

Dear Professor Shashank V. Joshi,

I am writing to you on behalf of a group of detransitioned women regarding your fellow Dr Jack Turban. We are deeply concerned with Dr Turban's disparagement of psychiatric intervention and exploratory psychotherapy, his singular endorsement of affirmative therapies for people with gender dysphoria, and his dismissive and derogatory treatment of those of us who detransitioned due to transition regret.

We are but a few of many that have been the victims of this type of cavalier attitude. We all suffered from gender dysphoria at one point (and some still do), and were led to believe that our best chance of treating our dysphoria was to medically transition. As it turned out, this was not the case. As a result, we now have to live with bodies and voices that have been irreversibly changed (and in some cases damaged) by hormones and surgeries, when what we needed was a compassionate and thoughtful exploration of our gender distress through talk therapy. Some of us will now never be able to have children and many of us live with great distress and regret every day.

Not only did physicians like Dr Turban fail us by sending us down a singular path of transition, they are now letting us down once again by disparaging our experiences and even our existence, when they should be providing us with support to help us heal from our unnecessary medical transitions. The fact that Dr Turban is a psychiatrist at Stanford and uses his credentials to promote his reckless approach is especially troubling, as he has been granted a large and influential media platform. As we see more and more distressed young people following in our footsteps of a rushed medical gender transition, in a few years, we fear the consequences of Dr Turban's activism will be catastrophic and visible to all.

Dr Turban does not hide his disregard for the role of psychotherapy in treating gender distress, and his singular belief in medical and surgical approaches to treating gender dysphoria, whatever its cause may be. Appearing on the GenderGP Podcast episode 'Exploring Detransition with Dr Jack Turban' (2021), hosted by Dr Helen Webberley, a UK physician criminally-convicted for running an illegal clinic, Dr Turban says:

“There’s no psychiatric intervention for gender dysphoria. There are medical interventions for gender dysphoria, if you will. And it’s not the rule like right, how the psychiatrist’s going to treat gender dysphoria, they’re not like they’re not going to make that go away. The only way that it’s ever been proposed that psychiatry can do that was through conversion therapy, which obviously doesn’t work:” As you will read later in this letter, many detransitioners report that they strongly wish they had received exploratory psychotherapy rather than affirmation, thus Dr Turban's insinuation that this would be tantamount to conversion therapy is highly disturbing.

Dr Turban describes detransition, in the GenderGP podcast, as having *“become this really awful word... I feel like 90% of the time when you read it, it’s really being weaponized.”* The claim that discussing detransition is problematic due to the topic being “weaponized” has been used to shame and silence detransitioners who try to tell our stories. This bullying of a very vulnerable group is unacceptable, and we find

it incredibly worrying that Dr Turban would participate in the accusation that detransition is “being weaponized,” furthering the bullying of detransitioned individuals. This is not only a matter of rhetoric. Many of us are unable to receive any meaningful support from the mental health community. Instead of helping us heal, many mental health professionals informed by the likes of Dr. Turban continue to steer us toward medical transition, unable to accept our lived experience. There are more and more people like us sharing their stories of transition regret openly online, and we implore you to look these up.

Dr Turban goes on to say, “*when you say detransition people usually think that means like transition regret. It brings up this idea that somebody transitioned, then realize like, oh my god, that was a huge mistake. I’m actually cisgender, I regret every domain of gender affirmation I’ve ever had. And as I’m sure you know, that’s not the reality of the situation.*” Dr Turban is, again, completely dismissing those of us who have experienced transition regret. As detransitioned woman, we are deeply hurt that Dr Turban would find it appropriate to suggest that our pain and distress is not a reality. We do, in fact, regret every domain of gender affirmation we ever had and the irreversible changes that medical transition did to us that we must now live with for the rest of our lives. It is, therefore, highly unprofessional and deeply offensive to see comments like this from a fellow at Stanford.

At the same time as Dr Turban dismisses our existence, he also claims to represent us in research, but his bias is clear: the goal is to minimize detransition because it contradicts Dr. Turban’s professional aspirations to promote transgender medical and surgical interventions. In the GenderGP podcast he also says “*We have a paper that hopefully is coming out soon, where we took the data from the 2015 US Transgender Survey. So this was a survey of over 27,000 transgender adults in the United States. And we found that of those who had transitioned in some way, don’t quote me on that exact number, but it’s something like 13% of them said that at some point in their life, they had detransitioned. And when we looked at why they did that, the vast majority of them, like close to 90%, I think, had detransitioned due to some external factor.*”

We bring to your attention that the 2015 USTS survey that Dr Turban repeatedly uses for his research is an online convenience survey that was promoted by transition advocacy sites. We believe in and support transgender rights and trans people, but respectfully submit that this survey, subtitled “Injustice at Every Turn,” which is full of biased questions that promote a political agenda, serves as a poor base for respectable research. Dr Turban previously attempted to use this survey to claim that psychotherapy leads to suicide; his problematic analysis and conclusions were thoroughly outlined in a rebuttal by Roberto D’Angelo et al. in ‘One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria’ (2020), to which Dr. Turban never replied, even though he had the chance to do so. Instead, he attacked the researchers on Twitter. Dr Turban also used the same survey to attempt to show that puberty blockers saved lives. Another rebuttal showed just how flawed that piece of research was (‘Puberty Blockers and Suicidality in Adolescents Suffering from Gender Dysphoria’ (2020) by Michael Biggs). Dr Turban failed to respond to that critique in the scientific area, but did go on media circuit to promote his deeply flawed conclusions.

Most recently, Dr Turban misused this problematic sample to discredit detransition experiences in his research, 'Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis' (2021). Dr. Turban did not seem troubled by the fact that 100% of the respondents were transgender-identified and did not identify as detransitioners. This is an expert from his study:

These [detransition due to internal factors] experiences did not necessarily reflect regret regarding past gender affirmation, and were presumably temporary, as all of these respondents subsequently identified as TGD, an eligibility requirement for study participation.

Dr. Turban's conclusions were that detransition is largely a temporary phenomenon, happens in response to external pressures, and does not really represent a problem for those who detransitioned. These conclusions are highly flawed and ignore those of us who have detransitioned due to transition regret, and who were excluded from the survey for no longer being transgender-identified.

In comparison, recent detransition research conducted within the actual detransition community ('Detransition-Related Needs and Support: A Cross-Sectional Online Survey' (2021) by Elie Vandebussche) found very different results: that most of us detransition due to the internal realization that transition was not what we needed, that transition did not help and can actually make things worse for us, and that we found other non-invasive ways to alleviate our dysphoria. Further, the research showed that detransitioners expressed the need to find alternative treatments to deal with their gender dysphoria, but reported that it was nearly impossible to talk about it within LGBT+ spaces and in the medical sphere.

Vandebussche found that most detransitioners currently are in dire need of psychological support on matters such as gender dysphoria, co-morbid conditions, feelings of regret, social/physical changes and internalized homophobic or sexist prejudices. The research confirmed that detransitioners experience prejudice when working with medical and mental health systems, which Dr. Turban's vocal activism directly emboldens and reinforces.

We feel it important to add that in May 2021, the Karolinska Hospital in Sweden issued a new policy statement regarding the treatment of gender-dysphoric minors. This policy has ended the practice of prescribing puberty blockers and cross-sex hormones to gender-dysphoric patients under the age of 18. Finland also revised its treatment guidelines in June 2020, prioritizing psychological interventions and support over medical interventions. Major changes are also underway in the UK, as the NHS has convened a "Cass Review" to examine the practice of transition for young people and the evidence that underlies it.

Thus, it seems evident that there is a growing concern over the proliferation of medical interventions that have a low certainty of benefits, while carrying a significant potential for medical harm. It is worrying that Dr Turban does not seem to

demonstrate the professional curiosity to rethink his endorsement of medical transition for minors and his dismay at psychotherapy and its role in the care of gender dysphoric individuals of all ages.

We are also deeply concerned by Dr Turban's activism to suppress the debate on the proper care for gender dysphoria in the public arena. On May 25, 2021, Dr Turban tweeted the following: *"When I spoke with @60Minutes about their "detransition" story and asked where they found the people to profile - they refused to tell me and became defensive. We still don't know if they searched for people on TERF forums, and transparency would be appreciated."* We bring to your attention that "TERF" (an acronym for "trans-exclusionary radical feminist") is a pejorative term, and that Dr Turban's use of it to smear and dismiss the experiences of the detransitioners who appeared on 60 Minutes is incredibly hurtful. That a fellow at Stanford would criticise 60 Minutes for having a brief segment featuring detransitioners has many of us very concerned that, should one of his patients experience transition regret and subsequently decide to detransition, Dr Turban would be unfit to help them due to his hostility towards the subject.

Therefore, we are deeply concerned with how Dr Turban may practice as a clinician, specifically how he may treat a transgender person struggling with transition regret or a detransitioner seeking to discuss their regret or reverse their transition. His comments on the GenderGP podcast, his flawed use of the USTS, and his hostility towards any discussion of transition regret are all highly problematic and in need of addressing. We ask Stanford to speak out for more thoughtful approaches because, as it stands now, Stanford appears to be silently endorsing Dr Turban's harmful claims that exploratory psychotherapy is tantamount to conversion therapy and that hormones and surgeries are the only appropriate treatment for people with gender dysphoria.

I received affirmative care at my gender clinic. I received no exploratory talk therapy. I injected myself with cross-sex hormones and underwent a double mastectomy. I now suffer from transition regret, and have detransitioned as a result. The distress and harm that I have endured because of the knee-jerk affirmative approach that people like Dr Turban advocates for has been immense. I implore you, on behalf of the detransitioned women who co-signed this letter and myself, to please consider its contents carefully – we wish only to help the many others like us.

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