



# DETRANSITIONERS

## THE SILENCED VICTIMS OF THE TRANSGENDER MOVEMENT

BY: Sharon Sullivan, RN

The transgender movement has soared in America with the eruption of youth ages 13 to 17 who identify as transgender reaching approximately 300,000, a number that has doubled in recent years. Our hyper-politicized culture has been vocal about the movement, and many states across the nation have passed laws regarding the issue—including North Carolina. There is no shortage of opinions on the topic but, with all of the noise, few people are speaking about the silenced victims of this ideology—the detransitioners.

The term “detransitioner” is a fairly new addition to most people’s vocabulary. The Clinical Advisory Network on Sex and Gender defines the term as “someone who previously identified as transgender and received medical and/or surgical interventions as a result, but stopped taking these interventions and no longer identifies in the same way.” But, once started, how does a person reconcile the changes that result from puberty blockers, cross sex hormones, and body mutilation when they detransition? How do children end up on this path? And how can we help this unique population? We spoke with detransitioner Prisha Mosley, her attorney Josh Payne, and renowned psychiatrist Dr. Miriam Grossman to explore these issues.

### PRISHA MOSLEY: A DETRANSITIONER’S STORY

Prisha, now twenty-six, grew up with what she describes as a difficult and troubled childhood. Mental illness afflicted both of her parents, leaving her vulnerable to her own mental health struggles. The difficulty she experienced as a child dealing with adult-like issues hindered her ability to forge friendships with children her own age, and she turned to the internet to look for friends. As a young teen, Prisha began mental health treatment for an eating disorder. She had discovered an online pro-ana group, where the members promoted the behaviors of anorexia nervosa, and she began to feel accepted and heard by them. If the promotion

of a dangerous eating disorder was not bad enough, there were also adults on the page that befriended the minors—adults with questionable intentions.

Some adult members of the pro-ana group began to manipulate the minors into accepting the trans ideology. Prisha believes that they were successful with as many as half of the teens in the online group, herself included. With the assistance of a nutritionist, Prisha started a new eating plan. Prisha's weight began to increase with the change in her eating habits, and she began to menstruate. This was a difficult experience for her, and this was followed by a sexual assault that led to pregnancy and a miscarriage. "All of this seemed to validate each other in the most horrible way," she said.

These events helped to secure in her mind that she was a boy born in the wrong body, and her medical providers, once aware, quickly affirmed her dysphoria and started medicalization. Prisha, without the knowledge of her parents, began to meet with a pediatric endocrinologist during her appointments with her nutritionist. There, the endocrinologist gave her Depo-Provera, an injectable drug used off-label as a puberty blocker, to stop her periods. The shot was given to her in secret and without her parent's consent.

Prisha was inundated with fake facts and pseudoscience about transgenderism. The trans community also "love bombed" her, positively reinforcing their acceptance of her and their ideology over and over again. Today, she recognizes that affirmation as manipulation; but as a struggling teenager, it felt good to hear at the time. Eventually, Prisha communicated her gender dysphoria to her parents, using the same pseudoscience that the professionals, the pro-ana group, and the trans community had used to encourage her. She needed her parents to agree to send her to a "gender therapist" who could write her a letter of recommendation for the endocrinologist to start her on testosterone.

According to Prisha, the appointment with the gender therapist was brief. She said that, "When we [went] to the gender therapist that was supposed to write the letter, it was just a really short appointment, but they blackmailed and manipulated my parents." Reflecting on the mental health struggles her family endured, Prisha shared, "So what was said, was said to two mentally ill people, who had a child who was incredibly mentally ill, with multiple suicide attempts under her belt; and they asked if they [Prisha's parents] would rather have a dead daughter, or a living son." This question has become the classic argument for the trans movement. It commonly terrifies parents into consenting to experimental and dangerous medicines and procedures for their children, or risk losing them to suicide.

Prisha's struggle with anorexia and gender dysphoria, both of which she now recognizes as social contagions, put her into cycles of continuous defeat. Of the pro-ana group she said, "Although I was crazy, it was nice to be told that I was not, that I was just fat and I could lose enough weight to be happy. But you keep reaching your ultimate goal weight over and over and over with the eating

disorder and finding that you're still miserable, and still fat, or whatever." The pro-ana group then insisted that it was gender dysphoria, not weight, that was the root of her problems. "And so then, being told that I was just born in the wrong body, and so instead of starving myself, which I continued to do as testosterone caused massive weight gain, I could just align my brain and my body; that was 'the issue' I had found out. Here's the thing, you are 100 pounds and then 90 and then 80 and you're not happy. It's the same thing. You know, you start testosterone, you get facial hair, you cut off your breasts, and it's chasing the dragon."

Initially the testosterone increased her confidence, and the removal of her breasts made her feel hopeful. But the confidence led to recklessness and more self-harm in the form of cutting, and the positive effects were fleeting. Speaking of her positive emotions at the time, she said, "That was very nice. And I thought it was gender euphoria, but it doesn't last. It doesn't last, and the consequences come, and they're even worse."

During her frequent medical visits, Prisha would undergo testing for psychiatric health. The tests regularly showed an increase of emotional distress as she barreled towards hormones and surgery to "align her mind and body." The medical team failed to address the root causes of Prisha's decline in mental and physical health. Her family history of mental illness, her anorexia, and the trauma of her assault and miscarriage at fourteen were regularly brushed aside. According to Prisha, her longtime therapist did remark once on the assault, saying that the assault was more traumatic for Prisha because she was really a boy trapped in a girl's body. The testosterone administration continued.

To treat her declining health, the professionals ordered more medicine. They increased her psychiatric medications, gave her sedatives, and added muscle relaxants. "They threw more medicine at me— like sedatives and stuff— every time my testosterone dose was higher, and that hurts my feelings. They were sedating away my ability to react to being poisoned, while telling me I was getting better." They also told her that the physical pain was "normal for a trans-man." She said, "Nobody suggested quitting the poison, and nobody told me it was poison."

Prisha's journey out of the trans community was gradual. After ten years of struggling with borderline personality disorder, she was finally introduced to Dialectical Behavioral Therapy. During this time, Prisha quit the testosterone cold turkey because it caused her incredible, unrelenting physical pain. The combination of the proper mental health treatment and the termination of the testosterone allowed her to think more clearly. Because she hadn't fully divorced herself from the trans-male identity, she continued to dress as a man.

Ultimately, it was her interaction with her boyfriend's 4-year-old little girl that enabled Prisha to acknowledge the truth of her sexuality. "She called me mommy. I had a beard and was wearing boy clothes, but I was like 'I am what I am.' She knew. That's why I think they are going after the kids so hard, because kids know.

The kids are gonna clock you and some people aren't ready. I'm lucky I was."

Prisha's story reads like a chapter book about adults who continually failed her. The speed at which this all happened is shocking. Her trans-medicalization, from hormone blockers and testosterone to a double mastectomy, happened in less than two years. The professionals involved in her care repeatedly told Prisha that so-called "sex reassignment" would fix her mental health problems. She whole-heartedly believed them.



*Josh Payne, Founding Partner of Campbell Miller Payne*

## **JOSH PAYNE: AN ATTORNEY FIGHTING FOR DETRANSITIONERS**

Prisha has become an outspoken representative for the detransitioner community. Once, while in Texas to testify about her personal experience with "gender-affirming care", she met attorneys with Campbell Miller Payne, a law firm founded in April 2023 to help detransitioners like Prisha pursue justice. With their help, Prisha has decided to take legal action against the medical professionals who pushed her down this destructive and irreversible path. She wants to help protect others from having a similar experience.

In the legal complaint, filed in July 2023, Prisha's attorney Josh Payne highlights the systematic exploitation committed against her by the medical community. Her medical records, as outlined in the complaint, show that adult medical providers heavily influenced the then minor's decision-making. They kept information from her parents and lied to Prisha about her conditions. According to the complaint,

"Defendants lied to and withheld critical information from and about a young and vulnerable teenage girl, who was a victim of sexual assault and suffering from severe psychological impairment and disability. Instead of providing competent treatment for her depression, anxiety, suicidal ideation, self-harm, and emergent

borderline personality disorder, they convinced her that changing her body to appear as the opposite sex would solve her substantial mental disabilities that had plagued her for years." The complaint continues, "Defendants' diagnoses were fraudulent, reckless, and rife with incompetence and they substantially and permanently compounded Prisha's physical suffering and mental anguish."

Medical records show that Prisha was once seen and examined by a medical resident, under the supervision of an attending physician, for 80 minutes at a center for adolescent medicine. The complaint reads,

"Despite Prisha's history of sexual assault, years-long history of documented mental health disorders and eating problems, and pro-anorexia influence from individuals she communicated with online, the resident concluded on the basis of this single visit that Prisha's 'gender identity crisis,' as the resident termed it, 'is most likely the underlying issue that drives her eating disorder and emotional distress.'"

Josh Payne and his colleagues work exclusively with detransitioners, their families, and others harmed by gender ideology. At the time of this printing, Campbell Miller Payne had 12 active cases across the United States. Josh is passionate about bringing these cases forward, not only to hold the medical industry accountable for the harm that they have brought upon these patients, but also to warn and protect other vulnerable people and families who have been affected by the trans ideology.

The lack of evidenced-based practice (EBP) in "gender-affirming care" is one of Josh's main concerns and, frankly, it should worry us all. For years, the World Professional Association for Transgender Health (WPATH) has been seen as the gold standard for treating gender distressed youth. Shockingly, the medical practices involved in WPATH's gender-affirming model are not as evidenced-based as many are led to believe. Those practices are lacking in scientific evidence and clinical research. EBP is the norm for most medical care in the United States. Nonetheless, WPATH has outlined the Standards of Care for transgender-identifying patients around the world, without these crucial scientific trials.

WPATH's approach came under more scrutiny in the Spring of 2024 after the release of the Cass Report. Dr. Hilary Cass, a highly credentialed physician from England, performed a review of the studies available regarding medical "gender-affirming treatments" like puberty blockers and hormones. The report found that there is "remarkably weak evidence" to support the gender-affirming care model currently being used in the United

States and Canada. Moreover, several European nations have scaled back their use of “gender-affirming care” due to the lack of EBP in this model. The U.S., however, continues with this dangerous, unproven medical model.

“There is this perception that this is settled science, and that WPATH is it, and everybody agrees with WPATH, whether it’s the American Academy of Pediatrics or the American Medical Association. That’s not true,” said Josh. “There are other groups out there.” Fortunately, there are other organizations that take the opposite approach. GENSPECT and the Society for Evidence Based Gender Medicine (SEGM) are two groups that urge non-invasive and non-medicalized approaches to treating children who are struggling with gender dysphoria.

Another group, Do No Harm, is “fighting to curtail the unscientific and individually harmful practice of so-called ‘gender affirming care.’” Their position is rooted in the core value of the Hippocratic Oath. A centuries old oath of ethics, it is sometimes pledged by new physicians, whereby they vow to never bring harm to their patients. One of Do No Harm’s Senior Fellows is world renowned psychiatrist, speaker, and author, Dr. Miriam Grossman.



Dr. Miriam Grossman, Psychiatrist, Author, and Public Speaker

## DR. MIRIAM GROSSMAN: A PSYCHIATRIST SOUNDING THE ALARM

Dr. Grossman, an expert in child, adolescent, and adult psychiatry, first raised the concern over youth and transgenderism in her 2009 book *You’re Teaching My Child WHAT?* But before then, during her training and practice, she never expected to see even one case of what was then termed “gender identity disorder.” The condition was so rare that she and her colleagues never expected to see an afflicted patient in their *entire lifetime*. “Just to illustrate that point,” she said, “20 years ago, there were only three clinics that were devoted to helping out kids and families who had distress about being a boy or girl. Three clinics in the entire world.” These clinics served just a handful of people worldwide. Today the number of clinics has grown dramatically, with the United States having hundreds of clinics that see thousands of patients every year.

Dr. Grossman says the shift occurred when “a social and political crusade very aggressively marched through our institutions;

our medical institutions, educational, political, and obviously our entertainment media.” The medical institutions, filled with vocal activists, got onto committees and made recommendations and policy statements culminating with the gender affirming care model, the prevailing model in the U.S. and Canada. Debate among the physicians who oppose the model is not tolerated by the groups, she says.

“The premise,” said Grossman of gender affirming care, “is that a child of any age knows best who they are, who their authentic self is, and that their new identity should be rubber stamped by the adults in their lives and by their therapists and doctors, without taking a deep dive into what that new identity is all about.” Most of the children, she says, have underlying psychiatric issues like autism, anxiety, depression, a history of trauma, and they may be self-harming. Essentially, the classic patient looks like Prisha.

Dr. Grossman says there are multiple reasons for the shift, including money – it’s a billion dollar industry – but ideologically it includes the erasure of male and female, the breakdown of the nuclear family, and ultimately the deconstruction of truth. Dr. Grossman believes it is a push towards transhumanism which, she says, “is a new religion that is based on transcending our biology, transcending being male and female, becoming immortal, and living forever. And there are people, and some of them are very wealthy and powerful people, that have invested their lives into promoting these ideas, anti, of course, Judeo-Christian morality. Not only that, but anti-biology and anti-reality. They are trying to construct a new world.”

In her new book, *Lost in Trans Nation: A Child Psychiatrist’s Guide Out of the Madness*, Dr. Grossman offers parents advice on how to handle the growing threat of the transgender movement. Whether a child is suffering with gender dysphoria or not, Dr. Grossman’s book is an important preparedness tool. The transgender movement is reaching children before they can read, using picture books to introduce their ideas to our youngest and most vulnerable. Her book offers model conversations for a parent and child about topics like:

- Transgenderism;
- How to find a therapist;
- How to address a teacher, a principal, a therapist, or a doctor who may be part of this agenda; and
- How to get control of your child’s internet use.

Corroborating Prisha’s experience on the internet, Dr. Grossman said, “You have to know who they are talking to online because, trust me, the internet is filled with groomers and filled with people who would like nothing more but to reach your innocent child and influence him or her.” We cannot let our guard down.

According to Dr. Grossman, the feeling of regret takes time to manifest. The euphoria that Prisha initially experienced is normal, she said. Children age, however, and their minds develop, and they witness their peers move into new roles like becoming husbands,

wives, and parents. Dr. Grossman said that it is harder for transgender-identifying individuals to find partners and, post hormones and surgery, they are often infertile. These events can lead to regret.

“Another reason that it takes time is because, you see, you have to be strong enough to admit to yourself, number one, that you made this horrible mistake. And then you have to be strong enough to admit it to the world, right? And think about the family. You may have caused such havoc within your family. It destroys families. So, what are you going to do at the age of 25-30 years old? You’re going to say oops, I was wrong? So, you have to understand that regret is a very complicated thing.”

### WHERE DO WE GO FROM HERE?

What then can we anticipate as we move forward? How can we help those individuals who find themselves full of regret after receiving “gender affirming” medicalization? Dr. Grossman anticipates that detransitioners will file more lawsuits in the future, but acknowledges that this is a new frontier in medicine. Mental health professionals are beginning to see and treat detransitioners, but there is much more that needs to be done.

In an effort to curtail trans-medicalization, and to protect vulnerable individuals, Do No Harm has developed a Detransitioner Bill of Rights. The document is model legislation for state legislatures that wish to protect vulnerable children from the practice of “gender-affirming care.” It includes laws for informed consent, effective care, public transparency, insurance coverage for detransitioning, legal restoration and justice – including liability and compensatory and punitive damages for wrongdoing healthcare professionals, physicians, and gender clinics. Bills of this nature will hopefully bring forth truth, eliminate gender affirming procedures on minors, and hold the medical industry accountable for the harms and damages that detransitioners experience.

Prisha’s story is not rare, despite what the “gender affirming care” industry tells us. Dr. Grossman said, “We’re in the midst of a massive medical scandal, and the trick is to be aware of it now, not in a few years, when it’s going to be obvious. Everyone will be saying, ‘How did we do that?’” Sadly, it will likely get worse before it gets better. There are untold numbers of American youth currently suffering from the WPATH “gender-affirming care” model. We must speak up and speak out. We have to protect our children from this sick and evil ideology. As Christians we are obligated to

Prisha Mosley with her newborn baby



speak the truth about God’s perfect plan and design for humanity and the fact that there are only two sexes—male and female.

Since detransitioning and speaking out, Prisha has regularly been a target of abuse from the transgender community, including a steady flow of death threats. She is healing, both physically and mentally, but she knows she will never be the same. She is grieved by the fact that she was born with a healthy body that she can never get back. Prisha and Josh both hope that her lawsuit will bring awareness to others who struggle with gender dysphoria and ultimately guide them to a better outcome.

While there is regret, Prisha has also experienced one of the greatest joys that only a woman can accomplish. Through God’s grace, in the spring of 2024, Prisha gave birth to a beautiful, healthy, baby boy. In her words, to those who would listen, she says, “You know, it’s not true that you’re trans and born in the wrong body, but definitely validate the realness of the feelings. You know, find out the source—but, basically, change the world, not yourself.”

**P.S. Thanks in part to Prisha’s testimony during committee meetings at the North Carolina General Assembly, the Legislature in 2023 passed HB 808—Gender Transition/Minors. This law prevents—with rare exceptions—the administration of puberty blockers, cross-sex hormones, and gender transition surgeries on minors. In addition, it provides broad conscience protections for healthcare practitioners who do not wish to participate in these often irreversible and experimental procedures. HB 808 also prevents state taxpayer dollars from being used to pay for any of these gender transition procedures. 🙏**



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Dr. Grossman’s Interview on our Family Policy Matters Radio Show & Podcast



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