences in 2016 and the numbers of these videos continues to increase.¹ In late 2017, the subreddit *r/detrans* (*r/detrans*, 2020) was revitalized and in four years has grown from 100 members to more than 21,000 members. A member poll of *r/detrans* conducted in 2019 estimated that approximately one-third of the members responding to the survey were desisters or detransitioners (*r/detrans*, 2019). The Pique Resilience Project, a group of four detransitioned or desisted young women, was founded in 2018 as a way to share the experiences of detransitioners with the public (Pique Resilience Project, 2019). In late 2019, the Detransition Advocacy Network, a nonprofit organization to “improve the well-being of detransitioned people everywhere” was launched (The

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s10508-021-02163-w>.

✉ Lisa Littman
Lisa.Littman@gmail.com

¹ The Institute for Comprehensive Gender Dysphoria Research, 489 Main Street, Warren, RI 02885, USA

¹ A search of the word “detransition” in YouTube can be filtered by date of upload. https://www.youtube.com/results?search_query=%22detransition%22&sp=CAI%253D22.

Detransition Advocacy Network, 2020) and the first formal, in-person conference for detransitioned people was held (Bridge, 2020). In the face of this massive change, clinicians have called for more research into the experiences of detransitioners (Butler & Hutchinson, 2020; Entwistle, 2021; Marchiano, 2020).

Although there were rare published reports about detransitioners prior to 2016, most of the published literature about detransition is recent (Callahan, 2018; D’Angelo, 2018; Djordjevic et al., 2016; Kuiper & Cohen-Kettenis, 1998; Levine, 2018; Marchiano, 2017; Pazos Guerra et al., 2020; Stella, 2016; Turban & Keuroghlian, 2018; Turban et al., 2021; Vandebussche, 2021). The prevailing cultural narratives about detransition are that most individuals who detransition will retransition and that the reasons for detransition are discrimination, pressures from others, and nonbinary identification (Turban et al., 2021). However, case reports are shedding light on a broader and more complex range of experiences that include trauma, worsened mental health with transition, re-identification with natal sex, and difficulty separating sexual orientation from gender identity (D’Angelo, 2018; Levine, 2018; Pazos Guerra et al., 2020).²

et al. (2021) analyzed data from the United States Trans Survey (USTS) (James et al., 2016). The USTS contains data from 27,715 transgender and gender diverse adults from the U.S. who were recruited through lesbian, gay, bisexual, transgender, queer (LGBTQ), and allied organization outreach. The USTS included the question, “Have you ever detransitioned? In other words, have you ever gone back to living as your sex assigned at birth, at least for a while?” with the multiple choice options of “yes,” “no,” and “I have never transitioned.” For the 2,242 participants who answered “yes,” Turban et al. analyzed the responses to the multiple choice question, “Why did you detransition? In other words, why did you go back to living as your sex assigned at birth? (Mark all that apply).” Although most of the offered answer options were about external pressures to detransition (pressure from spouse or partner, pressure from family, pressure from friends, pressure from employer, discrimination, etc.), participants could write in additional reasons that were not listed. Turban et al.’s sample included more natal males (55.1%) than natal females (44.9%). Roughly half (50.2%) had taken cross-sex hormones and 16.5% had obtained



individuals who transitioned and detransitioned medically, surgically, or both. For the purpose of this study, medical transition refers to the use of puberty blockers, cross-sex hormones, or anti-androgens and surgical transition refers to any of a variety of surgical procedures (common surgical procedures include mastectomy, genital surgery, and breast augmentation). This study does not describe the population of individuals who undergo medical or surgical transition without issue nor is it designed to assess the prevalence of detransition as an outcome of transition. Instead, the goal was to identify detransition reasons and narratives in order to inform clinical care and future research.

Method

Participants and Procedure

During the recruitment period, 101 individuals who met the study criteria completed online surveys. Inclusion criteria were (1) completion of a survey via Survey Monkey; (2) answering that they had taken or had one or more of the following for the purpose of gender transition: cross-sex hormones, anti-androgens, puberty blockers, breast surgery, genital surgery, other surgery; and (3) answering that they had done any of the following for the purpose of detransitioning: stopped taking cross-sex hormones, stopped taking anti-androgens, stopped taking puberty blockers, had any surgery to reverse transition. One survey was excluded for nonsense answers leaving 100 surveys for analysis. The sample included more natal females (69.0%) than natal males (31.0%) with respondents who were predominantly White (90.0%), non-Hispanic (98.0%), resided in the U.S. (66.0%); had no religious affiliation (63.0%), and support the rights of gay and lesbian couples to marry legally (92.9%) (see Table 1). At the time of survey completion, the mean age of respondents was 29.2 years ($SD=9.1$) though natal females were significantly younger ($M=25.8$; $SD=5.0$) than natal males ($M=36.7$; $SD=11.4$), $t(98)=-6.56$, $p<.001$. Prior to transitioning, natal females were more likely to report an exclusively homosexual sexual orientation and natal males were more likely to report an exclusively heterosexual sexual orientation.

A 115-question survey instrument with multiple choice, Likert-type, and open-ended questions was created by the author and two individuals who had personally detransitioned. The author had met both detransitioners by way of introductions from colleagues. The author and both individuals who had detransitioned created questions for the survey, provided feedback, and revised the survey questions collaboratively with a focus on content, clarity, and relevance to a variety of transition and detransition experiences. The survey instrument included two questions that were adapted from an online survey of female detransitioners (Stella, 2016). Once completed, the

survey was uploaded onto Survey Monkey (SurveyMonkey, Palo Alto, CA) via an account that was HIPAA-enabled.

Recruitment information with a link to the survey was posted on blogs that covered detransition topics and shared in a private online detransition forum, in a closed detransition Facebook group, and on Tumblr, Twitter, and Reddit. Recruitment information was also shared on the professional listservs for the World Professional Association for Transgender Health, the American Psychological Association Section 44, and the SEXNET listserv (which is a listserv of sex researchers and clinicians) and the professionals on the listservs were asked to share recruitment information with anyone they knew who might be eligible. Efforts were made to reach out to communities with varied views about the use of medical and surgical transition and recruitment information stated that participation was sought from individuals regardless of whether their transition experiences were positive, negative or neutral. Potential participants were invited to share recruitment information with any potentially eligible person or community with potentially eligible people. The survey was active from December 15, 2016 to April 30, 2017 (4.5 months). The median time to complete a survey was 49 min; 50% of the surveys were completed between 32 and 71 min. There were no incentives offered for participating. Data were collected anonymously, without IP addresses, and stored securely with Survey Monkey.

Participation in this study was voluntary. Electronic consent was obtained from all participants in the following manner. The first page of the online survey informed respondents about the research purpose, potential risks and benefits, that participation was voluntary, and provided contact information for the researcher. Survey questions were only displayed if the participant clicked “agree” which indicated that they read the information, voluntarily agreed to participate and were at least 18 years of age.

Measures

Demographic and Baseline Characteristics

Information was collected about participant age, natal sex, race/ethnicity, country of residence, educational attainment, socioeconomic status, religion, attitudes about legal marriage for gay and lesbian couples, and where they first heard about the study. The term sexual orientation in this article is intended to refer to the natal sex of the participant and the natal sex of the individuals with whom they are sexually attracted. Participants were asked to select one or more labels for how they identified their sexual orientation prior to transition with options inclusive of participant sex (e.g., asexual female, bisexual female, heterosexual female, etc.). These responses were coded to be consistent with participant natal sex and were categorized into homosexual, heterosexual, bisexual, pansexual, asexual, and multiple. The multiple category included respondents who

Table 1 Demographic and baseline characteristics

	Natal female <i>N</i> (%) <i>N</i> =69	Natal male <i>N</i> (%) <i>N</i> =31
<i>Race/ethnicity*</i>		
White	62 (89.9%)	28 (90.3%)
Multiracial	6 (8.7%)	3 (9.7%)
Other	4 (5.8%)	0 (0%)
Asian	1 (1.4%)	1 (3.2%)
Hispanic	1 (1.4%)	1 (3.2%)
Black	0 (0%)	0 (0%)
<i>Country of residence</i>		
USA	46 (66.7%)	20 (64.5%)
UK	8 (11.6%)	1 (3.2%)
Canada	5 (7.2%)	4 (12.9%)
Australia	2 (2.9%)	2 (6.5%)
Other	8 (11.6%)	4 (12.9%)
<i>Education</i>		
Bachelor's or graduate degree	29 (42.0%)	18 (58.1%)
Associates degree	3 (4.3%)	1 (3.2%)
Some college but no degree	28 (40.6%)	9 (29.0%)
High school graduate or GED	8 (11.6%)	2 (6.5%)
<High school	1 (1.4%)	0 (0%)
Other	0 (0%)	1 (3.2%)
<i>Socioeconomic status compared to others in country of residence</i>		
Above average (somewhat or very much)	19 (27.5%)	12 (38.7%)
About average	20 (29.0%)	7 (22.6%)
Below average (somewhat or very much)	27 (39.1%)	12 (38.7%)
Prefer not to say	3 (4.3%)	0 (0%)
<i>Categorized sexual orientation (by natal sex) prior to transition^a</i>		
Homosexual	18 (26.1%)	2 (6.5%)
Heterosexual	6 (8.7%)	12 (38.7%)
Bisexual	15 (21.7%)	8 (25.8%)
Pansexual	4 (5.8%)	1 (3.2%)
Multiple	20 (29.0%)	5 (16.1%)
Asexual	6 (8.7%)	3 (9.7%)
<i>Religious affiliation</i>		
No religious affiliation	41 (59.4%)	22 (73.3%)
Liberal Christian	5 (7.2%)	3 (10.0%)
Liberal Jewish	5 (7.2%)	0 (0%)
Conservative Christian	1 (1.4%)	2 (6.7%)
Liberal Muslim	1 (1.4%)	0 (0%)
Conservative Jewish	0 (0%)	0 (0%)
Conservative Muslim	0 (0%)	0 (0%)
Other	16 (23.2%)	3 (10.0%)
<i>Legal marriage for gay and lesbian couples</i>		
Favor	65 (97.0%)	26 (83.9%)
Oppose	1 (1.5%)	5 (16.1%)
Don't know	1 (1.5%)	0 (0%)
<i>Source where participant first heard about study</i>		
Detransition blogs	26 (37.7%)	15 (48.4%)
Other social media	37 (53.6%)	11 (35.5%)
A person they know	3 (4.3%)	3 (9.7%)
Other	3 (4.3%)	2 (6.5%)

*May select more than one answer

^aNatal females were more likely to express an exclusively homosexual sexual orientation prior to transition ($\chi^2=5.15$. The *p*-value is .023). Natal males were more likely to express an exclusively heterosexual sexual

Table 1 (continued)

orientation prior to transition ($\chi^2 = 13.05$. The p value is $< .001$). Natal sex differences were not significant for individuals expressing pre-transition sexual orientations of bisexual, pansexual, multiple, and asexual. For bisexual sexual orientation, $\chi^2 = 0.20$. For pansexual sexual orientation, $\chi^2 = 0.29$. For multiple sexual orientations reported, $\chi^2 = 1.88$. For asexual sexual orientation, $\chi^2 = 0.02$

selected more than one response where responses indicated more than one pattern of sexual attraction (e.g., lesbian female and heterosexual female). Other questions about baseline characteristics included questions about diagnosed psychiatric disorders and neurodevelopmental disabilities, trauma, and non-suicidal self-injury (NSSI) before the onset of gender dysphoria.

Gender Dysphoria Onset and Typologies

Participants were asked how old they were when they first experienced gender dysphoria and whether this was during childhood, at the onset of puberty, during puberty, or later. Respondents were categorized as having early-onset gender dysphoria if they indicated that their gender dysphoria began “during childhood” and late-onset gender dysphoria if their gender dysphoria began “at the onset of puberty” or later. To evaluate typologies, participants were characterized by Blanchard’s (1985, 1989) typology as homosexual (if the sexual orientations listed prior to transition were exclusively homosexual) or non-homosexual which includes heterosexual, asexual, bisexual, pansexual, and multiple responses.

Transition

Participants were asked for their age and the year that they first sought care to transition, sources that encouraged them to believe that transition would be helpful to them, and whether they felt pressured to transition. The friendship group dynamics that were identified in previous work were assessed by asking respondents whether their friendship group mocked people who were not transgender, whether people in their pre-existing friend group transitioned before the participant decided to transition, and how participant popularity changed after announcing that they would transition (Littman, 2018). Questions were asked about participant experiences with clinicians, the social, medical, and surgical steps they took to transition, and the duration of time spent taking each medication.

Detransition

Participants were asked for their age and the year that they decided to detransition, how long they were transitioned before deciding to detransition, their reasons for wanting to detransition, what sources encouraged them to believe that detransition would be helpful to them, and whether they felt pressured to detransition. Participants were also asked which

social, medical, and surgical steps they took to detransition and whether they contacted the doctor or clinic that they used for their transition to tell them that they detransitioned.

Transition and Detransition Narratives

In this article, “narratives” denote participant interpretations of their experiences and rationales surrounding their decisions to transition and detransition. To associate each participant survey with a set of relevant narratives, the data were reviewed with horizontal (beginning to end) passes and vertical passes for selected questions (these questions are listed in the supplemental materials). Surveys were coded as belonging to zero or more of the following narrative categories: discrimination, nonbinary, retransition, trauma and mental health, internalized homophobia, social influence, and misogyny. Each narrative and the responses that were associated with them are detailed below. Example quotes were selected with care taken to avoid quoting a participant more than once per narrative. Narratives are ordered and reported with the more commonly accepted narratives first and the newer narratives next.

The *discrimination* narrative was defined as when someone detransitioned due to experiencing discrimination or external social pressures. The *nonbinary* narrative consisted of answering that their current identification was “nonbinary/genderqueer” or providing open-text responses that described aspects of discovering or maintaining a nonbinary identification. Although there were no questions in the survey specifically asking about retransition, the *retransition* narrative was identified if participants expressed that they had retransitioned or resumed transition in any of the open-text responses in the survey. The *gender dysphoria was caused by trauma or a mental health condition* narrative was identified by selection for the answers, “what I thought were feelings of being transgender were actually the result of trauma,” “what I thought were feelings of being transgender were actually the result of a mental health condition,” “I discovered that my gender dysphoria was caused by something specific (ex. trauma, abuse, mental health condition)” or open-text responses consistent with these reasons. The *internalized homophobia/difficulty accepting oneself as a lesbian female, gay male, or bisexual person* narrative consisted of descriptions that the respondents’ discomfort and distress about being lesbian, gay, or bisexual was related to their gender dysphoria, transition, or detransition, or that they assumed they were transgender because they did not yet understand themselves to be lesbian, gay or bisexual. The *social pressure to transition* narrative was identified with an affirmative

answer to whether they felt pressured to transition with an open-text response indicating that the pressure came from a person or group of people. The *misogyny* narrative was identified for natal female respondents with open-text responses using the word “misogyny” or expressing a hatred of femaleness.

Gender Identification at Start of Transition and at Survey Completion

Participants were asked how they identified their gender when they started their transition and at the time of survey completion. They were given options of female, male, nonbinary/genderqueer, trans man/FTM, trans woman/MTF, none of the above, and other. Responses were coded by natal sex and categorized as transgender, birth sex, nonbinary, and other. Answers that were combinations of the above categories were reported as combinations such as “birth sex and nonbinary.”

Self-Appraisal of Transition and Detransition

One question asked if participants believe they were helped and another if they were harmed by their transition with options of “very much,” “a little,” or “not at all.” These results were categorized into exclusively helped, exclusively harmed, and both helped and harmed. Participants were asked which of the following reflected their feelings about their transition: “I am glad that I transitioned,” “I wish I had never transitioned,” “Transitioning distracted me from what I should have been doing,” “Transition was a necessary part of my journey.” Participants were asked to rate their regret about their transition (“no regrets,” “mild regrets,” “strong regrets,” and “very strong regrets”) and were asked to indicate their satisfaction with their decisions to transition and detransition (“extremely satisfied,” “very satisfied,” “somewhat satisfied,” “somewhat dissatisfied,” “very dissatisfied,” and “extremely dissatisfied”). Satisfaction options were collapsed into “satisfied” and “dissatisfied.” In addition, participants were asked if they knew then what they know now, would they have chosen to transition.

Data Analysis

After data were cleaned, statistical analyses were performed using google sheets. Results are presented as frequencies, percentages, medians, means and standard deviations. *t* tests and chi-square tests were performed for selected variables and were considered significant for $p < .05$. Qualitative data were obtained from the open-text answers to questions that allowed participants to provide additional information. Selected open-text responses were categorized, tallied, and reported numerically. Salient respondent quotes and summaries from the qualitative data were selected to illustrate the quantitative results and to provide relevant examples.

Results

Before Transition

Mental health diagnoses and traumatic experiences before the onset of gender dysphoria. Table 2 shows data about psychiatric disorders, neurodevelopmental disabilities, NSSI, and trauma that were reported as occurring prior to the onset of gender dysphoria. Because these conditions and events occurred before participants began to feel gender dysphoric, they cannot be considered to be secondary to gender incongruence or transphobia.

Gender dysphoria onset and typology. Most participants (82.0%) were living with one or both parents when they first experienced gender dysphoria at a mean age of 11.2 years ($SD = 5.6$). The mean age of gender dysphoria onset was not statistically different between natal females ($M = 11.3$; $SD = 5.4$) and natal males ($M = 11.0$; $SD = 5.9$), $t(96) = 0.25$. By Blanchard typologies, 26.1% of natal females were exclusively homosexual and 73.9% non-homosexual while 6.5% of natal males were exclusively homosexual and 93.5% non-homosexual (Blanchard, 1985, 1989). Slightly more than half of the respondents (56.0%) experienced early-onset gender dysphoria and slightly less than half (44.0%) experienced late-onset gender dysphoria. Although late-onset gender dysphoria in natal females was largely absent from the scientific literature prior to 2012 (Steensma et al., 2013; Zucker & Bradley, 1995; Zucker et al., 2012a), 55.1% of the natal female participants reported that their gender dysphoria began with puberty or later. Because the information about the timing of gender dysphoria onset was obtained from participants reporting on their own experiences, it can be assumed that these cases were indeed late-onset rather than early-onset gender dysphoria that was concealed from parents and other people.

Transition reasons. Table 3 shows data about the reasons that individuals wanted to transition and the most frequently endorsed were: wanting to be perceived as the target gender (77.0%); believing that transitioning was their only option to feel better (71.0%); the sensation that their body felt wrong the way it was (71.0%), and not wanting to be associated with their natal sex (70.0%). Most participants believed that transitioning would eliminate (65.0%) or decrease (63.0%) their gender dysphoria and that with transitioning they would become their true selves (64.0%).

Sources of transition encouragement and friend group dynamics. Participants identified sources that encouraged them to believe transitioning would help them. Social media and online communities were the most frequently reported, including YouTube transition videos (48.0%), blogs (46.0%), Tumblr (45.0%), and online communities (43.0%) (see supplemental materials). Also common were people who the respondents knew offline such as therapists (37.0%); someone (28.0%) or a group of friends (27.0%) that they knew in-person. A subset of

Table 2 Mental health diagnoses and traumatic experiences prior to the onset of gender dysphoria

	Natal female <i>N</i> (%) <i>N</i> = 69	Natal male <i>N</i> (%) <i>N</i> = 31
<i>Diagnosed with a mental illness or neurodevelopmental disability</i> ^{*a}		
Depression	27 (39.1%)	5 (16.1%)
Anxiety	22 (31.9%)	5 (16.1%)
Attention deficit hyperactivity disorder (ADHD)	10 (14.5%)	2 (6.5%)
Post-traumatic stress disorder (PTSD)	10 (14.5%)	1 (3.2%)
Eating disorders	10 (14.5%)	0 (0%)
Autism spectrum disorders	9 (13.0%)	1 (3.2%)
Bipolar disorder	9 (13.0%)	0 (0%)
Obsessive compulsive disorder	6 (8.7%)	3 (9.7%)
Borderline personality disorder	5 (7.2%)	0 (0%)
Schizophrenia or other psychotic disorders	1 (1.4%)	0 (0%)
None of the above	28 (40.6%)	17 (54.8%)
Other	7 (10.1%)	2 (6.5%)
<i>Non-suicidal self-injury (NSSI)</i> ^b		
Engaged in NSSI before the onset of gender dysphoria	19 (27.5%)	5 (16.1%)
<i>Trauma</i> ^c		
Experienced a trauma less than one year before the start of gender dysphoria	33 (47.8%)	4 (12.9%)

*May select more than one answer

^aNatal sex difference for one or more pre-existing diagnoses (100-none of the above) was not significant [$\chi^2(1, 100) = 1.76$]

^bNatal sex differences for NSSI before the onset of gender dysphoria was not significant ($\chi^2 = 1.52$)

^cExperiencing a trauma less than one year before the start of gender dysphoria was statistically different [$\chi^2(1, 100) = 11.19, p < .001$] with natal females > natal males

Table 3 Transition reasons

	Natal female <i>N</i> (%) <i>N</i> = 69	Natal male <i>N</i> (%) <i>N</i> = 31
<i>Reasons for transition</i> [*]		
I wanted others to perceive me as the target gender	53 (76.8%)	24 (77.4%)
I thought transitioning was my only option to feel better	50 (72.5%)	21 (67.7%)
My body felt wrong to me the way it was	50 (72.5%)	21 (67.7%)
I didn't want to be associated with my natal sex/natal gender	51 (73.9%)	19 (61.3%)
It made me uncomfortable to be perceived romantically/sexually as a member of my natal sex/natal gender	49 (71.0%)	18 (58.1%)
I thought transitioning would eliminate my gender dysphoria	43 (62.3%)	22 (71.0%)
I felt I would become my true self	42 (60.9%)	22 (71.0%)
I identified with the target gender	40 (58.0%)	24 (77.4%)
I thought transitioning would lessen my gender dysphoria	45 (65.2%)	18 (58.1%)
I felt I would fit in better with the target gender	36 (56.5%)	20 (64.5%)
I felt I would be more socially acceptable as a member of the target gender	38 (55.1%)	11 (35.5%)
I felt I would be treated better if I was perceived as the target gender	35 (50.7%)	14 (45.2%)
I saw myself as a member of the target gender	31 (44.9%)	18 (58.1%)
I thought transitioning would reduce gender-related harassment or trauma I was experiencing	35 (50.7%)	5 (16.1%)
I had erotic reasons for wanting to transition	9 (13.0%)	12 (38.7%)
Other	9 (13.0%)	3 (9.7%)

*May select more than one answer

participants experienced the friendship group dynamics identified in previous work, including belonging to a friendship group that mocked people who were not transgender (22.2%), having one or more friend from the pre-existing friend group transition before the participant decided to transition (36.4%), and experiencing an increase in popularity after announcing plans to transition (19.6%) (Littman, 2018). Most did not have this experience (68.7%, 61.6%, and 62.9%, respectively).

Pressure to transition. More than a third of the participants (37.4%) felt pressured to transition. Natal sex differences in feeling pressured to transition were significant by chi-square test with natal females > natal males $\chi^2(1, 99) = 4.22, p = .04$. Twenty-eight participants provided open-text responses of which 24 described sources of pressure (17 described social pressures and 7 described sources that were not associated with other people). Clinicians, partners, friends, and society were named as sources that applied pressure to transition, as seen in the following quotes: “My gender therapist acted like it [transition] was a panacea for everything;” “[My] [d]octor pushed drugs and surgery at every visit;” “I was dating a trans woman and she framed our relationship in a way that was contingent on my being trans;” “A couple of later trans friends kept insisting that I needed to stop delaying things;” “[My] best friend told me repeatedly that it [transition] was best for me;” “The forums and communities and internet friends;” “By the whole of society telling me I was wrong as a lesbian;” and “Everyone says that if you feel like a different gender... then you just are that gender and you should transition.” Participants also felt pressure to transition that did not involve other people as illustrated by the following: “I felt pressured by my inability to function with dysphoria” and “Not by people. By my life circumstances.”

Experiences with clinicians. When participants first sought care for their gender dysphoria or desire to transition, more than half of the participants (53.0%) saw a psychiatrist or psychologist; about a third saw a primary care doctor (34.0%) or a counselor (including licensed clinician social worker, licensed professional counselor, or marriage and family therapist) (32.0%); and 17.0% saw an endocrinologist. For transition, 45.0% of participants went to a gender clinic (44.4% of those attending a gender clinic specified that the gender clinic used the informed consent model of care); 28.0% went to a private doctor’s office; 26.0% went to a group practice; and 13.0% went to a mental health clinic (see supplemental materials).

The majority (56.7%) of participants felt that the evaluation they received by a doctor or mental health professional prior to transition was not adequate and 65.3% reported that their clinicians did not evaluate whether their desire to transition was secondary to trauma or a mental health condition. Although 27.0% believed that the counseling and information they received prior to transition was accurate about benefits and risks, nearly half reported that the counseling was overly positive about the benefits of transition (46.0%) and not negative enough about the risks (26.0%). In contrast, only a small

minority found the counseling not positive enough about benefits (5.0%) or too negative about risks (6.0%) suggesting a bias toward encouraging transition.

Transition

Participants were on average 21.9 years old ($SD = 6.1$) when they sought medical care to transition with natal females seeking care at younger ages ($M = 20.0$; $SD = 4.2$) than natal males ($M = 26.0$; $SD = 7.5$), $t(97) = -5.07, p < .001$. Given that the majority of natal males were categorized as Blanchard typology non-homosexual, the finding that natal males sought medical care to transition at older ages than natal females is concordant with previous research (Blanchard et al., 1987). The average year for seeking care was more recent for natal females ($M = 2011$; $SD = 3.8$) than natal males ($M = 2007$; $SD = 6.9$), $t(96) = 2.78, p = .007$, and thus, there may have been differences in the care they received due to differences in the culture surrounding transition and the prevailing medical approaches to gender dysphoria for the time.

At the start of transitioning, nearly all (98.0%) of the participants identified as either transgender (80.0%), nonbinary (15.0%), or both transgender and nonbinary (3.0%). Participants identified which social, medical, and surgical steps they had taken to transition. Table 4 shows these steps, separated by natal sex where appropriate. Most respondents adopted new pronouns (91.0%) and names (88.0%), and the vast majority (97.1%) of natal females wore a binder. Most participants took cross-sex hormones (96.0%) and most natal males took anti-androgens (87.1%). The most frequent transition surgery was breast or chest surgery for natal females (33.3%). Genital surgery was less common (1.4% of natal females and 16.1% of natal males). Natal females took testosterone for a mean duration of 2.0 years ($SD = 1.6$). Natal males took estrogen for a mean duration of 5.1 years ($SD = 5.9$) and anti-androgens for 2.8 years ($SD = 2.6$). The minority of patients who took puberty blockers took them for a mean duration of less than a year ($M = 0.9$ years; $SD = 0.6$).

Detransition

Before deciding to detransition, participants remained transitioned for a mean duration of 3.9 years ($SD = 4.1$) with natal females remaining transitioned for a shorter period of time ($M = 3.2$ years; $SD = 2.7$) than natal males ($M = 5.4$ years; $SD = 6.1$), $t(96) = -2.40, p = .018$. When participants decided to detransition they were a mean age of 26.4 years old ($SD = 7.4$) though natal females were significantly younger ($M = 23.6$; $SD = 4.5$) than natal males ($M = 32.7$; $SD = 8.8$), $t(97) = -6.75, p < .001$. The mean calendar year when participants decided to detransition was 2014 ($M = 2014$; $SD = 3.3$), but the difference

Table 4 Steps taken for social, medical, and surgical transition

	N (%)
<i>Social transition*</i>	
Pronouns	91 (91.0%)
Different name	88 (88.0%)
Clothes/hair/makeup	90 (90.0%)
Legal name change	49 (49.0%)
Gender/sex changed on government documents	36 (36.0%)
Voice training	20 (20.0%)
Natal female	
Wore a binder	67 (97.1%)
<i>Medical transition*</i>	
Cross-sex hormones	96 (96.0%)
Puberty blockers	7 (7.0%)
Natal male	
Anti-androgens	27 (87.1%)
<i>Surgical transition*</i>	
Natal female	
Face/neck surgery	5 (5.0%)
Natal male	
Breast/chest surgery	23 (33.3%)
Genital surgery (to create a penis)	1 (1.4%)
Natal female	
Breast implants	5 (16.1%)
Genital surgery (to create a vagina)	5 (16.1%)

*May select more than one answer

between natal females and natal males was not significant ($M=2014$, $SD=3.3$; $M=2014$, $SD=3.5$), $t(95)=0.52$.

Respondents detransitioned for a variety of reasons and most (87.0%) selected more than one reason. The most frequently endorsed reason for detransitioning was that the respondent's personal definition of male and female changed and they became comfortable identifying with their natal sex (60.0%) (see Table 5). Other commonly endorsed reasons were concerns about potential medical complications (49.0%); transition did not improve their mental health (42.0%); dissatisfaction with the physical results of transition (40.0%); and discovering that something specific like trauma or a mental health condition caused their gender dysphoria (38.0%). External pressures to detransition such as experiencing discrimination (23.0%) or worrying about paying for treatments (17.0%) were less common.

Encouragement and pressure to detransition. Participants were asked to select sources that encouraged them to believe that detransitioning would help them. These included blogs (37.0%), Tumblr (35.0%), and YouTube detransition videos (23.0%) (see supplemental materials). At some point in their process, 23.2% felt pressured to detransition. There was no significant difference between natal females and natal males for feeling pressured to detransition, $\chi^2(1, 99)=1.11$. Of the 21 open-text responses provided, 14 respondents expressed social pressure to detransition; three expressed internal pressure to detransition and four provided responses that were neither

Table 5 Reasons for detransitioning

	Natal female N (%) N=69	Natal male N (%) N=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

or unclear. Regarding social pressure to detransition, seven participants expressed that the pressure came from partners, parents, or other family members as shown in the following example quotes: “I was threatened that if I did not immediately detransition I would NEVER see my [...] children again,” “My father very much wanted me to desist,” and “Parents constantly encouraging me to detransition.” Five participants expressed societal pressure to detransition as expressed in the following quotes: “I did not pass, I was mocked in public, I could not get a job. It was not ok to be trans” and “Well, I mean basically the entire world was against me transitioning, so yeah.” One participant felt pressured by doctors and another one from a blog.

Detransition steps. Table 6 shows data about the social, medical, and surgical steps participants took to detransition. Nearly all participants medically detransitioned by ceasing cross-sex hormones (95.0%). Social detransition steps were also common and included returning to the use of previously used pronouns (63.0%) and birth names (33.0%) and changing one’s clothes and hair presentations (48.0%). Surgical detransition steps were less common (9.0%).

Finding better ways of coping with gender dysphoria. Participants were asked to select responses that they considered to have been better ways for them to cope with their gender dysphoria. Responses included community (44.0%), mindfulness/meditation (41.0%), exercise (39.0%), therapy (24.0%), trauma work (24.0%), medication to treat a mental health condition (18.0%), and yoga (14.0%).

Transition and Detransition Narratives

Several transition and detransition narratives emerged from the data. A sizable minority of participants (41.0%) expressed more than one narrative in their responses.

The *discrimination and external pressures to detransition* narrative was described by 29.0% of participants. Examples include: “I had to detransition in order to get a job”; “I was afraid of being homeless and unable to support myself”; “I felt much happier with myself but I couldn’t go anywhere without being afraid. I passed okay but not perfectly. I was stared down and sneered at in the women’s clothes section, I wouldn’t dare use a public toilet because I’d find either violent men or women who wished an encounter with a violent man on me.”

A *nonbinary* narrative was expressed by 16.0% of participants. Some described that they discovered their nonbinary gender identity during their transition, as in the following quotes: “I still was uncomfortable with my body and figured I should stop and make sure I really wanted to keep going. I didn’t and I decided I must be nonbinary, not FTM”; “Transitioning didn’t do what I thought I wanted it to. I had transitioned to the wrong gender. I still felt wrong. Then, I realized I was not male, but genderqueer. I detransitioned to suit my true identity.” And others described a consistent nonbinary identification, as in the following quote, “I identified the same way that I did before.

Table 6 Social, medical, and surgical detransition steps

	N (%)
<i>Social detransition*</i>	
Previous pronouns	63 (63.0%)
Clothes/hair/makeup	48 (48.0%)
Birth name	33 (33.0%)
New name (not birth name)	24 (24.0%)
None of the above	2 (2.0%)
<i>Medical detransition*</i>	
Stopped cross-sex hormones	95 (95.0%)
Stopped puberty blockers	4 (4.0%)
Started hormones consistent with natal sex	14 (14.0%)
Natal male	
Stopped anti-androgens	17 (54.8%)
<i>Surgical detransition*</i>	
Surgery to reverse changes from transition	9 (9.0%)

*May select more than one answer

I had gotten what I wanted out of HRT and was ready to stop taking it.” (Cross-sex hormones are sometimes referred to as “hormone replacement therapy” and abbreviated as HRT).

Three participants (3.0%) expressed the *retransition* narrative in open-text answers indicating that they had retransitioned, including the following quotes: “I am now transitioning for a second time”; “I retransitioned after 5 years of detransitioning”; and “Anyway, I retransitioned over 10 years after detransitioning.”

Most participants (58.0%) expressed the *gender dysphoria was caused by trauma or a mental health condition* narrative which included endorsing the response options indicating that their gender dysphoria was caused by something specific, such as a trauma or a mental health condition. More than half of the participants (51.2%) responded that they believe that the process of transitioning delayed or prevented them from dealing with or being treated for trauma or a mental health condition. The following are example quotes that were in response to why participants chose to detransition: “I slowly began addressing the mental health conditions and traumatic experiences that caused such a severe disconnect between myself and my body...”; “I was starting to become critical of transition because I felt that many people were doing it out of self-hatred and started to realize that applied to me as well”; “I was deeply uncomfortable with my secondary sex characteristics, which I now understand was a result of childhood trauma and associating my secondary sex characteristics with those events.”

Despite the absence of any questions about this topic in the survey, nearly a quarter (23.0%) of the participants expressed the *internalized homophobia and difficulty accepting oneself as lesbian, gay, or bisexual* narrative by spontaneously describing that these experiences were instrumental to their gender dysphoria, their desire to transition, and their detransition. All

of the participants in this category indicated that they were either same-sex attracted exclusively or were same-sex attracted in combination with opposite-sex attraction (such as bisexual, pansexual, etc.). The following responses were written in as “other” for the question about why participants transitioned: “Transitioning to male would mean my attraction to girls would be ‘normal’”; “being a ‘gay trans man’ (female dating other females) felt better than being a lesbian, less shameful”; “I felt being the opposite gender would make my repressed same-sex attraction less scary”; “I didn’t want to be a gay man.” Some participants described that it took time for them to gain an understanding of themselves as lesbian, gay, or bisexual as seen in the following: “At the time I was trying to figure out my identity and felt very male and thought I was transgender. I later discovered that I was a lesbian. . .”; and “Well, after deep discovery, I realized I was a gay man and realized that a sexual trauma after puberty might [have] confused my thought. I wanted to live as a gay man again.” Several natal female respondents expressed that seeing other butch lesbians would have been helpful to them as shown by the following: “What would have helped me is being able to access women’s community, specifically lesbian community. I needed access to diverse female role-models and mentors, especially other butch women.”

The *social influence* narrative was identified where participants added information to the question about if they had felt pressured to transition and the response described pressure from a person or people. One-fifth (20.0%) of participants expressed that they felt pressured by a person or people to transition. Example quotes for social influence were described in a previous section.

Of the natal females, 7.2% expressed the *misogyny* narrative. Example quotes include: “. . . I realized how much of it [dysphoria] may have been caused by internalized misogyny and homophobia”; “Finally realizing there’s nothing wrong or disgusting or weak about being female”; and “My transition was a desperate attempt to distance myself from womanhood and femaleness due to internalized lesbophobia and misogyny combined with a history of sexual trauma.”

After Detransition

Disposition. At the time of survey completion, most participants had returned to identifying solely as their birth sex (61.0%) with an additional 10.0% identifying as their birth sex plus another identification. Fourteen percent of the participants identified solely as nonbinary with an additional 11.0% identifying as nonbinary plus a second identification. Eight percent of the participants identified solely as transgender with an additional 5.0% identifying as transgender plus another identification. Four percent of the responses did not fit into the above categories and were coded as “other.” Figure 1 illustrates the distribution of participants’ current gender identification (post-detransition). Only 24.0% of participants had informed

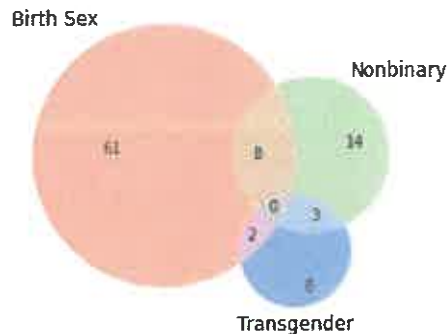


Fig. 1 Distribution of participants’ current gender identification (after detransition) (n=100). *Notes:* The sum of the numbers appearing in the “Birth Sex” circle indicates the number of participants who returned to identifying with their birth sex (71)—either as birth sex alone (61) or birth sex in addition to a second identification (10) represented in the overlap between two circles. For example, eight participants identify as their birth sex and as nonbinary. The sum of the numbers appearing in the “Nonbinary” circle indicates the number of participants who identify as nonbinary (25)—either as nonbinary alone (14) or nonbinary in addition to a second identification (11). The sum of the numbers appearing in the “Transgender” circle indicates the number of participants who identify as transgender (13)—either as transgender alone (8) or transgender in addition to a second identification (5). Four participants had responses that did not fit the categories above and were coded as “other”

the doctor or clinic that facilitated their transitions that they had detransitioned.

Self-appraisal of past transgender identification. Table 7 presents the data for responses endorsed by participants to reflect how they feel currently about having identified as transgender in the past. The statements most frequently selected included: “I thought gender dysphoria was the best explanation for what I was feeling” (57.0%), “My gender dysphoria was similar to the gender dysphoria of those who remain transitioned” (42.0%), “What I thought were feelings of being transgender actually were the result of trauma” (36.0%), “What I thought were feelings of being transgender actually were the result of a mental health condition” (36.0%).

Self-appraisal of transition and detransition. When asked to select which statement best reflects their feelings about their transition, nearly a third (30.0%) indicated that they wish they had never transitioned while 11.0% indicated they were glad they transitioned. Some (34.0%) selected the statement that transition “was a necessary part of [their] journey” but others (21.0%) indicated that the process of transitioning distracted them from what they should have been doing. Responses about whether transition helped or harmed them were also complicated. While 50.5% selected answers consistent with being both helped and harmed, 32.3% indicated that they were only harmed and 17.2% indicated that they were only helped. The majority of respondents were dissatisfied with their decision to transition (69.7%) and satisfied with their decision to detransition (84.7%). At least some amount of transition regret was

Table 7 Self-appraisal of past transgender identification

	Natal female <i>N</i> (%) <i>N</i> = 69	Natal male <i>N</i> (%) <i>N</i> = 31
<i>Self-appraisal about identifying as transgender in the past*</i>		
I thought gender dysphoria was the best explanation for what I was feeling	39 (56.5%)	18 (58.1%)
My gender dysphoria was similar to the gender dysphoria of those who remain transitioned	32 (46.4%)	10 (32.3%)
What I thought were feelings of being transgender actually were the result of trauma	31 (44.9%)	5 (16.1%)
What I thought were feelings of being transgender actually were the result of a mental health condition	28 (40.6%)	8 (25.8%)
Someone else told me that the feelings I was having meant that I was transgender and I believed them	25 (36.2%)	10 (32.3%)
I still identify as transgender	20 (29.0%)	10 (32.3%)
I believed I was transgender then, but I was mistaken	16 (23.2%)	6 (19.4%)
I was transgender then but I am not transgender now	15 (21.7%)	7 (22.6%)
I formerly identified as transgender and now identify as genderqueer/nonbinary	12 (17.4%)	5 (16.1%)
My gender dysphoria was different from the gender dysphoria of those who remain transitioned	11 (15.9%)	4 (12.9%)
I was never transgender	8 (11.6%)	3 (9.7%)
I thought I had gender dysphoria but I was mistaken	4 (5.8%)	4 (12.9%)
I never had gender dysphoria	1 (1.4%)	2 (6.5%)
N/A as I did not identify as transgender in the past	0 (0%)	1 (3.2%)
Other	18 (26.1%)	5 (16.1%)

*May select more than one answer

common (79.8%) and nearly half (49.5%) reported strong or very strong regret. Most respondents (64.6%) indicated that if they knew then what they know now, they would not have chosen to transition.

Discussion

This study was designed to explore the experiences of individuals who obtained medical and surgical treatment for gender dysphoria and then detransitioned by discontinuing the medications or having surgery to reverse the changes from transition. The findings of this study, however, should not be assumed to be representative of all individuals who detransition. Although this study further documents that detransitioners exist, the prevalence of detransition as an outcome of transition is unknown. Only a small percentage of detransitioners (24.0%) informed the clinicians and clinics that facilitated their transitions that they had detransitioned. Therefore, clinic rates of detransition are likely to be underestimated and gender transition specialists may be unaware of how many of their own patients have detransitioned, particularly for patients who are no longer under their care.

This research demonstrates that the experiences of individuals who detransition are varied and the reasons for detransition are complex. Nearly all participants identified as transgender or nonbinary at the start of their transition and most sought transition because they did not want to be associated with their natal

sex, their bodies felt wrong the way they were, and they believed that transition was the only option to relieve their distress. Some were helped by transition and only detransitioned because they were pressured to do so by people in their lives, society, or because they had medical complications. Some were harmed by transition and detransitioned because they concluded that their gender dysphoria was caused by trauma, a mental health condition, internalized homophobia, or misogyny—conditions that are not likely to be resolved with transition. These findings highlight the complexity of gender dysphoria and suggest that, in some cases, failure to explore co-morbidities and the context in which the gender dysphoria emerged can lead to misdiagnosis, missed diagnoses, and inappropriate gender transition. Some individuals detransitioned because their gender dysphoria resolved, because they found better ways to address their symptoms, or because their personal definitions of male and female changed and they became comfortable identifying as their natal sex.

The study sample was predominantly young natal females, many of whom experienced late-onset gender dysphoria which mirrors the recent, striking changes in the demographics of gender dysphoric youth seeking care as well as the youth described by their parents in Littman (2018) (see also Aitken et al., 2015; de Graaf et al., 2018; Zucker, 2019). Concerns have been raised that this new cohort of gender dysphoric individuals is unlike previous cohorts. Professionals have started to call for caution before treating this cohort with interventions with permanent effects because the etiologies, desistance and persistence rates,

expected duration of symptoms, and whether this new population is helped or harmed by gender transition is still unknown (D'Angelo et al., 2021; Kaltiala-Heino et al., 2018). The natal females and natal males in this sample differed on several dimensions, including that natal females were younger than natal males when they sought transition, when they decided to detransition, and at the time of survey completion. Natal females were more likely than natal males to have experienced a trauma less than one year before the onset of their gender dysphoria and were more likely to have felt pressured to transition. Compared to natal males, natal females remained transitioned for a shorter duration of time before deciding to detransition. Additionally, natal females transitioned more recently than natal males, so their experiences may vary due to changing trends in the clinical management of gender dysphoria and the cultural settings in which they became gender dysphoric.

The study findings covered a wide range of detransition experiences that are consistent with the diversity of experiences described in previously published clinical case reports and case series. Overlap of findings include: transition regret; absence of transition regret; re-identification with birth sex; continued identification as transgender; improvement or worsening of well-being with transition; retransitioning; detransitioning due to external social pressures; nonbinary identification; and recognizing and accepting oneself as homosexual or bisexual (D'Angelo, 2018; Djordjevic et al., 2016; Levine, 2018; Pazos Guerra et al., 2020; Turban & Keuroghlian, 2018; Turban et al., 2021; Vandenbussche, 2021). The population in this study is similar to the population in Vandenbussche in that both were predominantly natal females in their mid-20s. Because the current study recruited in 2016–2017 and Vandenbussche recruited in 2019, the similar mean age of participants may reflect the age of individuals who can be reached in online detransitioner communities. Several findings in this study were consistent with Vandenbussche's findings, including similar reasons for detransition (realizing that their gender dysphoria was related to other issues, finding alternatives to address gender dysphoria, gender dysphoria resolved, etc.). Although these two studies were recruited in different years, had different eligibility criteria, and included participants from several countries, it is possible that there may be some overlap of study populations.

The current study findings provide additional insight into the complex relationships between internalized homophobia, gender dysphoria, and desire to transition. Contrary to arguments against the potential role of homophobia in gender transitions (Ashley, 2020), participants reported that their own gender dysphoria and desire to transition stemmed from the discomfort they felt about being same-sex attracted, their desire to not be gay, and the difficulties that they had accepting themselves as lesbian, gay or bisexual. For these individuals, exploring their distress and discomfort around sexual orientation issues may have been more helpful to them than medical and surgical transition or at least an important part of exploration before making

the decision to transition. This research adds to the existing evidence that gender dysphoria can be temporary (Ristori & Steensma, 2016; Singh et al., 2021; Zucker, 2018). It has been established that the most likely outcome for prepubertal youth with gender dysphoria is to develop into lesbian, gay, bisexual (LGB) (non-transgender) adults (Ristori & Steensma, 2016; Singh et al., 2021; Wallien & Cohen-Kettenis, 2008; Zucker, 2018). And, temporary gender dysphoria may be a common part of LGB identity development (Korte et al., 2008; Patterson, 2018). Therefore, intervening too soon to medicalize gender dysphoric youth risks iatrogenically derailing the development of youth who would otherwise grow up to be LGB non-transgender adults. Participants who detransitioned because they became comfortable identifying as their natal sex and because their gender dysphoria resolved further support that gender dysphoria is not always permanent.

The data in this study strengthen, with first-hand accounts, the rapid-onset gender dysphoria (ROGD) hypotheses which, briefly stated, are that psychosocial factors (such as trauma, mental health conditions, maladaptive coping mechanisms, internalized homophobia, and social influence) can cause or contribute to the development of gender dysphoria in some individuals (Littman, 2018). Littman also postulated that certain beliefs could be spread by peer contagion, including the belief that a wide range of symptoms should be interpreted as gender dysphoria (and proof of being transgender) and the belief that transition is the only solution to relieve distress. The current study supports the potential role of psychosocial factors in the development of gender dysphoria and further suggests, by participant responses that transitioning prevented or delayed them from addressing their underlying conditions, that maladaptive coping mechanisms may be relevant for some individuals. The potential role of social influence is demonstrated as well. First, when respondents were asked to describe how they currently feel about having identified as transgender in the past, more than a third endorsed the option, "Someone told me that the feelings I was having meant that I was transgender, and I believed them." Second, a subset of participants experienced the unique friendship group dynamics reported in Littman where peer groups mocked people who were not transgender and popularity within the friend group increased when respondents announced their plan to transition. Additionally, respondents identified several social sources that encouraged them to believe that transitioning would help them including: YouTube transition videos, blogs, Tumblr, and online communities. And finally, 20.0% of participants felt pressured to transition by social sources that included friends, partners, and society. More research is needed to further explore these hypotheses.

The current study and the Turban et al. (2021) analysis of the USTS data share some similarities and differences. Similarities include the use of convenience samples, targeted recruitment, and anonymous data collection. The findings of Turban et al. (including external pressures to detransition and transgender

identification after detransition) are a subset of the array of experiences described in the current study. The current study differed from James et al. (2016) and Turban et al. in that it enrolled participants based on the criterion of detransition after medical or surgical transition regardless of how they currently identified, recruited from communities with diverse perspectives about transition and detransition, used a precise definition for detransition that specifies the use of medication or surgery, and included answer options that were relevant to many different types of detransition experiences. In contrast, the USTS only enrolled transgender-identifying individuals regardless of whether they medically or surgically transitioned, recruited from communities likely to have similar perspectives about transition and detransition, and provided multiple choice answer options that were relevant to a narrower range of detransition experiences (James et al., 2016). Further, the definition used by the USTS for “detransitioned” (having “gone back to living as [their] sex assigned at birth, at least for a while”) is quite vague. Although Turban et al. provide valuable information about the subset of transgender-identifying people who may have detransitioned, the current study provides a more comprehensive view of individuals who detransition after medical or surgical transition.

Over the past 15 years, there have been substantial changes in the clinical approach to gender dysphoric patients notable for a shift from approaches that employ thorough evaluations and judicious use of medical and surgical transition (the watchful waiting or Dutch approach, the developmentally informed approach, and the medical model of care) to approaches with minimized or eliminated evaluation and liberal use of transition interventions (the affirmative approach and the informed consent model of care) (Cavanaugh et al., 2016; de Vries & Cohen-Kettenis, 2012; Meyer et al., 2002; Rafferty et al., 2018; Schulz, 2018; Zucker et al., 2012b). This trend is prominent in the U.S. where the American Academy of Pediatrics endorsed the affirmative approach in 2018 and Planned Parenthood currently uses the informed consent model to provide medical transition in more than 200 clinics in 35 states (Planned Parenthood, 2021; Rafferty et al., 2018). It is plausible that an unintended consequence of these clinical shifts may be an increase in people who detransition. Many participants in this study believe that they did not receive an adequate evaluation by a clinician before transition. The definition of “adequate evaluation” was not provided in the survey and may be open to respondent interpretation. But given the complexities of the gender dysphoria described in the current study, one might consider a low bar of “adequate” to be the exploration of factors that could be misinterpreted as non-temporary gender dysphoria as well as factors that could be underlying causes for gender dysphoria. The most recently emerging approach to gender dysphoria is called the “exploratory approach” which is a neutral psychotherapeutic approach to help individuals gain a deeper understanding of their gender distress and the factors contributing to

their dysphoria (Churcher Clarke & Spiliadis, 2019; Spiliadis, 2019). The study’s findings suggest that an exploratory type of approach may have been beneficial to some of the respondents. Future research is needed to determine which patients are best treated by which approaches long term.

Patients considering medical and surgical interventions deserve accurate information about the risks, benefits, and alternatives to that treatment. In this sample, nearly half of the participants reported that the counseling they received about transition was overly positive about the benefits of transition and more than a quarter reported that the counseling was not negative enough about the risks. Several participants felt pressured to transition by their doctors and therapists. If these types of clinical interactions are verified, exploration is needed to determine the extent to which this situation occurs and what measures might be taken to ensure that clinicians provide patients with their options accurately and dispassionately.

There are several obstacles to obtaining accurate rates of detransition and desistance, including stigma and the low numbers of detransitioners who inform their clinicians that they detransitioned. One approach to bypass some of these barriers would be to incorporate non-judgmental questions about detransition and desistance into nationally representative surveys that collect health data. For example, the Behavioral Risk Factor Surveillance System contains an optional module about sexual orientation and gender identity that includes two questions to explore gender issues (Downing & Przedworski, 2018). By changing one existing question, “Do you consider yourself to be transgender?” into two questions, “Have you ever, at any point in your life, considered yourself to be transgender?” and “Do you currently consider yourself to be transgender?” and by adding a follow-up question if answers indicate past but not current transgender identification, “Did you ever take puberty blockers, cross-sex hormones, anti-androgens, or have any surgery as part of your transition?”, valuable information about desistance, detransition, and current transgender identification could be obtained. These types of questions may also be of use in clinical practice and electronic medical records. The information gained about rates of detransition and desistance would enhance transgender healthcare by aiding informed consent processes at the start of any medical or surgical transition.

One of the strengths of this study is that it is one of the largest samples of detransitioners to date. Other strengths include the use of a precise definition for detransition, enrollment of detransitioners regardless of their post-detransition gender identification, recruitment from communities with likely divergent views about transition and detransition, and collaboration with two individuals who had detransitioned which helped to create a survey instrument with questions relevant to a variety of detransition experiences and enhanced the recruitment efforts.

There are several limitations to this study that should be considered when interpreting the findings. Like Vandebussche (2021), James et al. (2016), and Turban et al. (2021), this study

used a cross-sectional design, anonymous surveying, and a convenience sample and therefore shares the same limitations that are inherent to these methodologies. These limitations include that conclusions about causation cannot be determined, identities of participants cannot be verified, and the findings of this study may not be generalizable to the entire population of people who detransition or to people outside of the countries where participants were from. Although this study reached out to communities with differing perspectives about transition and detransition, targeted recruitment and convenience samples always introduce the limitations associated with selection biases which should be addressed in future research. Finally, many of the participants in this study had less than ideal outcomes to their medical and surgical transitions, and it is possible that these experiences may have colored some of the responses.

Additional research is needed to determine the prevalence of

(or maintain) a nonbinary identification, and some continue to identify as transgender. Some detransitioners regret transitioning and some do not. Some of the detransitioners reported experiences that support the ROGD hypotheses, including that their gender dysphoria began during or after puberty and that mental health issues, trauma, peers, social media, online communities, and difficulty accepting themselves as lesbian, gay, or bisexual were related to their gender dysphoria and desire to transition. Natal female and natal male detransitioners appear to have differences in their baseline characteristics and experiences and these differences should be further delineated. Future research about gender dysphoria and the outcomes of transition should consider the diversity of experiences and trajectories. More research is needed to determine how best to provide support and treatment for the long-term medical and psychological well-being of individuals who detransition. Findings about

the psychological and medical needs of the emerging detransitioned population. Because many individuals who detransition re-identify with their birth sex, are no longer connected to LGBT communities, and don't return to gender clinics, future research about detransition needs to expand recruitment efforts beyond gender clinics and transgender communities. The development and testing of non-medical interventions for gender dysphoria could provide valuable options to be used as alternatives or in conjunction with medical and surgical treatments. Because of the potential for some to experience trauma, mental health conditions, internalized homophobia, and misogyny as gender dysphoria, research needs to be conducted on the evaluation process before transition to find approaches that respectfully and collaboratively explore factors that might contribute to gender-related distress. There continues to be an absence of long-term outcomes evidence for youth treated with medical and surgical transition and a lack of information about the trajectories of youth experiencing late-onset gender dysphoria—research is needed to address these gaps. Continued work is needed to reduce rigid gender roles, increase repre-

gender dysphoria and to better inform the processes of evaluation, counseling, and informed consent for individuals who are contemplating transition.

Acknowledgements I would like to thank the two individuals with personal experience of detransitioning who helped to create the survey instrument and assisted with recruitment; and Dr. Anna Hutchinson, Dr. Roberto D'Angelo, and the peer-reviewers for providing feedback on earlier versions of this manuscript

Funding No funding was received for conducting this study. Open access fees were provided by the Institute for Comprehensive Gender Dysphoria Research.

Declarations

Conflict of interest The author has no relevant financial or non-financial conflicts of interest to disclose.

Consent to Participate Electronic consent was obtained from all participants included in the study. On the first page of the online survey, participants were informed of the research purpose and potential risks and benefits of participating, that their participation was voluntary, and

were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Aitken, M., Steensma, T. D., Blanchard, R., VanderLaan, D. P., Wood, H., Fuentes, A., Spegg, C., Wasserman, L., Ames, M., Fitzsimmons, C. L., Leef, J. H., Lishak, V., Reim, E., Takagi, A., Vinik, J., Wreford, J., Cohen-Kettenis, P. T., de Vries, A. L. C., Kreukels, B. P. C., & Zucker, K. J. (2015). Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. *Journal of Sexual Medicine*, *12*(3), 756–763. <https://doi.org/10.1111/jsm.12817>
- Anonymous. (2017). Experience: I regret transitioning. *The Guardian*. <https://www.theguardian.com/lifeandstyle/2017/feb/03/experience-i-regret-transitioning>
- Ashley, F. (2020). Homophobia, conversion therapy, and care models for trans youth: Defending the gender-affirmative approach. *Journal of LGBT Youth*, *17*(4), 361–383. <https://doi.org/10.1080/19361653.2019.1665610>
- Blanchard, R. (1985). Typology of male-to-female transsexualism. *Archives of Sexual Behavior*, *14*(3), 247–261.
- Blanchard, R. (1989). The classification and labeling of nonhomosexual gender dysphorias. *Archives of Sexual Behavior*, *18*(4), 315–334.
- Blanchard, R., Clemmensen, L. H., & Steiner, B. W. (1987). Heterosexual and homosexual gender dysphoria. *Archives of Sexual Behavior*, *16*(2), 139–152. <https://doi.org/10.1007/BF01542067>
- Bouman, W. P., Schwend, A. S., Motmans, J., Smiley, A., Safer, J. D., Deutsch, M. B., Adams, N. J., & Winter, S. (2017). Language and trans health [Editorial]. *International Journal of Transgenderism*, *18*(1), 1–6. <https://doi.org/10.1080/15532739.2016.1262127>
- Bridge, L. (2020). Detransitioners are living proof the practices surrounding “trans kids” need to be questioned. *Feminist Current*. <https://www.feministcurrent.com/2020/01/09/detransitioners-are-living-proof-the-practices-surrounding-trans-kids-need-be-questioned/>
- Butler, C., & Hutchinson, A. (2020). Debate: The pressing need for research and services for gender desisters/detransitioners. *Child and Adolescent Mental Health*, *25*(1), 45–47. <https://doi.org/10.1111/camh.12361>
- Byng, R., Bewley, S., Clifford, D., & McCartney, M. (2018). Redesigning gender identity services: An opportunity to generate evidence. *British Medical Journal*, *363*. <https://doi.org/10.1136/bmj.k4490>
- Callahan, C. (2018). Unheard voices of detransitioners. In H. Brunskell-Evans & M. Moore (Eds.), *Transgender children and young people: Born in your own body* (pp. 166–180). Cambridge Scholars Publishing.
- Cavanaugh, T., Hopwood, R., & Lambert, C. (2016). Informed consent in the medical care of transgender and gender-nonconforming patients. *AMA Journal of Ethics*, *18*(11), 1147–1155. <https://doi.org/10.1001/journalofethics.2016.18.11.sect1-1611>
- Churcher Clarke, A., & Spiliadis, A. (2019). ‘Taking the lid off the box’: The value of extended clinical assessment for adolescents presenting with gender identity difficulties. *Clinical Child Psychology and Psychiatry*, *24*(2), 338–352. <https://doi.org/10.1177/1359104518825288>
- Dahlen, S. (2020). De-sexing the medical record? An examination of sex versus gender identity in the General Medical Council's trans healthcare ethical advice. *The New Bioethics*, *26*(1), 38–52. <https://doi.org/10.1080/20502877.2020.1720429>
- D'Angelo, R. (2018). Psychiatry's ethical involvement in gender-affirming care. *Australasian Psychiatry*, *26*(5), 460–463. <https://doi.org/10.1177/1039856218775216>
- D'Angelo, R., Syrulnik, E., Ayad, S., Marchiano, L., Kenny, D. T., & Clarke, P. (2021). One size does not fit all: In support of psychotherapy for gender dysphoria [Letter to the Editor]. *Archives of Sexual Behavior*, *50*(1), 7–16. <https://doi.org/10.1007/s10508-020-01844-2>
- de Graaf, N. M., Giovanardi, G., Zitz, C., & Carmichael, P. (2018). Sex ratio in children and adolescents referred to the Gender Identity Development Service in the UK (2009–2016) [Letter to the Editor]. *Archives of Sexual Behavior*, *47*(5), 1301–1304. <https://doi.org/10.1007/s10508-018-1204-9>
- de Vries, A. L. C., & Cohen-Kettenis, P. T. (2012). Clinical management of gender dysphoria in children and adolescents: The Dutch approach. *Journal of Homosexuality*, *59*(3), 301–320. <https://doi.org/10.1080/00918369.2012.653300>
- Djordjevic, M. L., Bizic, M. R., Duisin, D., Bouman, M.-B., & Bun-camper, M. (2016). Reversal surgery in regretful male-to-female transsexuals after sex reassignment surgery. *Journal of Sexual Medicine*, *13*(6), 1000–1007. <https://doi.org/10.1016/j.jsxm.2016.02.173>
- Downing, J. M., & Przedworski, J. M. (2018). Health of transgender adults in the U.S., 2014–2016. *American Journal of Preventive Medicine*, *55*(3), 336–344. <https://doi.org/10.1016/j.amepre.2018.04.045>
- Entwistle, K. (2021). Debate: Reality check—Detransitioners' testimonies require us to rethink gender dysphoria. *Child and Adolescent Mental Health*, *26*(1), 15–16. <https://doi.org/10.1111/camh.12380>
- 4thwavenow. (2016). *In praise of gatekeepers: An interview with a former teen client of TransActive Gender Center*. <https://4thwavenow.com/2016/04/21/in-praise-of-gatekeepers-an-interview-with-a-former-teen-client-of-transactive-gender-center/>
- Griffin, L., Clyde, K., Byng, R., & Bewley, S. (2020). Sex, gender and gender identity: A re-evaluation of the evidence. *BJPsych Bulletin*. <https://doi.org/10.1192/bjb.2020.73>
- Herzog, K. (2017). The detransitioners: They were transgender until they weren't. *The Stranger*. <https://www.thestranger.com/features/2017/06/28/25252342/the-detransitioners-they-were-transgender-until-they-werent>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality.
- Kaltiala-Heino, R., Bergman, H., Työläjärvi, M., & Frisen, L. (2018). Gender dysphoria in adolescence: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, *9*, 31–41. <https://doi.org/10.2147/AHMT.S135432>
- Korte, A., Goecker, D., Krude, H., Lehmkuhl, U., Grüters-Kieslich, A., & Beier, K. M. (2008). Gender identity disorders in childhood and adolescence currently debated concepts and treatment strategies. *Deutsches Aertzblatt Online*, *105*(48), 834–841. <https://doi.org/10.3238/arztebl.2008.0834>
- Kuiper, A. J., & Cohen-Kettenis, P. T. (1998). Gender role reversal among postoperative transsexuals. *International Journal of Transgenderism*, *2*(3), 1–6.
- Levine, S. B. (2018). Transitioning back to maleness. *Archives of Sexual Behavior*, *47*(4), 1295–1300. <https://doi.org/10.1007/s10508-017-1136-9>
- Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS ONE*, *13*(8), e0202330. <https://doi.org/10.1371/journal.pone.0202330>
- Marchiano, L. (2017). Outbreak: On transgender teens and psychic epidemics. *Psychological Perspectives: A Quarterly Journal of Jungian Thought*, *60*(3), 345–366. <https://doi.org/10.1080/00332925.2017.1350804>

- Marchiano, L. (2020). The ranks of gender detransitioners are growing. We need to understand why. *Quillette*. <https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/>
- McCann, C. (2017). When girls won't be girls. *The Economist*. <https://www.economist.com/1843/2017/09/28/when-girls-wont-be-girls>
- Meyer, W., Bockting, W. O., Cohen-Kettenis, P., Coleman, E., Diceglie, D., Devor, H., Gooren, L., Hage, J. J., Kirk, S., Kuiper, B., Laub, D., Lawrence, A., Menard, Y., Patton, J., Schaefer, L., Webb, A., & Wheeler, C. C. (2002). The Harry Benjamin International Gender Dysphoria Association's standards of care for gender identity disorders, Sixth Version. *Journal of Psychology & Human Sexuality*, 13(1), 1–30. https://doi.org/10.1300/J056v13n01_01
- Patterson, T. (2018). Unconscious homophobia and the rise of the transgender movement. *Psychodynamic Practice*, 24(1), 56–59. <https://doi.org/10.1080/14753634.2017.1400740>
- Pazos Guerra, M., Gómez Balaguer, M., Gomes Porras, M., Hurtado Murillo, F., Solá Izquierdo, E., & Morillas Ariño, C. (2020). Transsexualidad: Transiciones, detransiciones y arrepentimientos en España. *Endocrinología, Diabetes y Nutrición*, 67(9), 562–567. <https://doi.org/10.1016/j.endinu.2020.03.008>
- Pique Resilience Project. (2019). <https://www.piqueresproject.com/>
- Planned Parenthood. (2021). *What do I need to know about trans health care?* <https://www.plannedparenthood.org/learn/gender-identity/transgender/what-do-i-need-know-about-trans-health-care>
- Rafferty, J., Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, & Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4), e20182162. <https://doi.org/10.1542/peds.2018-2162>
- r/detrans. (2019). *R/detrans subreddit survey update!* [Reddit]. https://www.reddit.com/r/detrans/comments/azj8xd/subreddit_survey_update/
- r/detrans. (2020). [Reddit]. <https://www.reddit.com/r/detrans/>
- Ristori, J., & Steensma, T. D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry*, 28(1), 13–20. <https://doi.org/10.3109/09540261.2015.1115754>
- Schulz, S. L. (2018). The informed consent model of transgender care: An alternative to the diagnosis of gender dysphoria. *Journal of Humanistic Psychology*, 58(1), 72–92. <https://doi.org/10.1177/0022167817745217>
- Singh, D., Bradley, S. J., & Zucker, K. J. (2021). A follow-up study of boys with gender identity disorder. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsy.2021.632784>
- Spiliadis, A. (2019). Towards a gender exploratory model: Slowing things down, opening things up and exploring identity development. *Metalogos Systemic Therapy Journal*, 35, 1–9.
- Steensma, T. D., Kreukels, B. P. C., de Vries, A. L. C., & Cohen-Kettenis, P. T. (2013). Gender identity development in adolescence. *Hormones and Behavior*, 64(2), 288–297. <https://doi.org/10.1016/j.yhbeh.2013.02.020>
- Stella, C. (2016). *Female detransition and reidentification: Survey results and interpretation* [Tumblr]. <http://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>
- The Detransition Advocacy Network. (2020). <https://www.detransadv.com>
- Tracey, M. (2020). *Why all this trans stuff?* YouTube. <https://youtu.be/r57wGbiK3U8>
- Turban, J. L., & Keuroghlian, A. S. (2018). Dynamic gender presentations: Understanding transition and “de-transition” among transgender youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 57(7), 451–453. <https://doi.org/10.1016/j.jaac.2018.03.016>
- Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors leading to “detransition” among transgender and gender diverse people in the United States: A mixed-methods analysis. *LGBT Health*, 8, 273–280. <https://doi.org/10.1089/lgbt.2020.0437>
- twitter.com/ftmdetransed, & twitter.com/radfemjourney. (2019). Our voices our selves—Amplifying the voices of detransitioned women. In M. Moore & H. Brunskell-Evans (Eds.), *Inventing transgender children and young people* (pp. 167–174). Cambridge Scholars Publishing.
- upperhandMARS. (2020). *Desist to exist as Chiara*. YouTube. <https://www.youtube.com/watch?v=rLFtTRnIRk>
- Vandenbussche, E. (2021). Detransition-related needs and support: A cross-sectional online survey. *Journal of Homosexuality*. <https://doi.org/10.1080/00918369.2021.1919479>
- Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(12), 1413–1423. <https://doi.org/10.1097/CHI.0b013e31818956b9>
- Zucker, K. J. (2018). The myth of persistence: Response to “A critical commentary on follow-up studies and ‘desistance’ theories about transgender and gender non-conforming children” by Temple Newhook et al. (2018). *International Journal of Transgenderism*, 19(2), 231–245. <https://doi.org/10.1080/15532739.2018.1468293>
- Zucker, K. J. (2019). Adolescents with gender dysphoria: Reflections on some contemporary clinical and research issues. *Archives of Sexual Behavior*, 48(7), 1983–1992. <https://doi.org/10.1007/s10508-019-01518-8>
- Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. Guilford Press.
- Zucker, K. J., Bradley, S. J., Owen-Anderson, A., Kibblewhite, S. J., Wood, H., Singh, D., & Choi, K. (2012a). Demographics, behavior problems, and psychosexual characteristics of adolescents with gender identity disorder or transvestic fetishism. *Journal of Sex & Marital Therapy*, 38(2), 151–189. <https://doi.org/10.1080/0092623X.2011.611219>
- Zucker, K. J., Wood, H., Singh, D., & Bradley, S. J. (2012b). A developmental, biopsychosocial model for the treatment of children with gender identity disorder. *Journal of Homosexuality*, 59(3), 369–397. <https://doi.org/10.1080/00918369.2012.653309>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Sweden puts brakes on treatments for trans minors



Issued on: 08/02/2023 - 07:34 Modified: 08/02/2023 - 09:45



🕒 4 min

Stockholm (AFP) – Sweden, the first country to introduce legal gender reassignment, has begun restricting gender reassignment hormone treatments for minors, as it, like many Western countries, grapples with the highly-sensitive issue.

With the number of diagnoses soaring, the medical community faces the dilemma of weighing precaution against the risks associated with not offering treatment to those suffering from "gender dysphoria".

Sweden decided in February 2022 to halt hormone therapy for minors except in very rare cases, and in December, the National Board of Health and Welfare said mastectomies for teenage girls wanting to transition should be limited to a research setting.

'The uncertain state of knowledge calls for caution,' Board department head Thomas Linden said in a statement in December.

So-called puberty blockers have been used in young teens contemplating gender transition to delay the onset of unwanted physical changes.



Like many other countries, Sweden has seen a sharp rise in cases of gender dysphoria, a condition where a person may experience distress as a result of a mismatch between their biological sex and the gender they identify as.

According to the Board of Health and Welfare, approximately 8,900 people were diagnosed with gender dysphoria in Sweden between 1998 and 2021, in a country of around 10 million.

In 2021 alone, about 820 new cases were registered.

The rising trend in gender dysphoria cases is particularly visible among 13- to 17-year-olds born female. © Jonathan NACKSTRAND / AFP

The trend is particularly visible among 13- to 17-year-olds born female, with an increase of 1,500 percent since 2008.

"It used to be a male phenomenon and now there is a strong female over-representation," psychiatrist Mikael Landen, chief physician at Sahlgrenska University Hospital in Gothenburg, told AFP.

Landen, who contributed to the scientific study on which the Board of Health based its decision, said the reasons for this increase remain largely a "mystery".

"Tolerance has been high in Sweden for at least the last 25 years, so you can't say it has changed," he said when asked if it was simply a result of a more accepting society.

Western debate

The profile of those diagnosed is often complex, according to Linden, as gender dysphoria often occurs in those also suffering from other diagnoses, such as attention deficit and eating disorders or autism.

In May 2021 – before the Swedish authorities' decision to restrict gender reassignment hormone treatments – the prestigious Karolinska Hospital in Stockholm chose to restrict such hormone treatments to research projects only.



The prestigious Karolinska University Hospital near Stockholm began restricting gender reassignment hormone treatments before the government chose to do so © Jonathan NACKSTRAND / AFP

Other countries are weighing the same questions.

Neighbouring Finland took a similar decision in 2020, while France has called for "the utmost reserve" on hormone treatments for young people.

The UK meanwhile saw a high-profile court case in 2020.

Keira Bell, who regretted her transition from female to male, filed a complaint against the public body responsible for gender dysphoria treatments, claiming she had been too young at age 16 to consent to the treatments.

She ultimately lost her case.

Sweden's recent rollback is all the more notable as it was first in the world to authorise legal gender transition in 1972, paving the way for sex reassignment surgery to be covered by its universal healthcare system.

Rights groups have expressed concern.

Elias Fjellander, president of the youth branch of RFSL, the country's main organisation championing LGBTQ rights, says Sweden's decision risks leading to increased suffering.

"The decision is a warning sign for the future, because the decision could not be made earlier, even though the medical need was there," he said.

Twenty-year-old Antonia Lindholm, a trans woman who began her transition as a teenager, agreed.

"I think hormones save a lot of people," she told AFP.

"If I were 13 today, I wouldn't have a chance" of getting this treatment, Lindholm added.

Regret

But others who have had hormone treatment support the Swedish position.

Mikael Kruse, 36, changed his gender in his late 20s but had a change of heart and finally "detransitioned".

"I think it's good to take a break to understand what's going on," he told AFP.

For seven years, the Swede lived as a woman, but that never resolved his discomfort.

A new diagnosis revealed he had Asperger's Syndrome as well as Attention Deficit Disorder, and the suffering he thought was related to his gender was due to different factors.

"All the pieces of the puzzle fell into place," Kruse said.

For Carolina Jemsby, co-director of the Swedish documentary *The Trans Train* which brought the care of adolescents into the limelight in 2019, the current debate shows it is 'more complex than the healthcare system and society had hoped'.

"One aspect of this dilemma is that it has become a political issue," she told AFP.

"It does a disservice to this group who need scientifically proven medical care to help them and give them a better life, and a better ability to live who they are."

In 1972 Sweden introduced an act to allow people to legally change their gender thus becoming, according to the government, "the first country in the world to introduce a formal option in law to be assigned with a new legal gender".

© 2023 AFP