SOCIETY NEWS

Meet the Detransitioner Suing Planned Parenthood

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Cristina Hineman grew up in a happy, healthy, loving home. She was homeschooled from kindergarten through the eighth grade and had close relationships with her parents and younger sister. Though Hineman knew by the age of 12 that she was attracted to other girls and experienced some confusion over this, she never experienced any discomfort with her female sex.

But after enrolling in public school her freshman year and making friends with a social group, all of whom embraced "gender identities" different from their biological sex, Hineman's life took a dramatic turn. Within a few short years, she began identifying as "nonbinary" and later as a "trans man," taking prescription drugs to alter her physical appearance. She also underwent irreversible surgery to remove her breasts.

While some detransitioners report it taking years to experience any feelings of regret, Hineman realized it was all a mistake just weeks after undergoing a double mastectomy.

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Now 20, Hineman is one of a growing number of young adults left reckoning with the emotional and physical consequences of being misled into believing that drugs and surgery would cure their underlying problems.

In her lawsuit, filed in April 2024 against Planned Parenthood and a number of other providers, she detailed being heavily influenced by pro-trans content online, being surrounded by trans-identifying peers, and being betrayed by health professionals who failed to treat her underlying conditions. These included severe mental health issues and Asperger's syndrome, which she was only diagnosed with at 17, after she had already begun identifying as "trans." When the COVID-19 pandemic brought lockdowns and remote schooling, Hineman said it was "the final nail in the coffin" for her spiraling mental health and social insecurities.



'Like an Antidepressant'

In fall 2021, after being encouraged and "affirmed" by her therapists for about a year, Hineman went to Planned Parenthood in Hudson, New York, to begin medicalizing her male identity. Hineman said she met with a nurse practitioner for about 30 minutes before walking out with a prescription for testosterone in-hand. She had just turned 18, so she didn't need her parents' consent.

The hormones, she said, masked her depression and anxiety in the short term. "It was like an antidepressant."

The "antidepressant" highs blinded Hineman to aspects and changes from the testosterone that she didn't like, such as clitoral growth, increased body hair, and structural changes to her body, she alleges. A hopeful Hineman brushed aside these concerns as being part of the "in-between phase." Once the masculinization was complete and she "passed" as a man, Hineman believed she'd be happy with the end result.

Though it was transforming both her body and her mind, the hormone prescription was only an entry-level drug to more invasive body modification: a double mastectomy. While on testosterone, Hineman was working as a grocery store cashier, saving up every dollar she made for what trans activists and some surgeons euphemistically call "top surgery."

She chose Dr. Jeffrey Rockmore, who she said told her he had been doing "female to male" surgeries for 15 years. "He was proud," she said, pointing to videos he posted online, including one of him performing "top surgery" on a 19-year-old female patient.

Leading up to the surgery, there was no pre-op appointment. This meant on the day of the surgery, Rockmore was still consulting Hineman about significant details, such as how big she wanted her nipple grafts to be and where she wanted them to be placed. With her IV already inserted, Hineman said Rockmore took a tissue box from the bedside table, handed it to her, and asked her to draw the size she wanted her new nipple grafts to be.

"He offered to show me his nipples for a size reference, which I declined," Hineman said. "I was clearly not sure ... [but] I did draw it."

That was the last time Hineman spoke with Rockmore before he surgically cut off her healthy breasts and removed, reshaped, and repositioned her nipples.

Hineman described her recovery from surgery as "very painful" and "very gruesome." But "there was a brief period of euphoria," she said, where she once again masked any doubts by assuring herself that she was "still in the in-between stage."

The night after her six-week post-op appointment, however, Hineman had a breakdown and started experiencing severe doubts.

'Pieces of My Body Are Missing'

"I wanted a flat chest, but you don't understand that you're not just going to have a man's chest," Hineman said. "It's going to be numb, so tight all the time, you're not going to be able to feel. It's going to feel like empty space because it is."

The next day, Hineman described experiencing "a full-blown anxiety attack," where she was throwing up and inconsolably upset. What triggered her was seeing an attractive

actress on TV whose full figure, long hair, and beautiful clothing reminded Hineman of how much she missed being feminine.

"I had the realization this never should have happened," she said. "Pieces of my body are missing."

Six weeks and two days after surgery, Hineman said she stopped testosterone and started detransitioning.

"I felt horrible about everything, about my body, about my life, and the fact that everyone has been kind of playing along with this for years now," she said.

Because she had gotten rid of most of her stereotypical feminine clothes during her "transition," Hineman's mom gave her a long-sleeved dress to try on, which could hide how enlarged the testosterone had made her biceps and triceps.

"I felt like I was going to look like a man forever, and the dress kind of helped," she said.

Hineman shaved her legs and wore that dress all day. She described her detransition phase as "a mental breakdown," where she cried every day for six months. "I don't use that phrase lightly," she added.

As soon as her natural hormones kicked back in, Hineman felt a sudden urge to have biological children. "I feel that the manifestation of that desire was very much stifled by the testosterone use, which made me really, really wish that I had gone off of testosterone for a little while before I went under the knife," she said, adding that she also "didn't think about breastfeeding before getting surgery."

After stopping testosterone, Hineman returned to Planned Parenthood and met with the same nurse practitioner who originally gave her the prescription.

"I wanted to know what was going to happen to my body, and she had no idea," Hineman said. "She kept saying, 'It's different for everyone. There's no way to know," Hineman added.

Looking back on that interaction, Hineman continued, "That was the moment I just realized, like, 'Wow, this woman doesn't even know what she's talking about.' I don't understand how my consent could have been informed if the person prescribing it to me doesn't even know what happens if I stop, let alone me knowing."

Mending What Was Broken

A year and a half later, Hineman is left coming to terms with a host of difficult side effects stemming from her prolonged use of testosterone and irreversible surgery.

At 20 years old, she has "peach fuzz" on her face, which she shaves every week or two. She has sideburns that she tries to cover up with her hair. She has body hair in places she didn't before, including her stomach and on the back of her hands. She still has tightness in her chest that requires her to do oil massages multiple times a week. She complains of nerve pain in her nipple grafts and shoulder pain from her binding injury, which she said she sustained from only occasionally wearing a binder prior to surgery. Her voice will never be the same, and her sex life is permanently compromised.

Without breasts, Hineman said, "I feel like I am missing out on a very fundamental part of a female sexual experience, and it is something that is at the forefront of my mind basically every time I do anything of that nature," she said. "Additionally, there's the aspect of the clitoral growth that also affects my sex life negatively. I am not going to go into too much detail about it, but it feels worse than it used to."

On a whim, Hineman contacted Transition Justice, a nonprofit that connects detransitioners with legal assistance, and a project of Partners for Ethical Care. Upon hearing her story, Campbell Miller Payne, a Texas law firm formed to seek justice for the detransitioner community, took up her case. Earlier this year, they filed a lawsuit in New York State Court on Hineman's behalf against Planned Parenthood, Rockmore, and a host of other providers who allegedly failed to properly treat her.

"At every step of the way, Cristina [Hineman] was failed by the medical and mental health providers that she and her family sought out for help with her depression, anxiety, social exclusion or rejection disorder, and other mental health conditions," the lawsuit alleges. "The scars across her chest and the irreversible changes to her body from prolonged usage of testosterone are constant reminders that she needed an unbiased medical expert willing to evaluate her properly and provide the care she needed."

According to her attorneys, Hineman is one of an estimated 18 detransitioner lawsuits being filed against gender clinics and medical professionals for medical malpractice and other charges. She is also part of a growing wave of detransitioners speaking from a place of vulnerability about the consequences of so-called gender-affirming care, hoping to save others from a lifetime of medical complications and trauma.

"I don't want this to happen to other young people like me—young people with mental health problems who struggle to find their identity," Hineman said. "I don't want them to be rushed down this path and to feel like this is the only choice that they have to live a good life because it's not, and people don't tell you that in these kinds of spaces."

Independent Women's Forum reached out to Planned Parenthood and Rockmore, neither of whom replied to our request for comment. However, the defendants denied all the allegations in court documents.

"I wish that I had gotten more pushback when I started identifying as trans and when I wanted to medicalize, and I wish I had gotten help for my mental health issues before it even got that bad that I was wanting to identify as trans," Hineman said, adding, "There's just so many places [where] I could have been helped, and I want that for other young people in my position."

Andrea Mew contributed to this video production.

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