

The Detransitioners: They Were Transgender, Until They Weren't

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Jackie came out to friends and family first and then posted a note on Facebook. She was adopting new pronouns, the note said, and she would like her community to respect that. It looked, at first, like a typical coming out circa 2017, one of many posted online every day as more and more people come out as transgender, nonbinary, or genderqueer. But Jackie's post was different. She wasn't coming out as trans, she was coming out as *de-trans*.

Jackie is among an emerging population of people who have transitioned to a different gender and then later transitioned back. This has ignited a contentious debate both in and outside the trans community, with various sides accusing each other of bigotry, harassment, censorship, and damaging the fight for trans rights. It's such a fraught issue that many people I interviewed requested anonymity. (All the names of detransitioners have been changed.) Others refused to speak on the record, afraid of the potential fallout. But as more people like Jackie come out, the debate is just heating up.

Jackie, now 25 and living in a suburb outside Seattle, has green eyes, short hair, and a hint of facial hair that she shaves off every day. Born female, Jackie was 17 when she started reading about trans issues online. At the time, it resonated with her deeply. She'd been a tomboy as a kid—what is now referred to as gender nonconforming.

Like many trans people, Jackie also experienced dysphoria, which is defined by the American Psychiatric Association as "a conflict between a person's physical or assigned gender and the gender with which he/she/they identify." Known as "gender identity disorder" until 2013, today some trans activists

argue that gender dysphoria shouldn't be considered a psychiatric disorder at all and should be seen as a normal human variation. (Others, however, contend that a diagnosis is essential for health-care access. Many insurance plans that cover gender reassignment surgery may not if gender dysphoria weren't considered a disorder by the APA.) Jackie describes dysphoria as an unease in her body, one that she hoped would be alleviated if the world saw her as male.

Jackie found tips online on how to pass as male—what sort of clothes to wear, how to bind her chest and change her walk. She cut her waist-length hair, changed her name, and asked people to start calling her "he" and "him." It took another three years and the passage of the Affordable Care Act for her to start hormone therapy. Previously uninsured, under the ACA she was able to purchase insurance through the Washington Health Benefit Exchange. This covered her testosterone injections, and it likely would have covered her chest reconstruction, commonly called "top surgery," too. But eight months ago, right when she was preparing for top surgery, Jackie changed her mind.

"Everybody says that gender is a social construct, but we also act like it's somehow an innate part of a person's identity," she said. "I started to think the whole concept of transitioning was regressive."

After five years on testosterone, she was also concerned about her health. While the long-term effects of hormone therapy are largely unknown, high doses of testosterone can damage the liver. Some physicians also recommend hysterectomies for trans men over concerns that their risk of certain cancers and infections may increase. Hysterectomies, of course, are irreversible, as is genital reconstruction: A penis that has been constructed into a vagina cannot be undone, nor can the reverse.

Jackie didn't want to be on hormones anymore, but she didn't know what to expect. Would her voice get higher? Would her facial hair fall out? What did this mean for her identity going forth? Resources on detransitioning are scarce.

Most health-care providers, even those specializing in gender identity, have little experience with detransition. Lara Hayden, program manager at the Seattle Children's Hospital Gender Clinic, told me that while a few patients have stopped transitioning, they've never had a patient fully transition and then transition back. Ami Kaplan, a therapist in New York who has worked with transgender, gender variant, and genderqueer clients for more than 20 years, said that after two decades in practice, she knows of only one client who fully transitioned and then later detransitioned.

"It doesn't come up that much," Kaplan said. "I think clinicians are a little afraid of being labeled 'gatekeepers.'"

Until recently, the "gatekeeper" model of trans care was standard, and it meant that who could or could not change their bodies was ultimately up to therapists. Ray Blanchard, a retired sex researcher and psychologist in Toronto who was among the early clinicians advocating for sex reassignment surgery (now called gender confirmation surgery), said that when he started in the 1980s, patients had to live as their target gender for two years before medical intervention.

"They were required to supply documentation that showed they were actually living out in the community as the opposite sex and not just ordering pizza delivery and putting on a dress," Blanchard said. "By today's standard, that would be incredibly oppressive."

Buck Angel, a human-rights activist and filmmaker, transitioned 23 years ago, when gender reassignment was much more rare. "All the doctors who worked on me called me their guinea pig," Angel said. "I was the first for top surgery, the first for hormones, the first for my therapist."

Angel was in therapy for 10 years before he transitioned, and, he says, that worked for him. "I'm a big believer in mental-health care," he told me. "I'm not saying everyone needs 10 years of therapy, but for me it was the right choice. And I've never looked back. Since day one, it's been nothing but the

perfect choice for me."

Today, the standard of care has changed. According to guidelines issued by the World Professional Association for Trans Health, health-care providers should ask for a letter from a therapist before medical intervention, but therapists themselves aren't required to see clients for any particular length of time. Some doctors don't require a letter at all. "There has been a lot of anger in the past about gatekeeping," Kaplan said. "So I think clinicians lean toward wanting to help people transition."

And this, Jackie thinks, is part of the problem.

"I didn't really feel like I could talk to my counselors about detransitioning in the way that I wanted," she said, "because they have specific political views, and I felt like if I said I had these criticisms of the whole concept of transitioning, they would have thought I was being brainwashed by transphobic bigots or whatever."

Instead of talking to therapists, Jackie found a community online. She's now a moderator of [Detransition Info](#), an online resource for people to ask questions and share their experiences.

Jackie and other detrans people I spoke to said their online community is in the hundreds, but no one knows precisely what percentage of the population has detransitioned. It's not even clear how many people are transgender. The United States Census Bureau doesn't collect data on gender identity (or sexual orientation), but a 2016 study from the Williams Institute at UCLA Law estimates that there are 1.4 million trans adults in the United States, or about 0.6 percent of the adult population. That's double previous estimates.

By all accounts, detransitioners make up a tiny percentage of that already small population: A 50-year study out of Sweden found that only 2.2 percent of people who medically transitioned later experienced "transition regret." (The rate of cosmetic surgery patients who are dissatisfied with their nose

jobs, by comparison, is estimated at about 17 percent, according an analysis published in the *Aesthetic Surgery Journal*.)

There have, however, been almost a dozen studies of looking at the rate of "desistance," among trans-identified kids—which, in this context, refers to cases in which trans kids eventually identify as their sex at birth. Canadian sex researcher James Cantor summarized those studies' findings [in a blog post](#): "Despite the differences in country, culture, decade, and follow-up length and method, all the studies have come to a remarkably similar conclusion: Only very few trans-kids still want to transition by the time they are adults. Instead, they generally turn out to be regular gay or lesbian folks." The exact rate of desistance varied by study, but overall, they concluded that about 80 percent trans kids eventually identified as their sex at birth. Some trans activists and academics, however, argue that these studies are flawed, the patients surveyed weren't really transgender, and that mass desistance doesn't exist.

"The desistance myth was promoted by reparative therapists, concern trolls, and charlatans," trans advocate Brynn Tannehill wrote on the Huffington Post. "It's time for the 80 percent desistance figure to be relegated to the same junk science bin as the utterly discredited link between vaccines and autism."

Indeed, some of the studies cited by Cantor had sample sizes as low as 16 people and were more than 40 years old, and one was an unpublished doctoral dissertation. But the most recent study, published in 2013 in the *Journal of the American Academy of Child and Adolescent Psychiatry*, followed up with 127 adolescent patients at a gender identity clinic in Amsterdam and found that two-thirds ultimately identified as the gender they were assigned at birth.

For the parents of transgender children, this idea of desistance can be problematic, if not outright offensive. It makes it sound like being trans is a choice. "Our kids know full well that their lives would be easier if they

'decided' not to be transgender anymore," said Seattle's Marlo Mack, the parent of a 9-year-old trans daughter and the creator of KUOW's *How to Be a Girl*, a podcast about raising her. "And yet they persist, in spite of the bullying, the teasing, the threat of violence. For my child, the idea that she could choose to not be a girl is like choosing for the sky to be green and the grass to be blue. That's how much of a fixed, unquestionable reality this is for her."

Mack says her daughter's identity as female is firm, and it has been since a very young age. "She's been asking what medicines she could take to not grow a beard like daddy's since she was 4," Mack said. Today, her daughter is in a wide community of trans kids, her parents are supportive, and it seems unlikely she'll desist. And most trans people—anecdotally, at least—are glad they transition. This includes John Otto, a Seattle man who started transitioning 17 years ago. "It really was the right decision for me," Otto said. "I still feel that very deeply. I was 45 when I started transitioning—I certainly had given it a go being a woman." But as Jackie and the other detransitioners have shown, transitioning isn't necessarily the right choice for everyone who experiences dysphoria.

HOW TO BE A GIRL Marlo Mack says, "For my child, the idea that she could choose to not be a girl is like choosing for the sky to be green and the grass to be blue. That's how much of a fixed, unquestionable reality this is for her."

There are a number of reasons why people detransition. For some, it's purely medical. There may be concerns about fertility loss or complications from surgery or hormone therapy. Some trans people have found it too hard to maintain a happy life. Tannehill questions the idea that people can be "ex-trans" at all. "When people do detransition," she told me, "frequently it's

because what society did to them after they transitioned forced them back into the closet."

That may be true for some detrans people—especially trans women, who generally have a harder time passing and who lose the benefits inherent with appearing male in society—but it wasn't the case for Cass, a 31-year-old detrans lesbian in California. Cass was severely bullied as a gender nonconforming kid and says transitioning actually made life easier. She started taking testosterone at 20, and her community was largely supportive. She didn't have a hard time finding work or people to date. "People were definitely nicer to me after I transitioned and they saw me as a man instead of a butch dyke," Cass said.

Three months before Cass started taking testosterone, her mom committed suicide. "Transitioning was kind of a survival strategy," Cass said. And that worked for a while, but over time, she started to sense that her dysphoria was rooted more in the trauma of her mother's death and her own internalized misogyny than in gender identity. As an adolescent, she had been masculine, butch. "I got a lot of very harsh, negative messages about what it meant to be a woman," Cass said. "It got to the point where I couldn't see myself as a woman without feeling the horror other people felt toward me. Living as a man provided a kind of refuge until I was ready to dive into all that."

When she was ready, Cass, like Jackie, looked online for advice, and she met a woman a few years older who had detransitioned. Her experiences were the same—from childhood bullying and internalized misogyny to the sense that transitioning hadn't really solved her dysphoria at all. They became friends, talking over the course of a few months, and then, after nine years living as a man, Cass came out as a woman.

It's been four years since Cass detransitioned. She changed the gender marker on her driver's license back to female and asked her friends and family to call her by her birth name, but she still passes as male, with a deep voice and a shade of hair on her cheeks.

"Psychologically, it was harder to detransition," she said. She compares it to the process of working through her mom's suicide. "It involved a lot more dealing with my trauma and facing the self-destructive parts of myself. It's not fun, but it's worth it."

Cass still hasn't told the health-care providers who helped her through her transition about the change. In some ways, she faults them for enabling her transition, even though it's exactly what she wanted at the time. She writes about her experience online, and in one post, she says that a favored therapist "helped me hurt myself. That definitely wasn't her intention but that's still what happened. This contradiction is difficult to face and understand."

In addition to her writing, Cass recently started posting videos to YouTube, where there are a growing number of detransitioning confessionals. In one video, which has been watched nearly 900,000 times, a young man reflects on his decision to detransition after living as a woman. He's beautiful and androgynous, with long lashes framing bright-blue eyes. "I'm not like every other boy," he said. "I can accept that now."

There's an offline community of detransitioners as well: In 2014 and 2015, Cass led a workshop on detransitioning at the Michigan Womyn's Music Festival. (Michfest, as it was known, had a contentious history with the trans community due to its long-held "women born women" policy. The festival closed after nearly 40 years in existence in 2015.) Last year, Cass and 15 other detransitioned women got together on the West Coast for a weekend of workshops, meditation, and shared experience. Cass thinks it was the first gathering of its kind.

Cass and other detransitioners are open about their lives because they want to help other people, but there's been a malicious side effect: Their stories have been hijacked by the right.

In March, Laurie Higgins, a blogger for the right-wing Illinois Family Institute, referred to Cass in a post. "Society is marching blindfolded into a brave new dystopian world whose victims are increasingly children who will one day tell their stories of regret," wrote Higgins, who has previously referred to homosexuality as "deviant," "depraved," and "immoral." Now she was using Cass for her own agenda, treating her as a victim of the "trans-cult."

This happens a lot: Right-wing groups and media outlets use detrans people to further a transphobic agenda, arguing that their existence invalidates all trans people. It's much like the narrative of the "ex-gay," which has been used by the right to argue that being gay is a choice. If it's a choice, the thinking goes, gay people don't need the rights to marry, adopt, or serve in the military—they just need to cut it out. The same goes for trans folks, as well.

Cass's story has also been repurposed by the alt-right site Breitbart, which likens transitioning to being "mutilated by sex-change surgery." There are real-life consequences to this kind of press, especially now, when the rights of trans people have become a political flash point. Currently, Just Want Privacy, an anti-trans group, is gathering signatures for Initiative 1552 in Washington State, which, if passed, would force trans kids in public schools to use the bathroom of their sex at birth. Pushed under the guise of protecting the safety and privacy of women and children, what bathroom bills inevitably do is harm trans people, who are put at risk when forced to use bathrooms that may not match the gender they present. Bathroom bills also fundamentally demonize transgender people by perpetuating the myth they are somehow predatory or violent, when in reality, trans people are far more likely to be the victims of crime than its perpetrators. In fact, according to the US Department of Justice, at least half of transgender people have experienced sexual violence. Rates are even higher for trans women of color.

But it's not just the right wing that uses detransitioners for its own ends. Parts of the self-described feminist community do it, too: There is a

contingent of "radical feminists" ("radfems" in internet parlance) who use stories like Cass's to argue that transitioning is a patriarchal attempt to reinforce gender roles and erase butch women. Some radfems (a subset of whom are commonly referred to as "trans exclusionary radical feminists" or TERFs, a term that is generally considered a slur by those it's directed toward) allege that the modern trans movement is fueled by the pharmaceutical and biotech industries, which have fooled gender nonconforming people—especially gays and lesbians—into seeking costly medical interventions for no reason.

The language used by radfems and the right wing can be strikingly similar: There are dystopian visions of a world where women cease to exist on both sides, and at times, radical feminists and social conservatives coalesce. The Women's Liberation Front (WoLF), an organization that purports to lobby on behalf of abortion rights and other feminist issues, collaborated with the conservative Family Policy Alliance to countersue Gavin Grimm, a transgender teenager in Virginia who is fighting in federal court for the right to use the boys' bathroom at school.

This does not align with Cass's values. "I have a lot of problems with WoLF and what they've been doing," she said. "I didn't like them before they started working with the right, and I like them even less now."

But some principles of radical feminism do resonate with Cass. Radfem ideology is about rejecting gender stereotypes, a philosophy that appeals to many detransitioned women who are reclaiming female identities. One of those is Jane, a 53-year-old woman in Southern California who lived as a trans man for nearly 20 years before discovering radfem forums online and, soon after, opting to transition back. "I really thought I was trans," Jane said. "I really believed it. One hundred percent. I was even fired from my job for coming out."

Jane now says that pressure from trans friends greatly influenced her decision to come out in the first place. She thinks it's an experience more

common than people admit.

The idea that the perceived boom in the trans population is due to peer pressure or social contagion can be uncomfortable for trans people and their supporters; it's also a theory frequently pushed by the right. In reality, no one knows exactly why so many people seem to have recently come out as trans or some other form of genderqueer. The writer and trans woman Julia Serano argues in an essay on Medium that this is due to the shift from the old gatekeeper system of trans health care to the newer model that "takes trans people's experiences and concerns seriously."

Increased visibility and societal acceptance are also logical explanations for the perceived growth in the trans population: More people are aware it's an option now. But, as a study published this year in the *Journal of Adolescent Health* notes, parents have begun reporting "a rapid onset of gender dysphoria" in adolescents and teens who are "part of a peer group where one, multiple, or even all friends have developed gender dysphoria and come out as transgender during the same time frame." Jesse, a 16-year-old in Portland who prefers the pronoun "they," told me that five kids in their eighth-grade class came out as trans that year.

"The question of peer pressure comes up a lot," said Lara Hayden of Seattle Children's Hospital, "but always by parents." One of only five such clinics serving trans youth in the nation, Seattle Children's Gender Clinic offers mental-health care as well as hormone blockers (to delay the onset of puberty) and cross-sex hormones like testosterone and estrogen for those who choose medical intervention (and not all trans people do).

Protocol is very different for youth and adult patients at Seattle Children's: For patients older than 18 (the Gender Clinic serves populations up to 21), the decision is ultimately up to the individual. But for kids, it's an ongoing process involving patients, health-care providers, insurance companies, and parents, some of whom worry that their kids are just going through a phase. As the parent of one formerly trans-identified teen told me, "We call it

'trendsgender.'"

To some trans activists, the social-contagion theory is just an excuse to question the authenticity of trans people and deny them access to health care and other rights. "There have always been transgender people. We're just more visible now," Tannehill told me. "There are a lot more out gay people now, too. Does that mean there's also some kind of social contagion of gayness?"

Mike Pence would likely argue yes, but Tannehill's ire seems directed as much at radical feminists as social conservatives.

"The part of the radfem community that is anti-trans is very much like the alt-right," she said. "They are scary, they are mean, they are anonymous, and they don't think we have the right to exist."

After transitioning, some people find that their dysphoria isn't fixed or solved, even if they reliably pass as their desired gender. This was true for both Cass and Jackie, the 25-year-old living outside Seattle. It was also true for Ryan, a detransitioned man who found another, more unexpected way to deal with his dysphoria.

Ryan has a full head of dark, curly hair and a round, unlined face with no trace of a beard. He's 43 years old but could easily pass for 23—maybe younger. "It's a little frustrating," Ryan said. "People always say how young I look, but it's a constant reminder of my history."

Transitioning—and detransitioning—is a different experience for men and women. Hormonally, it's inverse: Testosterone generally broadens your shoulders, lowers your body fat, and makes you more interested in sex. It can make hair grow in places it didn't before at the same time that it makes you go bald. Estrogen, in contrast, makes you more emotional, decreases the libido, and can arrest or even reverse baldness. In Ryan's case, the hormones

made him look young, even well after he stopped taking them.

Ryan was a bright kid. By fourth grade, he was taking high-school math classes, but while his intelligence won praise from adults, kids picked on him. He was bullied mercilessly, and during this period, he fantasized about becoming a girl. If he were a girl, he thought, maybe he wouldn't be bullied for being weak.

As Ryan got older, the fantasy evolved. An early user of the internet, he found trans forums online. The struggles people shared mirrored his own. By his sophomore year in college, he was ready.

"This seemed like who I was," he said. "It was what my community said, as well. It just seemed like this essential truth. I knew I was trans."

Ryan went to a psychologist, who quickly referred him for hormone therapy. At 19, Ryan's fantasy—something he never thought possible as a kid—was coming true. He started cross-sex hormones, and then, in his mid-20s, he had sex reassignment surgery.

Still, something didn't feel right. Ryan was on high doses of estrogen, and he felt foggy, unable to think. He was in a constant state of tension, and his dysphoria didn't really go away, either—it just moved. His hands still looked too big, his forehead too male. He relocated to a new town where he thought he'd be more likely to pass. That didn't work, either. He was in a lot of distress.

Over the years, Ryan tried different therapies, including yoga and massage, but the effects were always temporary. And then, a few years ago, he discovered Biodanza, a kind of ecstatic free dance created by a Chilean anthropologist in the 1960s. Biodanza required that Ryan listen to his instincts and connect physically with other people. "Gradually," he said, "my body began to thaw." He started going to therapy, and then he began experimenting with going off hormones, just to see how it felt. Soon his

anxiety started to dissipate, and the fog he had felt since he was 19 began to lift. He started taking testosterone supplements and he felt, for a time, euphoric.

The euphoria wore off after a few months, but Ryan decided to continue his detransition. He'd come to the conclusion that dysphoria is normal—ordinary, even—and he'd found new ways to deal with it: movement, therapy, and accepting that he cannot control the way the world sees him. No one can.

Ryan knows everyone's experience is different, but for him, changing his body ultimately wasn't the most effective way of dealing with his dysphoria.

"You can change your body through hormones or surgery," he said, "but unless you accept it, the dysphoria will not go away." Ryan will never entirely get his old body back—there are some things that cannot be reversed—but he's learning to live with it.

Jackie is learning to live with hers, too. "Instead of concentrating on what my body looks like," she said, "I focus on what it can do." Now she tries to stay active and spends less time online. "Don't get me wrong, I still love Tumblr, but spending too much time online and not moving enough makes me feel more disconnected from my body." It's a common theme among detransitioned folks: Exercise, movement, and reconnecting with their bodies makes them feel better about their lives.

All the detransitioned people I spoke to know their decisions are controversial. Still, their friends and families have largely been supportive through pronoun changes, hormone therapy, surgeries, and, later, the decision to go back. Mostly it's strangers who make their lives hard, either by silencing them or co-opting them for their own use.

"There are a significant number of trans people and trans allies who find what I and other detransitioned people have to say threatening or dangerous, and they would rather we not say it," Cass told me. "Trans people sometimes treat

detransitioned people more as symbols of what they fear than as real people."

But this conversation will be unavoidable going forward, she added. "There are just so many people transitioning right now, and you can't really predict what's going to happen. I don't know if we need more gatekeeping, but we do need more discussion within the trans community. We have to be able to address this stuff."

Still, despite everything she has gone through—despite the hormones and the beard she can't quite get rid of, and despite coming out twice—Cass doesn't entirely regret her transition. "It's just part of my story," she said. "Living as a man made me the woman I am today." ✨