

# WHEN EX-TRANS WORLDS COLLIDE



## UNPACKING A NEW ERA OF ANTI- TRANS CONVERSION THERAPY

BY LEE LEVEILLE



HEALTH LIBERATION NOW!  
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# HEALTH LIBERATION NOW!

Health Liberation Now! (HLN) is a free resistance resource. Led by trans survivors of conversion practices, HLN offers critical insight into the gaps in transgender health and connected politics for transgender, detransitioned, nonbinary, and gender non-conforming people. Everyone has the right to safe, effective, and compassionate health care that reflects the full spectrum of their needs, experiences, and right to self-determination.

**Remember: no one's free until we're all free.**

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**Citation:** Leveille, L. (2021). *When Ex-Trans Worlds Collide: Unpacking a New Era of Anti-Trans Conversion Therapy*. Health Liberation Now! <https://healthliberationnow.com/2021/09/26/when-ex-trans-worlds-collide/>

This report contains detailed discussion of anti-LGBTQ+ conversion practices of secular and faith-based varieties, suicidal ideation, child kidnapping, pedophilia, and child abuse. Some quotes may be upsetting for survivors.

This piece is published by survivor advocates in the name of public interest. It should not be construed as legal advice. If you're from the US and need supports related to conversion practices, you can find information at [Born Perfect](#).

### DEFINITIONS

**Conversion therapy:** "an umbrella term to describe interventions of a wide-ranging nature, all of which are premised on the belief that a person's sexual orientation and gender identity, including gender expression, can and should be changed or suppressed when they do not fall under what other actors in a given setting and time perceive as the desirable norm, in particular when the person is lesbian, gay, bisexual, trans or gender diverse." [111, p. 4]

**Ideological detransition:** Stopping or reversing transition-related processes *AND* interpreting the experience through a political or religious objection of transgender people and their experiences. [132]

**"Exploratory psychotherapy" or "exploratory talk therapy":** New labels for forms of conversion psychotherapy advertised to gender diverse adolescents and young adults, as well as detransitioned individuals.





Over the summer of 2021, ideologically motivated detransitioned activists joined forces with leaders of ex-LGBT ministries to target class action suits demanding equitable health coverage for trans people in Arizona.[1] They did so alongside Society for Evidence Based Medicine (SEGM), whose membership is closely linked with conversion therapy groups and practitioners.[3] In doing so, the collaborators contribute to ongoing international efforts by megadonors of the Religious Right to undermine LGBTQ+, gender, and reproductive liberation movements throughout the world.[106] The effort signals an organized attempt to undermine access to gender affirming care in ways that leave both transgender (trans for short) and detransitioned (detrans for short) people with limited medical or psychological support, all while conversion efforts towards trans people are on the rise.

Health Liberation Now!, a trans- and survivor-led resource analyzing the political forces opposing trans health liberation, compiled this report as a warning to clinicians, health organizations, and community organizers. **Following is a summary of predicted areas of impact** as we enter this new era of conversion practices targeting transgender, detransitioned, and gender diverse people.

## **01. RESEARCH**

Research into detransition[109] or conversion practices targeting trans people[111] has been sparse, particularly from trans-led research teams. As a result, research projects coordinated by anti-trans groups or professionals pollute the pool of scientific knowledge, making it all the harder to produce quality research that can shape supports for people who have undergone gender identity change efforts or who stop or reverse their transition for any reason. When research is done, the researchers may find themselves bombarded with trans-antagonistic pile-ons, harassment at their place of employment, and “open letters” hosted by anti-trans groups that keep the flow of hate going. While progress is being made, it proves to be an uphill battle that disproportionately affects trans researchers.

## **02. POLICY AND LEGISLATION**

Several coordinated campaigns have targeted policy and legislation in attempts to roll back trans health provisions, using detransition and “safeguarding” as justification. In the United States, this contributes to the wealth of anti-trans bills spreading across the country, most of which target trans youth.[113] These

campaigns gain momentum via religious conservative thinktanks or lobbying groups with wealthy donors,[115] many of whom have also funded anti-gender efforts in Europe.[106] Other times anti-trans groups targeting trans health care receive major gift donations with no transparency.[3] Meanwhile, locally organized trans coalitions find themselves going up against goliaths targeting their home communities, all while having limited financial and care supports themselves. Increased attacks on policy and legislation can also mean the cutting of funding to said care supports based on their trans-inclusive policies, or going on the offensive against organizations or individual funders supporting trans inclusion.

### **03. HEALTH COVERAGE**

Health coverage for trans health needs, whether it's transition-related or not, is already a challenge in many regions.[118] Less than half of US states have explicit coverage of transition-related care through Medicaid services, with an additional 10 having hard exclusions on coverage.[121] Limiting coverage by insurance companies or government health care programs traps both trans and detrans people in poverty due to the high cost of gender affirming or reconstructive surgeries, with even greater anticipated impacts on disabled and/or trans people of color facing high levels of economic disparity.[122]

### **04. MEDICAL SUPPORTS**

Campaigns targeting Planned Parenthood, one of the go-to resources for hormone therapy for trans adults in the United States, have been ramping up from both secular and religious conservative groups. Both trans and reproductive rights advocates note that attacks on either is an attack on both, as conservative funders and lawmakers targeting trans health are often involved in anti-abortion politics and resources are routinely linked.[126] The strong focus on regret narratives can also impact the provider-patient relationship, as said narratives can feed into provider bias that puts an excess emphasis on preventing detransition instead of meeting people's needs in the moment.[109] This has implications for trans people experiencing complications they need medical support with,[128] as well as detrans people seeking care post-surgery.[127]

### **05. THERAPEUTIC SUPPORTS**

An alarming trend is the rise in therapeutic supports advertised to detransitioned

people or to trans youth that have connections to “gender critical” or conversion therapy groups. Billing themselves as a neutral form of “exploratory talk therapy”, these services become built on the framework of “rapid onset gender dysphoria”, which advocates have cautioned will contribute to the revival of conversion practices targeting trans people.[129] Conversion practices connected to detransition can also be found in peer support groups or communities, to the detriment of their members.[132] There are few therapy resources available for anyone who has regret or trauma surrounding aspects of their transition, or who detransition as a result of coercion, social stigma, or familial pressure, leaving predatory practitioners or groups as the only visible options for people who are in acute distress. Currently, training resources for mental health providers or community support spaces dedicated to building supports surrounding detransition or anti-trans conversion therapy are lacking, particularly those that are trans-led or built on anti-oppression or intersectional frameworks.

## 06. GRASSROOTS MOVEMENT AND RESOURCE BUILDING

Efforts to build bridges between trans and detrans people are hindered by anti-trans organizing due to microaggressions or hostility, encouragement to work with anti-trans groups or practitioners, and/or conflicts in political views. This makes it challenging for trans-led grassroots groups to network with detrans people based on shared needs, as current detrans-led groups often have links (whether known or unknown) to lobbying groups targeting trans rights.[131] This is also changing as more trans-led organizations build detransition supports into their programs.



## WHEN EX-TRANS WORLDS COLLIDE

**Trans and detrans health liberation advocates are facing a new era of targeted conversion efforts. What do we do?**

Ideologically motivated detransitioned activists joined forces over the summer with leaders of ex-LGBT ministries to target class action suits demanding equitable health coverage for trans people in Arizona. Filing an amicus brief on July 7th,[1] notable figures such as Keira Bell, Sinéad Watson, and Carol Freitas collaborated with Kathy Grace Duncan of Portland Fellowship, a group that has been under fire for practicing faith-based conversion therapy on gay and trans people.[2] The brief was filed alongside one from Society for Evidence Based Medicine (SEGM), whose membership is closely linked with conversion therapy groups and practitioners.[3] The collective effort signals an organized attempt to undermine access to gender affirming care in ways that leave both trans and detrans people with limited medical or psychological support, all while conversion efforts towards trans people are on the rise.





Class action suit *D.H. v Snyder*, led by the National Center for Lesbian Rights (NCLR) and the National Health Law Program (NHeLP), was filed against the Arizona Health Care Cost Containment System (AHCCCS) on August 6th, 2020 on behalf of “John Doe”, 15, and D.H., 17.[4] Together they represent “at least 100 Arizonans” under age 21[5] whose clinicians have determined that chest reconstruction (hereby referred to as top surgery) is medically necessary for their well-being. The claimants challenge Ariz. Admin. Code R9-22-205-B.4(a), which has excluded Medicaid coverage of “gender reassignment surgeries” such as top surgery since 1982. The district court denied a motion for preliminary injunction, which is in the process of being appealed while the original case is in discovery.

D.H., like many transmasculine and AFAB nonbinary people, wears a binder to deal with chest dysphoria. The pain from binding interferes with his ability to dance and do schoolwork, which top surgery would alleviate in addition to the dysphoria. In an interview with AZ Central, legal counsel and NCLR’s director of the Transgender Youth project Asaf Orr stressed the need for equitable access to screening, diagnosis, and treatment for trans youth such as D.H.: “AHCCCS is excluding our clients from coverage and causing them to experience really significant physical and mental health issues as a result of that and ultimately causing them to develop more intractable conditions that need to be treated later with physical therapy or mental health treatments or other things that otherwise wouldn’t be necessary.”[6]

This case coincides with two other thematically-related cases: *Toomey v Arizona*, a suit led by American Civil Liberties Union (ACLU) Arizona, and *Being v Crum* in Alaska. *Toomey v Arizona* also challenges coverage exclusions for trans health care, this time impacting trans state employees or the trans children of state employees given health coverage by the State of Arizona.[7] *Being v Crum*, like *D.H. v Snyder*, challenged discriminatory exclusion of trans health coverage by the Alaska Department of Health and Social Services (ADHSS).[8] As of publication *Toomey v Arizona* is in discovery, with a Motion for Preliminary Injunction under advisement.[9] Meanwhile, claimants in *Being v Crum* ultimately prevailed; Alaska Medicaid began covering gender affirming care as of July 25 after settling.[10]

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## THE PETITIONERS: WHO ARE THEY AND WHAT ARE THEIR MOTIVATIONS?

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Six detransitioned women filed as amici in the brief, the following of which have been active in detransition activism or faith-based gender identity change efforts: Keira Bell (UK), Sinéad Watson (Scotland), Laura Reynolds (US/Austria), Kathy Grace Duncan (US), and Carol Freitas (US). Freitas represented both herself and US-based advocacy group DetransVoices.org as its co-founder. The collective were represented by Mary E. McAlister of Child & Parental Rights Campaign (CPRC). Within, the amici use their negative experiences with transition to argue that the AHCCCS should maintain its coverage exclusion of transition-related surgeries.

### MARY E. MCALISTER (CHILD & PARENTAL RIGHTS CAMPAIGN)

McAlister co-founded CPRC with law partner Vernadette Broyles in 2019 as a coordinated legal effort to “guard [...] children against the harms of gender identity ideology[.]”<sup>[11]</sup> Presently she serves as their Senior Litigation Counsel.<sup>[12]</sup> Prior to her involvement with CPRC, McAlister worked as Senior Litigation Counsel at Liberty Counsel, an evangelical Christian firm where she made a name for herself with her vow to “stop the satanic sexualization of [...] children and the destruction of the family”.<sup>[13]</sup> Her work with Liberty Counsel led to an interview on “USA Survival” with Cliff Kincaid in 2018. A far-right political commentator, Kincaid has advocated for a “Quit Gay Sex” campaign across media outlets, as well advocating in favor of the “Kill the Gays” Ugandan bill in 2010 using the arguments of anti-gay pastor Scott Lively prior to the bill’s nullification and subsequent revival.<sup>[14][15]</sup> During her interview with Kincaid, McAlister asserted that “[w]e’re in a spiritual battle [*meaning: against Satan and his minions*] [...] These are the principalities that have taken over and they aim at destroying our children, destroying our families and destroying our society in order to have their own rules in place, or lack of rules in place. [...] [I]t very much comes from the Enemy.”

Liberty Counsel is reputed for spreading misinformation through public appearances and court cases about the nature of and harms done by conversion therapy, which McAlister has herself contributed to.<sup>[16]</sup> During an interview with Janet Mefferd of American Family Radio, McAlister asserted that “what they [*meaning: survivors of conversion therapy and change efforts*] are saying is conversion therapy [...] just does not occur by anyone who is a reputable, particularly a Christian faith-based, counselor. What they engage in is talk

therapy.”[17] This is the same argument she used in 2014 as counsel for *Pickup v Brown*, which challenged the California Senate bill SB1172 banning conversion therapy for youth 18 and under.[18] Representing the National Association for Research and Therapy of Homosexuality (NARTH), NARTH’s founder and president Joseph Nicolosi, and conversion therapy practitioner Christopher H. Rosik among others, McAlister and Liberty Counsel founder Mathew Staver argued in their petition to the US Supreme Court that their counseling is speech protected by the First Amendment:

*“Counselors comply with the standards that regulate their practices by providing clients with all available treatment options, explaining the advantages and disadvantages of each, and, only after obtaining the informed consent of the clients and their parents, beginning the agreed upon course of counseling. [...] That counseling consists solely of speech.” [p. 7]*

Gabriel Arana, a survivor who received therapy from Nicolosi as a teenager at the urging of his mother, described how that “speech” distorted his thinking in ways that put him in conflict with his parents and friends. Eventually, the impact of Nicolosi’s interventions left Arana feeling suicidal long after having broken off contact.

**“[I]n the spring of my sophomore year, the disparate parts of myself I had managed to hold together-the part of me that thought being gay was wrong, the part that slept with men anyway, the part of myself I let the world see, and the part that suffered in silence-came undone. I slept in 20-minute spurts for two nights, consumed with despair. I eyed the prescription bottles on my dresser with anxious excitement. I had reached a point at which I feared myself more than what would happen if I were gay.” [19]**



As his mental well-being continued to deteriorate, he sought help from Yale's dean, leading him to be hospitalized at Yale Psychiatric Hospital. Yet despite experiences like Arana's and countless others, Liberty Counsel again challenged California's ban efforts in 2018, representing Rosik and ideological detransitioner Walt Heyer of Sex Change Regret in attempts to prevent California from banning the sale or distribution of goods promoting conversion therapy.[20] This was part of a nationally coordinated effort, as Liberty Counsel has also challenged conversion therapy bans in New Jersey,[21] Virginia,[22] and Florida.[23]

McAlister also serves as the President and Director of the Reisman Institute, where she co-authored several publications with Judith Reisman prior to Reisman's passing earlier this year.[24] In one such publication, Reisman and McAlister asserted that they were "working with Liberty Counsel and a nationwide network of parents, legislators and other leaders" to target sex education resources and anti-discrimination guidances in public schools.[25] An example of this is the brief representing Reisman in Virginia restroom discrimination case *Grimm v Gloucester County School Board*,[26] where McAlister and Staver argued that "[i]njecting the confusion and conflict of gender identity into the educational environment will assault and reshape the plasticity of undeveloped young brains with undefined, discordant concepts such as "gender identity" and "gender expression" in conflict with biological reality." [p. 24] Using a variety of dubious citations such as those from Michelle Cretella and Paul McHugh of American College of Pediatricians (ACPed), as well as Walt Heyer, the brief repeatedly asserted that including trans youth in anti-discrimination guidances put them on a permanent medical pathway to transition that children were incapable of consenting to. Despite such efforts, Gavin Grimm ultimately won his case earlier this year.[27]

## **KEIRA BELL**

Keira Bell rose to fame after taking over the UK case *Bell v Tavistock*, where she and her legal counsel argued that youth under 16 are unable to consent to transition-related care. The case hinged on her experiences with Tavistock's Gender Identity Development Service, where she was referred to undergo treatment with puberty blockers at 16, testosterone therapy at 17, and top surgery at 20.[28] Her legal team came under heavy scrutiny when it was discovered that Paul Conrathe, her solicitor, had ties to Alliance Defending Freedom (ADF)

International and represented anti-abortion cases challenging Gillick competency in a similar manner to *Bell v Tavistock*.<sup>[29]</sup> Financial analysis by Trans Safety Network illustrated how Conrathe used “gender critical” legal crowdfunding to fund groups and individuals affiliated with the Christian Right.<sup>[30]</sup> Further analysis revealed that not only was their panel of expertise ill-fit for the case,<sup>[31]</sup> but one expert witness (Paul Hruz) is on the ADF’s go-to list for challenging trans rights.<sup>[32]</sup> Bell and her solicitor also sought to intervene in the medical treatment of a 15 year old trans girl receiving puberty blockers.<sup>[33]</sup> While Bell originally won her case in December of 2020, she lost the appeal on September 17th.<sup>[34]</sup>

During the appeal process, Bell became one of the co-organizers of the #DetransAwarenessDay campaign on March 12th alongside fellow amici Sinéad Watson and DetransVoices.org, as well as Post-Trans, Detrans Canada, and the Twitter Detrans Voices project.<sup>[35]</sup> The campaign was quickly criticized for falling into “ex-trans” narratives that attracted white supremacist media coverage.<sup>[36]</sup>

## SINÉAD WATSON

Sinéad Watson is a detransitioned woman from Scotland who has been featured on BBC Scotland’s *The Nine*.<sup>[37]</sup> She was one of the co-organizers of the #DetransAwarenessDay campaign<sup>[35]</sup> and serves as an advisor for the parent advocacy group Genspect.<sup>[38]</sup> Genspect is led by Stella O’Malley, who has also founded the Gender Dysphoria Support Network (GDSN) and is a founding member of Thoughtful Therapists alongside James Esses and James Caspian.<sup>[3]</sup> Like McAlister, O’Malley has also claimed that talk therapy isn’t used as a form of conversion therapy, a fact contested by research from international experts on conversion practices. Watson, in her advocacy to oppose the proposed conversion therapy ban in Scotland, reiterated O’Malley’s claims and argued that “if exploratory talk therapy is deemed conversion therapy, it’s not a kindness and will result in countless others like myself who have been harmed[.]”<sup>[39]</sup> She also serves as the advisor for the Gender Dysphoria Alliance, a peer-run group comprised primarily of trans men who advocate for higher restrictions on transition-related care.<sup>[40]</sup> Gender Dysphoria Alliance was denounced by No Conversion Canada and University-Rosedale Greens for its claims that Green Party electoral candidate Tim Grant signed their “pledge” opposing conversion therapy bans that cover talk therapy.<sup>[41]</sup> The claim was initially repeated by Genspect,<sup>[42]</sup>

though it has since been corrected.

Prior to her detransition, Watson was a transmedicalist YouTuber who went by the pseudonym “Yorick.” In previous videos she asserted that by supporting their children in exploring their identities, parents (particularly mothers) of trans youth are perpetrating child abuse.[43] She has also confessed to “enjoying a lot of [the] content” of the alt-right YouTubers Steven Crowder, Dave Cullen/Computing Forever, and Black Pigeon Speaks, though she took issue with their interviews with Walt Heyer. In her video “Let’s Talk About Sex Reassignment Regret,” she rejected Heyer’s use of his personal story to oppose trans health care.[44] Calling attention to the fact that Heyer is not a licensed professional who’s “status as a rehabilitated trans person is paying well[,]” she expressed frustration at how “the anti-trans movement is treating him as a poster boy and probably raining praise on him.” This opens questions about her recruitment of legal counsel that frequently cites him, including within the very brief they filed, to help her oppose trans health coverage in Arizona.

## **KATHY GRACE DUNCAN**

Kathy Grace Duncan is a Christian “ex-trans man” who attended the 1993 Exodus national conference after a series of spiritual encounters. She describes her path to Christ on Portland Fellowship’s website,[45] a journey which started with the encouragement from the daughter of a family she was living with to attend their church youth group. Duncan approached the altar during an altar call with a drive for a “changed life,” and upon being outed as a trans man by a church member, she was confronted by the church leadership who asked her to leave. Her passion to connect with God became stronger, and she joined another ministry where she eventually became the men’s small group leader in their junior high ministry and men’s leader in the singles ministry. She was again confronted by the new ministry’s pastor, where she confessed that she was “a woman living as a man.” Stopping testosterone, she went through the 10-month program at Portland Fellowship after meeting their women’s leader, leading up to her attending the Exodus conference that summer.

Duncan now serves as the Chairwoman of the Board[46] and the Women’s Ministry leader at Portland Fellowship.[47] Portland Fellowship describes her as “one of the



teachers for the Taking Back Ground Online series, [where she] leads women's small groups and facilitates discussion groups for the weekly TBG meetings." While Portland Fellowship purports that they "do not practice reparative (or conversion) therapy, as those goals and methodologies differ from [their] stated goals",<sup>[48]</sup> this is contradicted by LGBTQ community members who went through their program[s]. One community member, Norman Birthmark, shared how attending Portland Fellowship's meetings "shot [his] confidence." When the Taking Back Ground program wasn't working for him, its leaders told him that he needed to pray for more faith. "They don't take responsibility for the outcome. If you're not successful, it's because you didn't try hard enough or you tried too hard."<sup>[2]</sup>

Duncan has appeared on the Focus on the Family Broadcast alongside with Walt Heyer. Within, she posits that "homosexuality, transgender, all those [...] sexual identities are actually a place of brokenness and we're seeing the fruit of that place of brokenness. And so, if you can [...] take the sin label off and look at them this, right here, is because it's pain and it's brokenness [...] and we need to address the brokenness before we can address the identity issues."<sup>[49]</sup> This idea of "brokenness" is what the Taking Back Ground program is built upon, with their workbook first trying to "[uncover] the roots" of homosexuality that, ultimately, must be denounced through a new dedication to Christ.<sup>[50]</sup> According to Portland Fellowship, queer and trans people can only be free if they "[grow] into Christian maturity"<sup>[51]</sup> and suppress themselves to live as straight or cisgender.

## **LAURA REYNOLDS**

Laura Reynolds is a detransitioned woman who transitioned and detransitioned in the 2000s. Originally from the US, she took up residency in Austria in 2015 because she "believed the transgender ideology to be a uniquely American phenomenon" that wouldn't be part of Austrian culture.<sup>[52]</sup> She connected with detransitioned women in 2019,<sup>[53]</sup> where she began making videos, doing interviews, and organizing with international activists to oppose trans health care access for youth. She was the founder of the "Detransitioners Anonymous" self-help group<sup>[54]</sup> that was built from the framework of Alcoholics Anonymous and ran from February to May 2020.<sup>[55]</sup>

Another manifestation of her international organizing is with the "Message of

Hope” that she arranged with five “anonymous” detransitioned women.[56] Pitched after the original *Bell v Tavistock* ruling, Reynolds coordinated with DetransVoices.org and Grace Lidinsky-Smith of Gender Care Consumer Advocacy Network (GCCAN) to publish letters to trans youth in England and Wales who found themselves without medical care.[57] This effort was criticized after contributors were found to have been celebrating the ruling at the youth’s expense.[58]

Along similar lines as McAlister and Watson, Reynolds believes that “most mothers of ‘trans’ toddlers are pedophiles”[59] and that transition for trans youth is intended to “make them more like children”[60] to fulfill the pedophilic fantasies of their parents.

## CAROL FREITAS (DETRANSVOICES.ORG)

Carol Freitas is a self-described “transition abolitionist”[61] whose experience led her to view “transition [as] harmful to the body & the mind.”[62] This view plays out in a wide range of activist efforts, including becoming the Detransitioner Peer Group Coordinator of LGB Alliance US.[63][64] She was also one of the co-organizers of the #DetransAwarenessDay campaign, and when Health Liberation Now! called on them to denounce the far right coverage because of the harm it posed to trans and detrans people, her project DetransVoices.org asserted that they “believe its important that this day stays politically neutral[.]” Freitas later emerged under her own account to state that they “are not affiliated with any left or right wing extremist groups.”[65] Other notable activism efforts include promotion of anti-trans protests and the propaganda they film outside pediatric clinics, coordinating harassment of California Senator Scott Weiner to undermine SB 132,[66] and trolling LGBTQ resources by dispersing the detransition booklet by Post-Trans while encouraging others to do the same.[67][68]

Like Watson, Freitas has a history of contradictory behavior in terms of allegiances compared to her public statements, largely at the expense of detrans people in need of psychological or medical support attached to trans health services. She noted that “[d]etrans people need medical help, mental health help & all support that trans identified people do[.]”[69] a need which in turn would be impacted by Arizona upholding its exclusion of transition-related surgeries should

a detrans person need coverage for reconstruction surgery. Such contradictions leave a gap in support for detrans people in trans health systems, which DetransVoices.org acts to fill by promoting O'Malley's work through Genspect and GDSN.[70][71] In turn, DetransVoices.org is listed as a resource on Genspect alongside CPRC[72] and in the resource pack distributed internally by GDSN. Freitas has also commented previously that she would not work with religious conservative groups,[73] which is contradicted by retaining affiliates of CPRC and Liberty Counsel as legal counsel.

### HONORABLE MENTION: SOCIETY FOR EVIDENCE BASED GENDER MEDICINE

A complimentary amicus brief was filed by Society for Evidence Based Gender Medicine (SEGM), an international anti-trans clinical group founded by Roberto D'Angelo (AU) and William Malone (US) that is comprised of "over 100 clinicians and researchers[.]"[74] They have recently been exposed for receiving large, anonymous donations making up \$58,500 of the \$78,981 in their crowdfunding efforts with no financial transparency, as well as their members having strong links to conversion therapy groups and making up a hefty proportion of the team of Genspect.[3] When not filing briefs or position statements as a collective, SEGM and affiliated clinicians are routinely cited in a range of court cases or legislative efforts or said clinicians will file them independently. Examples include but are not limited to: *Bell v Tavistock* in the UK,[75] the UK reform of the Gender Recognition Act,[76] *Brandt et al v Rutledge et al* in Arkansas,[77][78] and the US Court of Appeals case *Hecox v Little* in Idaho.[79]



Carol Freitas retweets an interview of a protester posted by ThinkingIsHere, a Twitter account circulating videos and images of anti-trans clinic protests from Joey Brite's Pull Back The Curtain campaign. Text reads: "Join us as a movement to STOP MEDICALIZING YOUTH! #pullbackthecurtain #canigetawitness @Muttmere1 @Skeptical\_Mom @Mom2004hms #sexnotgender @gender\_apostate @GenderMapper"

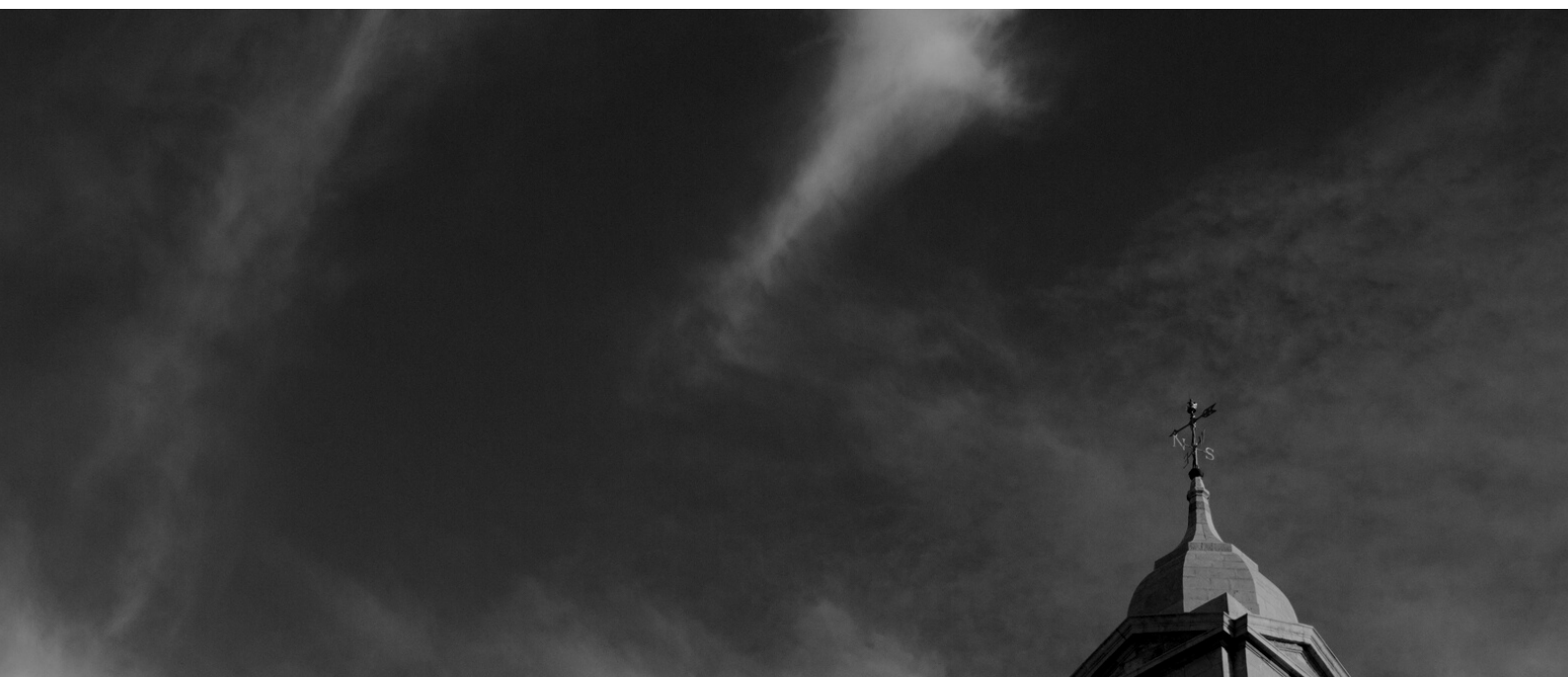


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## DISINFORMATION AND TRAGIC NARRATIVE ARGUMENTS 15 TO REPLACE MEDICALLY NECESSARY CARE WITH CONVERSION THERAPY

The brief follows the same strategy that has become the bread-and-butter approach in filings such as *Bell v Tavistock* and *Pickup v Brown*. Narratives are shaped through hyperpartisan sources chosen to undermine the social credibility of the opposition, which are then further “proven” through a careful selection of personal testimonies that barely relate – if at all – to the arguments made. This strategy isn’t the most effective legally, as it relies on appeals to emotional outrage that fall apart under scrutiny, but is highly effective at fueling culture wars that need to draw broad support. The goal, in this instance, is to create an emotional appeal for more gatekeeping of transition-related care that funnels trans youth into “exploratory psychotherapy” (i.e. conversion therapy) in hopes that they “desist.” Like in *Pickup v Brown*, McAlister uses a handful of “clients” that either benefited from or who state they needed therapy to argue broadly for continued use of conversion practices.

McAlister and her colleagues lay the framework by attacking the authority of the World Professional Association of Transgender Health (WPATH), the 7th version of their Standards of Care (SoC7) along with other clinical guidelines, and how the SoC7 is used in practice. They posit that clinical practice guidelines such as the WPATH SoC7 and guidelines from the Endocrine Society are based on poor quality evidence and are thereby “built on ideology instead of science[.]”[1, p. 7] Supporting citations involve a systematic review of international clinical practice guidelines for trans health, released earlier this year, and a partisan report by



Canadian Gender Report. Canadian Gender Report spends a considerable amount of effort targeting conversion therapy ban efforts in Canada, including Bill S-202[80] and Bill C-6,[81][82] as well as coordinating the recent attempts to influence the Canadian federal election.[83] Additional citations include reports by SEGM, as well as publications by Paul Hruz from *Bell v Tavistock* and SEGM affiliates William Malone, Roberto D'Angelo and Julia Mason.

As it makes these arguments, the brief leaves out the fact that the 8th version of the WPATH SoC is currently in development in response to advances in research and using new systematic review requirements. It is expected to be released by the end of 2021.[84] It also fails to note that the citations used by Canadian Gender Report to prove WPATH's capture by activists involve: a link to the Wikipedia page of Jamison Green, who was the WPATH president for a mere two years out of the organization's 42-year long existence; and a video of an open circle of trans USPATH 2017 attendees discussing how little of a voice they actually had compared to cisgender clinicians.[85] This point is further emphasized by other trans professionals such as Ruth Pearce, who shared how "the cis-centric atmosphere of [WPATH 2018] felt like a slow, painful, constant grind" that involved routine microaggressions, objectifying research, and several posters and PowerPoints fixated on trans and intersex people's genitals.[86] The pervasive lack of trans representation in leadership, respect and accurate portrayal in research and presentations, and collective voices within WPATH led to the formation of the Transgender Professional Association for Transgender Health (TPATH).[87]

The brief later asserts that "the contents of the WPATH guidelines exhibit bias in favor of medical and surgical interventions as opposed to psychotherapy directed at underlying causes[.]"[1, p. 12] referencing the fact that therapy requirements prior to surgery were removed at the expense of the filing amici. This is disingenuous: the guidelines suggested for trans youth are already extensive, including therapy and assessment that can stretch over the course of years. The following are just some of the roles mental health providers for trans youth can fill:

*“Provide family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.*

*[...]*

*“Assess and treat any coexisting mental health concerns of children or adolescents (or refer to another mental health professional for treatment). Such concerns should be addressed as part of the overall treatment plan.” [88, p. 14]*

There's advisement on assessment:

*“Assessment of gender dysphoria and mental health should explore the nature and characteristics of a child's or adolescent's gender identity. A psychodiagnostic and psychiatric assessment – covering the areas of emotional functioning, peer and other social relationships, and intellectual functioning/school achievement – should be performed.” [p. 15]*

The SoC7 also differentiates between social and medical transition in terms of guidelines.

*“Before any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken, as outlined above. The duration of this exploration may vary considerably depending on the complexity of the situation.” [p. 18]*

These sections are among those under review for version 8. In a presentation by the WPATH Standards of Care 8 Child Chapter Working Group, the presenters addressed several key points to allow for youth to explore their gender expression, without pressure in either direction, while still providing mental health support for youth interested in medical transition.[89] Critically, they acknowledge the fact

that gender is fluid for some youth, and thus advised that “not fixate on pathology or force ‘transgender’ onto gender expansive children” but rather meet them where they’re at as they come to understand their gender in their own time.

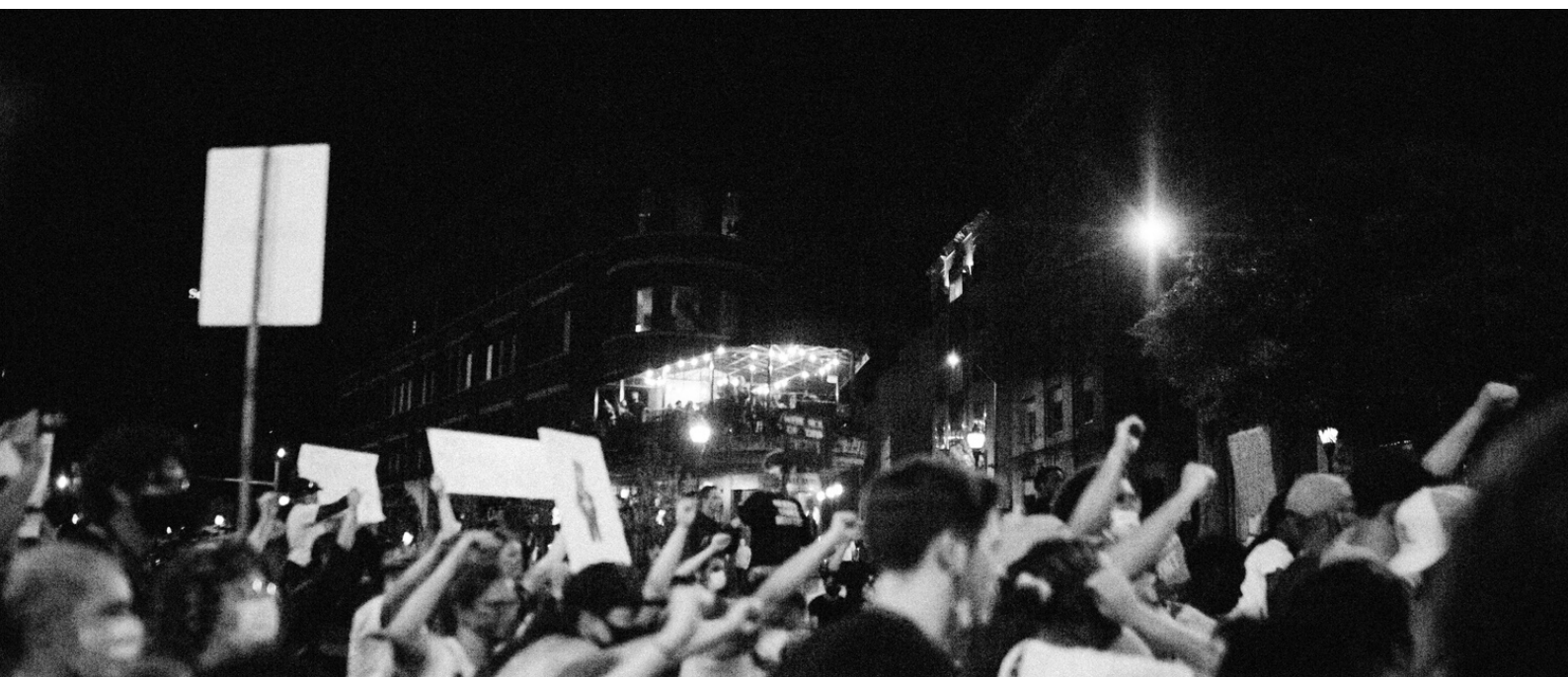
This option, which would offer support for any gender diverse youth, doesn’t seem to be enough for the petitioners. The heart of the brief hinges on the testimonies of the amici, all of whom received top surgery as legal adults, as well as a single Newsweek opinion article written by GCCAN President Grace Lidinsky-Smith after her appearance in 60 Minutes. Each narrative is framed by McAlister through the lens of tragedy and disfigurement, fast tracked through medical transition without exploration, all with the same conclusion that their experiences could have been avoided with “exploratory psychotherapy”. This in turn compliments the brief filed by SEGM, which used the debunked concept of “rapid onset gender dysphoria” (ROGD) to advocate for the very kind of “exploratory psychotherapy” that many of their members just so happen to provide.[3] The pervasive use of ROGD in trainings, academic publications, and legal filings has been denounced by the Coalition for the Advancement of Psychological Science, emphasizing both its lack of empirical support and common justification for conversion efforts towards trans youth.[90]

The brief fails to reconcile the fact that the amici would have been treated under adult guidelines unlike those represented by *D.H. v Snyder*, who have already been assessed by clinicians over several years. This is a serious disservice not only to the trans youth, who are already subject to heavy social and clinical scrutiny just live as themselves, but also to detrans people. Instead of their traumatic experiences being taken seriously and given the needed support that’s unique to their specific circumstances, detrans people are used as a political bludgeoning tool by the Christian Right and the latest wave of predatory clinicians in an ongoing culture war against trans people’s very right to exist. And now, the very spokespeople that are supposed to be advocating for them are leading them right into it.



The brief filed is yet another manifestation of the long-standing anti-LGBTQ culture war spreading internationally, in part thanks to the efforts of Liberty Counsel. Along with his wife and Liberty Counsel's President Anita Staver, Mathew Staver made a name for himself through various challenges to civil unions in the early 2000s. Shortly afterwards, they filed an amicus brief to the Supreme Court asking them to uphold the anti-sodomy law in Texas, with the notion that repealing such laws was part of "the homosexual agenda" designed to erode the fabric of society.[91] This set Liberty Counsel up for partnering with Parents and Friends of Ex-gays to launch the "Change is Possible" campaign, as well as the publication of Mathew Staver's 2004 book *Same-Sex Marriage: Putting Every Household At Risk*. [92] They have been active opponents to marriage equality, particularly in California, ever since.

Staver, and with him McAlister, placed a particular emphasis on ex-gay narratives and associated conversion practices as proof that it was possible to leave what he viewed as a destructive, addictive lifestyle. So much so that Liberty Counsel found themselves embroiled in a child kidnapping scandal: with Staver and another colleague serving as counsel, former lesbian Lisa Miller of *Miller v Jenkins* in 2009 took shelter with her daughter in Nicaragua after repeatedly denying her former partner court-appointed visitations. The vacation rental Miller and her daughter stayed in was owned by Philip Zoghiates, the father of a young woman who worked as an administrative assistant at Liberty School of Law. Staver served as the School of Law's Dean at the time.[93] Miller returned to the US this February,



turning herself into federal custody.[94]

The battles raged on. Liberty Counsel sought to intervene during the fight for Prop 8, though it was opposed by Alliance Defense Fund, the ADF's predecessor.[95] Then, the previously mentioned landmark case *Pickup v Brown* in 2012, as Staver and McAlister tried to keep conversion therapy for minors legal in California. That same year they picked up the case of Scott Lively, who was being sued by Sexual Minorities Uganda for his role in drafting the "Kill the Gays" bill alongside bill sponsor David Bahati, a member of the secretive Evangelical network known as "The Family.[96][97] In 2015, Liberty Counsel threatened to sue Mt. Horeb Area School District over a reading of *I Am Jazz* as they felt it would "[teach] their children about a psychological and moral disorder about which they believe their children are too young to learn" and "[disturb] children who will now falsely believe that one can choose one's gender[.]"[98] The book reading was initially canceled but inspired readings throughout the country.[99] They also claimed credit for drafting several of the infamous "bathroom bills" that spread starting 2016, which sparked question as to whether or not Staver was trying to use them to spark outrage to undermine gay marriage given him and McAlister representing Kim Davis that same year.[100][101]

The thing about Liberty Counsel is that, like so many organized transphobic groups, they spend little time and money into actually winning the cases they file. Instead, the funding goes into shaping the social narrative via "grassroots" efforts that are anything but. During the *Pickup v Brown* case defending NARTH and Nicolosi, Liberty Counsel invested \$1.4 million into independent contractors such as Grassroots Action and Envision Marketing for marketing, email and phone bank services, and temporary staffing. Another \$777,704 went towards educational emails and media, and \$429,548 towards unspecified "conferences, conventions, and meetings." In contrast, a mere \$105,487 went towards cases that tax year. [102] Legally, they were doomed for failure. Among their conservative, anti-LGBT, and ex-gay and conversion therapy base, they were a slam dunk.

A key example of this is their suit against the School Board of Fairfax County, representing Andrea Lafferty of Traditional Values Coalition and an anonymous student ("Jack Doe"). They alleged that revisions to the school board's anti-

discrimination policy in 2014 and 2015 caused “Jack” distress because he couldn’t know if there was a trans man in the bathroom with him. The Virginia Supreme Court called their bluff, seeing as there was no evidence that there was even a trans student at the school with “Jack.”[103] The case was, again, destined to fail but had disastrous consequences elsewhere. It was the primary motivator behind the “divide and conquer” strategy described by Meg Kilgannon at Value Voters Summit in 2017. Using the work of Liberty Counsel and the *Lafferty et al v. School Board Of Fairfax County* case as a launching point, Kilgannon articulated her strategy for undermining gay rights by splitting off the T:

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*“Trans and gender identity are a tough sell, so focus on gender identity to divide and conquer. [...] [G]ender identity on its own is just a bridge too far. If we separate the T from the alphabet soup we’ll have more success.”*

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She went on to list potential allies, ranging from cis women, cis athletes who don’t want to compete with trans people, sexual assault survivors, children with anxiety disorders, and more.[104]

This strategy spread rapidly, with new groups, suits, and hit media pieces cropping up across the globe. Part of the anti-gender movement in Europe, coordinated efforts target gender equality, LGBTQ rights, reproductive rights, and migrant liberation movements through a network of “right-wing populists, ultra-nationalist extremists, and anti-egalitarian movements [...] which are worming their way into public discourse.”[105, p. 9] And it has help: a report by the European Parliamentary Forum for Sexual and Reproductive Rights found that from 2009 to 2018, the US ranked among the top three funders for the anti-gender movement in Europe with donations totaling \$81.3 million.[106, p. 12] Most notably, spikes occurred during 2013-2014 and a rebound from 2016 onwards – right during the rise of US bathroom bills and the 2016 presidential election. Among the top ten funding organizations originating from the US include: American Center for Law and Justice (ACLJ), ADF International, Billy Graham Evangelistic Association, Heritage Foundation, the Federalist Society, and Leadership Institute.

## TOP 10 US CHRISTIAN RIGHT ACTORS IN EUROPE


US Anti-Gender Actors	Presence in Europe	Total spend from 2008 to 2019
Billy Graham Evangelistic Association	Office in United Kingdom, Prayer 'crusades' across Europe	USD23.8 million*
ADF International	Offices in Brussels, Geneva, London, Strasbourg, Vienna	USD23.3 million
ACLJ: ECLJ, SCLJ & Oxford	Offices in London, Moscow, and Strasbourg	USD15.7 million
The Federalist Society	Via European partners	USD5.9 million
Human Life International	Office in Rome, Via European partners	USD4 million
Cato Institute	Via European partners	USD3 million
Acton Institute for the Study of Religion and Liberty	Office in Rome	USD2.3 million
World Youth Alliance	Office in Brussels	USD1.4 million
Heritage Foundation	Via European partners	USD1 million
The Leadership Institute	Via European partners and workshops in Europe	USD0.8 million

*Data from Tip Of The Iceberg: Religious Extremist Funders against Human Rights for Sexuality and Reproductive Health in Europe 2009 – 2018, p. 15*


Yet what isn't readily known about this network of US Christian Right funders is that several also have high ranking members who are members of the Council for National Policy. The Council for National Policy has been described as a secretive organization that "networks wealthy right-wing donors together with top conservative operatives to plan long-term movement strategy."<sup>[107]</sup> They've played major roles in influencing US politics to shift rightwards, plus expanding that into international policy and fundraising. According to leaked membership documents from September 2020, the Council for National Policy includes in its ranks Colby May, Senior Counsel and Director of ACLJ; Father Robert Sirico, the co-founder and President of Acton Institute; Tom Phillips, the Vice President of Billy Graham Evangelistic Association; Bridgett Wagner, Vice President of Heritage Foundation responsible for policy promotion; Eugene Meyer, President



of Federalist Society; and Morton Blackwell, founder and President of Leadership Institute.[108] Mathew Staver from Liberty Counsel has also been recognized as a long-standing member alongside Sirico, Meyer, and Ferris, stretching 25-30 years as of September 2020. Presently Staver serves on their Board of Governors alongside Blackwell.

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*Council for National Policy membership profile of Mathew D. Staver, Esq. Listed as part of their Board of Governors.*

<p><b>The Honorable Morton C. Blackwell</b>  <i>Board of Governors Member</i>  <i>CNP Executive Committee Officer</i></p> <p><b>Work</b>          Founder and President          Leadership Institute (LI)          1101 North Highland Street          Arlington, VA 22201</p> <p><b>Contact Information</b>          Work Phone:</p>	 <p>The Honorable Morton C.          Blackwell          Founder and President          Leadership Institute (LI)</p>
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*Council for National Policy membership profile of the Honorable Morton C. Blackwell. Listed as the CNP Executive Committee Officer and part of their Board of Governors.*

Cases like *Bell v Tavistock*, and the subsequent briefs by ideological detrainers and SEGM, are simply the latest in a long-running strategy to take the experiences of ex-LGBT “survivors” and their counselors (faith-based or not) to target any efforts towards liberation. Past efforts to challenge bans on conversion therapy for sexuality have failed, so now that the social conversation has switched to trans youth they’re using their old propaganda tricks to get it in through the back door. This has consequences not just for queer and trans liberation in the US but globally. McAlister might not be with Liberty Counsel anymore, but she’s carrying their torch with pride. The fact that big-name anti-trans detrainers are helping her do it will have profound effects for trans and detrainers people alike.

The brief described here is unlikely to have any direct, noticeable impact on the outcomes of *D.H. v Snyder*. However, there are other areas where such allegiances could impact trans and detrans people: research, policy and legislation, health coverage, medical supports, therapeutic supports, and grassroots movement and resource building. Some are already evident, whereas others are more prospective.

### RESEARCH

Research into trans health has been rocky, particularly when it comes to understanding detransition or the impact of conversion practices. Transfeminist researcher Rowan Hildebrand-Chupp detailed how the body of research surrounding detransition “primarily studied detrans as a negative clinical outcome to be avoided[,]”<sup>[109]</sup> limiting its effectiveness in developing supports for long-term needs. To counter this, Hildebrand-Chupp recommends putting resources into research aimed at supporting detrans people and their material needs instead of attempting to prevent detransition. However, to date the only study done on the needs of detrans people was done by a founder of Post-Trans, who recruited within trans-antagonistic groups and partnered with Rethink Identity Medicine Ethics to distribute their booklet. Similarly, research by therapists have been precarious; James Caspian, who initially sought to do a detransition study through Bath Spa University, was denied by the IRB due to ethical and privacy concerns.<sup>[110]</sup> Caspian went on to retain Christian Concern, a UK firm known for its anti-abortion cases and promotion of conversion therapy, as counsel to challenge the blocking of his research. Such efforts pollute the pool of scientific knowledge, making it all the



harder to produce quality research that can shape supports for people who stop or reverse their transition for any reason. As for other related areas of trans health, research into things like conversion practices targeting trans people is lagging behind. A report by the Independent Expert of the United Nations Human Rights Commission found that the majority of research focused on conversion practices is centered on gay or bisexual men, with little to no research dedicated to lesbians, bisexual women, or trans people.[111] This despite the fact conversion practices are deeply embedded into the history of trans health, particularly when it comes to youth.[112] When research is done, the researchers may find themselves bombarded with trans-antagonistic pile-ons, harassment at their place of employment, and “open letters” hosted by anti-trans groups that keep the flow of hate going.

## **POLICY AND LEGISLATION**

Several anti-trans actors are attempting to influence legislative policy or legal cases in attempts to roll back trans health, using detransition and “safeguarding” as justification. This contributes to the wealth of anti-trans bills spreading throughout the US, most of which target trans youth.[113] One such bill in Arizona, SB 1511, sought to make providing trans health care to youth a felony.[114] Many of these efforts are rubber-stamped by groups such as the ADF and Heritage Foundation, members of the aforementioned Council of National Policy and regular collaborators with “grassroots” anti-trans groups.[115] This in turn pits smaller, locally organized trans coalitions who already face pervasive marginalization against the very machine shaping the playing field. Activists get burned out as they fight for their lives at home, in court rooms, and in legislative sessions all at once. In Texas, where over 40 anti-trans bills have been filed, trans advocates find themselves returning to legislative hearings again, and again, and again, as the onslaught against them continues.[116] It’s exhausting and means that the energy can’t be invested into building resources in the community to address people’s material needs.

Policy in turn shapes funding available for those local groups. For instance, domestic violence supports routinely face funding cuts that impact their ability to support local communities. Historically, resources with LGBTQ-focused programs have been scarce, despite high need and more satisfaction for LGBTQ survivors

than general supports.[117] Trans-inclusive policies in domestic violence supports have become a popular battleground for anti-trans groups, so allegiances among anti-trans actors targeting such policies in Republican-controlled areas can end up limiting funding for all survivors. Similarly, anti-trans groups often target organizations and individuals who fund LGBTQ resources in an effort to influence their long-term sustainability, particularly if they fund resources with trans-specific supports.

## **HEALTH COVERAGE**

Getting insurance coverage for trans health needs, whether it's transition-related or not, has been an uphill battle.[118] Even in cases where people are told that their insurance will cover it, they may find authorizations denied.[119] Some insurance policies, while they have opted to cover transition-related surgeries, will include new exclusions for "reversal" procedures. And that's supposing you have health insurance at all: nearly one in five trans people in the US have reported having no coverage and experiencing barriers to care due to cost.[120] In the case of Medicaid, only 23 states explicitly cover trans health care (plus D.C. and Puerto Rico), versus 17 states with no explicit policy. Ten states – Arizona included – have exclusions for transition-related procedures.[121]

Efforts to maintain exclusion policies for transition-related care ends up trapping trans and detrans people alike. On the economic side, procedures are profoundly expensive, prompting many trans people to crowdfund costs for surgery on GoFundMe and other sites. Similarly, a detrans person that feels they would benefit from reconstructive procedures would also have to fund them out of pocket. Seeing as LGBTQ populations face poverty at disproportional rates compared to cisheterosexual peers,[122] with further elevated rates among disabled and trans people of color, health care exclusions can trap people into long-standing economic disparity that in turn impacts their psychological and physiological well-being.

## **MEDICAL SUPPORTS**

Shifting the focus surrounding trans health onto tragic narratives can feed into provider bias that makes already challenging conversations even more stressful. There is already precedent for how this will play out: in 2015, Arizona lawmakers



passed a bill that prevented people assigned female from purchasing insurance that covered abortion on the federal health exchange.[123] Initially embedded in the restrictions was a requirement for providers to counsel their patients that they could “reverse” pill-based abortions in the event that they regretted it.[124] Of course, there was no actual evidence that such a reversal was effective or in high demand; the data came from a clinic and website operated by a pro-life gynecologist based out of San Diego and the group Arkansas Right to Life. Using a handful of case studies, the misinformation made its way into clinics and legislative guides. The “regret/reversal” advisement has since been removed, but Arizona still faces substantial restrictions on abortion access.[125] Both trans and reproductive rights advocates note that attacks on either is an attack on both, as conservative funders and lawmakers targeting trans health are often involved in anti-abortion politics and resources are routinely linked.[126] Campaigns targeting Planned Parenthood, one of the go-to resources for hormone therapy for trans adults, have been ramping up for years and it’s only going to get worse.

Beyond reproductive health, there’s also implications for follow-up care. Eli K., a detransitioned woman from Germany, wrote about how she struggled to access estrogen after detransitioning.[127] She described how her old endocrinologist’s attitude changed, shifting from support to discomfort and evasiveness upon coming to him for help. Trans people with complications from surgery have reported similar issues; surgeons may drop people during their follow-up routine or become hostile if they experience complications.[128] Complaints to licensing boards often go nowhere, and malpractice suits can be difficult to prove, fall outside of the statute of limitations, or be settled outside of court and sealed with nondisclosure agreements. In either instance, the rejection from a medical provider that was meant to be supportive can be profoundly traumatic. As can the experience of having that trauma weaponized by anti-trans actors. Increasingly, anti-trans resources mine forums, websites, blogs, and YouTube for negative experiences with trans health providers and cross-post them without consent. As hostility towards trans health grows, people struggle to get what they need from doctors and then struggle to warn their peers or find the support they need to recover.

## THERAPEUTIC SUPPORTS

An alarming trend is the rise in therapeutic supports advertised to detransitioned people or to trans youth that have connections to “gender critical” or conversion therapy groups. Part of this is linked to the promotion of ROGD. Groups or programs like Inspired Teen Therapy and GDSN, operated by SEGM members, promote what they call “compassionate exploration-based counseling” for teens and young adults built on ROGD frameworks. Florence Ashley cautioned that this was likely to occur, in part because of how politics has merged with trans health in the midst of increased medical support for trans youth. “The new, unsupported theory rapid-onset gender dysphoria is being used to oppose affirmative care for adolescents, and newspapers in the United Kingdom are attacking the national gender clinics for allowing youth to transition, despite their approach falling on the conservative side of trans health. After a steady decline over the past decades, trans reparative therapy may be heading toward a dangerous revival.”[129, p. 716] Those politics play out in the resources such providers create and the networks they establish. In the Gender: A Wider Lens podcast operated by Sasha Ayad of Inspired Teen Therapy and Stella O’Malley of GDSN and Genspect, the two describe their process of dealing with “very politicized” clients – as in, trans people who are secure in their identities – and winning over their trust so they can direct them to groups like GCCAN and DetransVoices.[130] This is after several years of shaping the narrative throughout media, academia, and legal briefs in what they call “a reasonable debate.”[131] The well was poisoned; now they can sell their antidote.

Part of the problem is the increased scrutiny that trans youth are put under. As mentioned previously, WPATH and other guidelines set up trans youth to go through years worth of therapy, a requirement that isn’t placed on adults even in cases where there’s no observable difference in developmental capacity to consent. Gatekeeping measures and efforts to prevent transsexualism have disproportionately impacted trans youth seeking care, often times embedded into the larger system of care as evidenced by Robert Stoller’s practice at the University of California.[112] Yet now that scrutiny is being expanded beyond adolescence. Increasingly, “exploratory talk therapy” is being promoted for trans people of any age prior to transition, often citing brain maturation. This is another

point of concern that Ashley had, as they noted that “recent years have seen a worrisome increase in clinicians seeking to justify extending reparative practices to adolescents and adults.”[129, p. 714] Several SEGM members advertise their services to adults as well as youth.

It also extends outside of clinic settings into peer support groups or communities. Ky Schevers described how her old community, which used radical feminism as its framework, twisted her thinking to reject her trans self.[132] During her detransition this led to feelings such as self-hatred, shame, suicidal thoughts, increases in dysphoria and dissociation, and a sense of micromanaging her internal life. After reclaiming her trans identity, she felt disoriented, contaminated, and grief and distress over the time she lost.[133] The UN Human Rights Commission Report on Conversion Therapy found similar, noting that “[t]he deep impact on individuals includes significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder, as well as often significant physical pain and suffering.”[111, p. 13]

The other problem is that there are few therapy resources available for anyone who has regret or trauma surrounding aspects of their transition, or who detransition as a result of coercion, social stigma, or familial pressure, leaving predatory practitioners or groups as the only visible options for people who are in acute distress. While some trainings for therapists are being developed, they’re in early stages and may not be comprehensive.[134] There are also limited peer-to-peer supports for psychiatric survivors that have a comprehensive understanding of organized transphobia and its potential impacts on well-being. This is in turn impacted by a lack of information or trainings on how peer spaces can support detransitioned people or those questioning their identity that are built on intersectional or anti-oppression frameworks. We are currently unaware of any formal supports for people who have undergone conversion practices targeted at trans people, including dedicated supports for those who experience detransition as a form of conversion therapy, as well as trans people of color or of non-Christian faiths whose communities may have different dynamics than what’s typically addressed by white, Christian-dominated conversion therapy support

networks.

## **GRASSROOTS MOVEMENT AND RESOURCE BUILDING**

Efforts to build bridges between trans and detrans people are hindered by transphobic organizing. Microaggressions or outright hostility, encouragement to work with anti-trans groups or practitioners, and conflicts in political views can poison coalition building and therefore what resources are built.[58] Detrans people often report being distrustful of trans people or trans-led resources because of the ongoing culture war. Similarly, the concept of detransition can prompt a sense of fear or reliving of trauma from trans people. This is especially the case if they're a survivor of conversion practices or are involved in trans liberation organizing because of the constant use of detransition narratives from anti-trans groups to undermine progress. Unpacking issues surrounding racism, antisemitism, transmisogyny, ableism, and ageism can also be a challenge, as they may be deeply embedded into material and viewpoints. Current resources available with information on detransition is sparse, some of which is built off of the aforementioned systems of oppression and primarily distributed among "grassroots" groups with links to lobbying groups that uphold them.[131] And with few alternative resources to rely on, trans-led grassroots groups have little to offer people who are experiencing regret or a shift in their sense of self.

However, this is starting to change. Gender Minorities Aotearoa, a trans-led support organization based in New Zealand, began putting together information for the documentation and health care needs of detransitioned (or retransitioned) people earlier this year.[135] Among their list of "retransition rights" includes "access to respectful and appropriate healthcare, including further hormone therapy and gender-affirming surgeries if necessary" and "the ability to change the gender marker on birth certificates more than once – if a person has changed it and wants to change back, they should have the right to do so." They also assert that all who are impacted by transphobia, whether that's trans or detrans people, have the right to live free from violence, discrimination, or stigma. While both the political climate and the legal and medical channels in New Zealand differ from the US, it stands as an example of targeted supports that trans organizations from any region can build from.



The allegiance between ideologically motivated detransitioners, ex-trans practitioners of faith-based conversion practices, and the legal arms of the Christian Right is a notable shift in anti-trans politics that will have profound impacts on trans health and politics. McAlister uses the narratives of ideologically detransitioned people to argue for conversion therapy in the legal and social sphere. In aligning with such individuals to file in support of health care exclusions for transition-related procedures, ideologically motivated detransitioners are effectively shots at trans people seeking care while sacrificing their own in the process. This poses a serious threat to the development of resources or supports dedicated to detrans people which are not built on transphobic frameworks or elevated by conversion therapists. There is a clear need for more resources/supports for detrans people as they are coming to terms with their shifts in identity or perspectives surrounding their transition, ones that will get them connected to actual healing instead of pushing them down an antagonistic, anti-trans pathway. Trans support systems should also be aware of a rise of conversion practices targeting trans people, particularly youth, and develop resources for survivors in need.



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