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Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis

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Abstract

Purpose: There is a paucity of data regarding transgender and gender diverse (TGD) people who "detransition," or go back to living as their sex assigned at birth. This study examined reasons for past detransition among TGD people in the United States.
Methods: A secondary analysis was performed on data from the U.S. Transgender Survey, a cross-sectional nonprobability survey of 27,715 TGD adults in the United States. Participants were asked if they had ever detransitioned and to report driving factors, through multiple-choice options and free-text responses. A mixed-methods approach was used to analyze the data, creating qualitative codes for free-text responses and applying summative content analysis.
Results: A total of 17,151 (61.9%) participants reported that they had ever pursued gender affirmation, broadly defined. Of these, 2242 (13.1%) reported a history of detransition. Of those who had detransitioned, 82.5% reported at least one external driving factor. Frequently endorsed external factors included pressure from family and societal stigma. History of detransition was associated with male sex assigned at birth, nonbinary gender identity, bisexual sexual orientation, and having a family unsupportive of one's gender identity. A total of 15.9% of respondents reported at least one internal driving factor, including fluctuations in or uncertainty regarding gender identity.
Conclusion: Among TGD adults with a reported history of detransition, the vast majority reported that their detransition was driven by external pressures. Clinicians should be aware of these external pressures, how they may be modified, and the possibility that patients may once again seek gender affirmation in the future.

Keywords: detransition, gender dysphoria, mental health, transgender

Introduction

Transgender and gender diverse (TGD) people have a gender identity that differs from societal expectations based on their sex assigned at birth. In the United States, ~1.8% of adolescents and 0.6% of adults identify as transgender.[1,2] Gender affirmation (sometimes referred to as "transition," although this term has largely fallen out of favor) is the process of recognizing and supporting a person's gender identity and expression.[3] There are multiple domains of gender affirmation, including psychological, social, legal, medical, and surgical domains.[4]

Some TGD people will "detransition," a process through which a person discontinues some or all aspects of gender affirmation. Of note, as with the term "transition," the term "detransition" has become less acceptable to TGD communities, due to its incorrect implication that gender identity is contingent upon gender affirmation processes.[3] In addition,

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the term ''detransition'' has at times been conflated with regret, particularly with regard to medical and surgical affirmation, and the delegitimization of an individual's self-knowledge regarding their gender identity.[5] It has subsequently become associated with politically motivated attempts to impede access to gender-affirming care for TGD people.[5] Because this is the term most commonly used in the literature,[6] and the term used in the 2015 U.S. Transgender Survey[7] (USTS) that constitutes the basis of this study, we use the term ''detransition'' in this article, with the understanding that there is a need for more affirming terminology that has not yet been broadly adopted by TGD communities or in the literature. Although there is growing literature regarding how to support TGD patients through gender affirmation[8,9] and case literature regarding detransition,[10–12] virtually no rigorous studies have been published about those who detransition.

In the past, we have advocated for a clinical framework in which clinicians serving patients who are detransitioning ought to explore internal and external factors.[13] Internal factors refer to forces that originate from within the patient (e.g., a fluctuation in core gender identity[12] or uncertainty about one's gender identity). External factors refer to any forces outside the person that lead to detransition (e.g., pressure from family, pressure from an employer, and loss of health insurance coverage for gender-affirming hormones). Of note, internal factors can be the result of external factors (e.g., self-doubt regarding one's gender identity in response to being persistently misgendered or rejected).

In this study, we investigated the reasons for detransition among TGD people in the United States by using the USTS, a cross-sectional nonprobability sample and the largest survey of TGD people to date. To our knowledge, this is the first investigation examining the most robust and current dataset describing TGD people's reasons for a history of detransition. Because the USTS exclusively surveyed people who currently identified as TGD, our study is restricted to the examination of detransition among people who subsequently identified as TGD.

Methods

Study population

The 2015 USTS conducted by the National Center for Transgender Equality is the largest survey of TGD people to date, with 27,715 respondents.[7] A cross-sectional, nonprobability design was used. In collaboration with >400 community outreach organizations, TGD adults ≥18 years of age were recruited to complete the survey online. All participants provided informed consent before study participation. The final sample included respondents from all 50 states, Washington, DC, Puerto Rico, U.S. territories abroad, and U.S. military bases. Respondents were asked the following question, ''Have you ever de-transitioned? In other words, have you ever gone back to living as your sex assigned at birth, at least for a while?'' with the following response options: ''Yes,'' ''No,'' and ''I have never transitioned.''[7] In total, 10,508 respondents reported that they had never undergone gender affirmation (''transitioned'') and were excluded from the analyses. Fifty-six respondents did not answer this question and were also excluded, leaving a sample of 17,151 participants, of whom 2242 (13.1%) responded ''Yes,'' which was coded as a history of detransition.

Institutional review board approval

The full protocol for the USTS was approved by the University of California Los Angeles Institutional Review Board. The protocol for this study was reviewed and approved by The Fenway Institute Institutional Review Board.

Demographic variables

The following demographic variables were collected: sex assigned at birth, gender identity, sexual orientation, racial/ethnic identity, U.S. census age cohort at the time of the survey (to capture potential cohort effects), age at which respondents began living full-time in their affirmed gender, level of family support for gender identity, level of education, employment status, and total household income. Participants were also asked if they ever had gender-affirming hormone therapy in their lifetime and whether they ever had any gender-affirming surgery in their lifetime. Respondents who reported a history of detransition were compared with respondents with no history of detransition using two-sample tests of proportions. Bonferroni correction was applied for 49 comparisons, and a significance threshold of $p < 0.001$ was used.

Quantitative responses and analysis

Respondents who reported a history of detransition were asked, ''Why did you de-transition? In other words, why did you go back to living as your sex assigned at birth? (Mark all that apply)'' and provided with the following options: ''pressure from a parent,'' ''pressure from spouse or partner,'' ''pressure from other family members,'' ''pressure from friends,'' ''pressure from my employer,'' ''pressure from a religious counselor,'' ''pressure from a mental health professional,'' ''I had trouble getting a job,'' ''I realized that gender transition was not for me,'' ''I faced too much harassment/discrimination,'' ''It was just too hard for me,'' or ''not listed above (please specify).'' ''I faced too much harassment/discrimination'' was collapsed into a ''pressure from community or societal stigma'' category. ''I realized that gender transition was not for me'' was collapsed into a ''fluctuations in identity/desire'' category. Prevalence was calculated for each response category.

Qualitative responses and analysis

In total, 800 respondents chose ''not listed above (please specify)'' and provided free-text responses. We used a summative content analysis approach to code and analyze qualitative results.[14] Authors J.L.T. and S.S.L. reviewed the first 100 qualitative responses independently, then created a preliminary codebook, which they used to individually code the first 200 responses. The process was repeated for the first 400 codes, and the codebook was revised accordingly. The two authors then individually coded all 800 qualitative responses with the final codebook. Multiple codes were allowed for each response, given that respondents listed multiple reasons. For all responses where the coders did not align on codes, coding differences were discussed with J.L.T., S.S.L., and content expert, A.S.K., with each response reviewed as a team to determine the final coding. Qualitative analyses were conducted in NVivo

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Table 1. Sample Demographics

	Have you ever de-transitioned? In other words, have you ever gone back to living as your sex assigned at birth, at least for a while?					
	Yes (n=*2242, 13.1%*)		*No* (n=*14,909, 86.9%*)			
	n	%	n	%	*% Difference*	p[a]
Sex assigned at birth						
Male	1235	55.1	6744	45.2	9.9	<0.001
Female	1007	44.9	8165	54.8		
Gender identity						
Crossdresser	63	2.8	71	0.5	2.3	<0.001
Trans woman	989	44.1	6202	41.6	2.5	0.025
Trans man	361	16.1	5928	39.8	−23.7	<0.001
Nonbinary, assigned female sex at birth	642	28.6	2216	14.9	13.8	<0.001
Nonbinary, assigned male sex at birth	187	8.3	492	3.3	5.0	<0.001
Sexual orientation						
Bisexual	410	18.3	2085	14.0	4.3	<0.001
Gay/lesbian/same-gender loving	424	18.9	2746	18.4	0.5	0.58
Heterosexual/straight	192	8.6	1323	8.9	−0.3	0.63
Pansexual	432	19.3	2476	16.6	2.7	0.002
Queer	394	17.6	3323	22.3	−4.7	<0.001
Other not listed	186	8.3	832	5.6	2.7	<0.001
Racial/ethnic identity						
Alaska Native/American Indian	45	2.0	182	1.2	0.8	0.002
Asian/Native Hawaiian/Pacific Islander	75	3.3	393	2.6	0.7	0.055
Black/African American	59	2.6	486	3.3	−0.6	0.114
Latino/a or Hispanic	129	5.8	774	5.2	0.6	0.27
White/Middle Eastern/North African	1786	79.7	12,309	82.6	−2.9	0.001
Biracial/Multiracial/Other not listed	148	6.6	765	5.1	1.5	0.004
Age (years)						
18–24	773	34.5	5006	33.6	0.9	0.40
25–44	938	41.8	6871	46.1	−4.2	<0.001
45–64	458	20.4	2573	17.3	3.2	<0.001
65+	73	3.3	459	3.1	0.2	0.65
Age at which respondent began living full-time in affirmed gender (years)[b]						
<18	193	8.6	1714	11.5	2.9	0.02
18–24	526	23.5	5039	33.8	10.3	0.08
25–34	282	12.5	3204	21.5	8.9	0.07
≥35	346	15.4	2947	19.8	4.3	0.03
Family supportiveness[c]						
Supportive	816	36.4	8664	58.1	−21.7	<0.001
Neutral	430	19.2	2435	16.3	2.8	0.001
Unsupportive	464	20.7	2342	15.7	5.0	<0.001
Education						
Less than high school	73	3.3	326	2.2	1.1	0.002
High school graduate/GED	253	11.3	1587	10.6	0.6	0.36
Some college (no degree)	893	39.8	5153	34.6	5.3	<0.001
Associate degree	237	10.6	1354	9.1	1.5	0.020
Bachelor's degree	522	23.3	4099	27.5	−4.2	<0.001
Graduate or professional degree	251	11.2	2328	15.6	−4.4	<0.001
Employment status						
Employed	1397	62.3	10,223	68.6	−6.3	<0.001
Unemployed	270	12.0	1651	11.1	1.0	0.175
Out of the labor force	560	25.0	2964	19.9	5.1	<0.001
Unspecified	15	0.7	71	0.5	0.2	0.23
Total household income						
No income	85	3.8	470	3.2	0.6	0.111
$1 to $9999	287	12.8	1642	11.0	1.8	0.012
$10,000 to $24,999	452	20.2	2807	18.8	1.3	0.134
$25,000 to $49,999	490	21.9	3150	21.1	0.7	0.43

(*continued*)

Table 1. (Continued)

	Have you ever de-transitioned? In other words, have you ever gone back to living as your sex assigned at birth, at least for a while?					
	Yes (n = *2242, 13.1%)*		*No* (n = *14,909, 86.9%)*			
	n	%	n	%	% Difference	p[a]
$50,000 to $99,999	468	20.9	3434	23.0	−2.2	0.023
≥$100,000	283	12.6	2304	15.5	−2.8	<0.001
Unspecified	177	7.9	1102	7.4	0.5	0.40
Ever had gender-affirming hormone therapy	1125	50.2	11,281	75.7	−25.5	<0.001
Ever had gender-affirming surgery	371	16.5	5044	33.8	−17.3	<0.001

[a] *p* Values correspond to two-sample tests of proportions.
[b] For the analysis of age at which respondents began living in their affirmed genders, respondents who were not currently living full-time in their affirmed gender were excluded.
[c] For the analysis of family supportiveness, all respondents who were not out to their family were excluded.
GED, General Educational Development.

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12. Because participants were recruited through community outreach and provided responses through an online survey, an approach that allowed for the large sample size recruited, this study did not lend itself directly to Consolidated Criteria for Reporting Qualitative Research reporting guidelines.

External versus internal factors

Codes were classified as either an external factor (i.e., originating from family, friends, society, etc.) or an internal factor (i.e., originating from the self). All quantitative and qualitative codes were determined to be external factors except for ''psychological reasons,'' ''uncertainty or doubt around gender,'' and ''fluctuations in gender identity or desire.'' These three codes were classified as internal factors. Proportions of individuals who had detransitioned and reported at least one internal factor or at least one external factor were calculated. Given that the quantitative option ''It was just too hard for me'' is interpretable as either an external or internal factor, it was not included in the numerator for either calculation. Qualitative responses coded as ''inconclusive/don't know'' were also not included in the numerator for these calculations.

Results

Of the 27,715 surveyed respondents, 17,151 (61.9%) had ever pursued gender affirmation in their lifetime (i.e., ''transitioned''). Of these respondents, 2242 (13.1%) reported a history of detransition.

Demographic differences

After correction for multiple comparisons, history of detransition was significantly associated with male sex assigned at birth (% difference 9.9, 95% confidence interval [CI] 7.6–12.1); nonbinary gender identity (nonbinary and assigned female sex at birth: % difference 13.8, 95% CI 11.8–15.6; nonbinary and assigned male sex at birth: % difference 5.0, 95% CI 3.9–6.2); bisexual sexual orientation (% difference 4.3, 95% CI 2.6–6.0); and having a family that is unsupportive of one's gender identity (% difference 5.0, 95% CI 7.5–11.9), never having gender-affirming hormone therapy (% difference 25.5, 95% CI 23.3–27.7), never having gender-affirming surgery (% difference 17.3, 95% CI 15.6–19.0), and additional variables listed in Table 1.

Internal and external reasons for detransition

Of all respondents who reported a history of detransition, 82.5% cited at least one external factor. A total of 15.9% of respondents cited at least one internal factor. Of all participants who ever pursued gender affirmation, 10.8% reported lifetime history of detransition due to an external factor and 2.1% reported a lifetime history of detransition due to an internal factor. Table 2 shows frequencies for combined qualitative and quantitative responses. Frequencies for quantitative responses alone are reported in Supplementary Table S1. Participants were instructed to provide all reasons for their detransition, and thus percentages do not add to 100. Some qualitative responses were coded with more than one code. Fifty-one responses indicated that either they did not know why they had detransitioned or the reason could not be determined by the coders. Examples of responses for the qualitative codes are provided in Table 3. Participants were divided into U.S. census age cohorts to evaluate differences between age cohorts with regard to reasons cited for detransition (Supplementary Table S2). Older age cohorts were more likely to report a history of detransition due to caregiving responsibilities, or pressure from a spouse or partner. Younger age cohorts were more likely to report a history of detransition due to pressure from a parent, pressure from the community or societal stigma, and pressure from friends or roommates.

Discussion

In this national study, 13.1% of TGD respondents who had ever pursued gender affirmation reported a history of detransition. To our knowledge, this is the first study to systematically examine reasons for detransition in a large national sample of TGD adults. The vast majority of participants reported detransition due at least in part to external factors, such as pressure from family, nonaffirming school environments, and sexual assault. External pressures such as family

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TABLE 2. REASONS FOR DETRANSITION AMONG RESPONDENTS

Reason	*Responses endorsing this reason* N	%
Caregiving reasons	26	1.2
Difficult to blend in as identified gender	22	1.0
Financial reasons	79	3.5
Fluctuations in identity or desire	235	10.5
Inconclusive/something else/don't know/NA	51	2.3
It was just too hard for me	753	33.6
Lack of support	19	0.8
Legal reasons	19	0.8
Medical reasons	73	3.3
Fertility reasons specifically	9	0.4
Pressure		
Pressure from a medical health professional	11	0.5
Pressure from a mental health professional	127	5.7
Pressure from a parent	798	35.6
Pressure from community or societal stigma	729	32.5
Pressure from my employer	392	17.5
I had trouble getting a job	603	26.9
Pressure from military-related service	11	0.5
Pressure from friends or roommates	319	14.2
Pressure from other family members	580	25.9
Pressure from religion	121	5.4
Pressure from school	24	1.1
Pressure from spouse or partner	454	20.2
Wanting to find a spouse or partner	8	0.4
Psychological reasons	87	3.9
Sexual or physical assault	19	0.8
Sports-related reasons	2	0.1
Travel or relocation	38	1.7
Unable to access hormones	14	0.6
Uncertainty or doubt around gender	54	2.4
Cited at least one listed external factor	1850	82.5
Cited at least one listed internal factor	357	15.9

Respondents who endorsed a history of detransitioning ($N = 2242$) were asked to select from a prewritten list of reasons in response to the question: ''Why did you de-transition? In other words, why did you go back to living as your sex assigned at birth? (Mark all that apply).'' Some respondents ($N = 800$) opted to provide free responses. This table combines data from the survey's prewritten options (Supplementary Table S1) as well as qualitative recoding of free responses.

NA, not applicable.

rejection,[15] school-based harassment,[16] lack of government affirmation,[17] and sexual violence[18] have previously been associated with increased suicide attempts in TGD populations. Our findings thus extend prior studies, and suggest that external pressures should be understood not only as risk factors for poor mental health but also as obstacles to safely living in one's gender identity and expression.

Clinicians should be aware that detransition is often associated with external pressures, some of which may warrant intervention (e.g., family systems therapy with unsupportive families, facilitating access to gender-congruent government-issued identification, or advocating against unlawful discrimination based on gender identity or expression). Clinicians should evaluate for these potential contributors when working with patients currently undergoing or considering detransition. A minority of respondents reported that detransition was due to internal factors, including psychological reasons, uncertainty about gender identity, and fluctuations in gender identity. These 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. In addition, clinicians ought to note that, as highlighted in the gender minority stress framework,[19] external factors such as stigma and victimization may lead to internal factors including depression and self-doubt regarding one's gender identity.

A history of detransition was significantly associated with male sex assigned at birth, consistent with prior research, indicating that TGD people assigned male sex at birth experience less societal acceptance.[20] Detransition was also significantly more common among participants with a nonbinary gender identity or bisexual sexual orientation. These findings are congruent with past studies, indicating that TGD people who identify beyond traditional binary and heteronormative societal expectations are less likely to access gender-affirming services.[21,22] It is possible that those who do not fit societal expectations regarding binary gender identities and sexual orientations may experience greater external pressure from society and subsequent internalized self-doubt regarding their gender identity that could drive detransition. More research is needed to better understand this association, which is of particular importance given the substantial number of young people in the United States who report having nonbinary gender identities.[23]

Lack of family support was also associated with a history of detransition, which is of particular concern, given the strong association between familial nonacceptance and suicidality.[24] Clinicians ought to be aware that family-level interventions may help reduce this risk.[25] Those who reported a history of detransition were less likely to have ever accessed gender-affirming hormones or gender-affirming surgery. Although this finding could reflect hesitation to pursue these interventions due to the same factors underlying detransition, more research is needed in this area.

Qualitative responses revealed that the term ''detransition'' holds a broad array of possible meanings for TGD people, including temporarily returning to a prior gender expression when visiting relatives, discontinuing gender-affirming hormones, or having a new stable gender identity. Participants' responses also highlight that detransition is not synonymous with regret or adverse outcomes, despite the media often conflating detransition with regret.[5] Although this study provides an initial foray into understanding the diversity of detransition experiences, future studies are needed to examine specific typologies of detransition in more detail.

This study substantiates phenomena that have been reported in past case reports,[10–12] highlighting that gender affirmation for many TGD people is an ongoing process, whereby individuals gradually pursue various domains of gender affirmation in a manner that is not always linear. For example, one case report described a transgender woman who intermittently presented as a man in the context of her spouse's work at a fundamentalist church, visits to her spouse's unaccepting family, and her son's rejection of her gender identity.[10] In contrast, for some individuals, gender identity may evolve in a way that is driven by internal factors, ego-syntonic, and not necessarily a result of societal stigma.[12] Furthermore, gender affirmation is

Table 3. Sample Responses Illustrating External and Internal Factors Leading to Detransition

	Sample responses
External factors	
Caregiving reasons	"I was caring for my 80+ year old mother who had severe dementia, and it was just too confusing for her."
Difficult to blend in as identified gender	"I don't pass, even after FFS [facial feminization surgery] etc."
Financial reasons	"Unable to afford HRT [hormone replacement therapy]"
Lack of support	"Lack of trans community at the time"
	"Back in 1997, virtually no one had heard of queergender people. I couldn't find a support system, and I couldn't figure out how to tell people what I was."
Legal reasons	"Social services legal pressure regarding child custody"
	"Forced to by going to federal prison for two years"
	"Family court order—part of custody award"
Medical reasons	"Blood clotting from estrogen"
	"Pain in binding large chest"
Fertility reasons	"We decided to have kids so [I] went back to testosterone long enough to bank sperm so we can do IVF [in vitro fertilization]."
Pressure from a medical health professional	"Parents took me to a region with hostile doctors."
	"Medical supervisor at federal facility removed regional-approved treatment because I didn't fit his idea of 'a gay man so gay [he] wants to be a woman so it's easier to sleep with men' after I had identified as lesbian to him."
Pressure from a mental health professional	"Mental health professional told me I am not transgender and I thought I was just crazy."
	"In those days you couldn't be diagnosed trans if you were also gay or lesbian."
Pressure from a parent	"Moved home after college. Had to conform for parents."
	"I was facing being pulled out of school by my family."
Pressure from the community or societal stigma	"With the high level of transphobia that exist[s], life gets very lonely."
	"I live in a very conservative place and was afraid for my safety."
Pressure from my employer	"There are times when my current job requires me to present [as] female."
I had trouble getting a job	"I flip flopped genders because of needed employment."
Military-related reasons	"Military forced me to detransition while in service."
Pressure from friends or roommates	"Staying with people I knew would harass me"
Pressure from unspecified or nonparent family members	"Visiting conservative extended family for the holidays"
	"I temporarily detransition during visits with my in laws."
Pressure from religion or a religious counselor	"Religious pressure (Mormon)"
	"Pressure from religion"
Pressure from school	"School staff harassed and abused me daily for my gender expression."
	"Exclusion by Peers in School, No Mechanism for Getting Preferred Name on School Rosters"
Pressure from a spouse or partner	"I began to really clearly identify as transgender … but I realized it was pushing my marriage apart. At the time, I decided to try living as my assigned gender and set these feelings aside, but they kept cropping back up."
Wanting to find a spouse or partner	"My partner of 4 years and I split up and I felt that I would always be alone as a trans person."
	"Difficult to find lovers, dates"
Sexual or physical assault	"Traumatized by corrective rape so recloseted"
	"I have become frightened of the police since being sexually molested by an officer."
Sports-related reasons	"Playing competitive sports"
Travel or relocation	"North Dakota is not a friendly place for anyone outside the gender binary. When I go back home, I butch up."
	"I was studying abroad in a country hostile to LGBTQ* people (Russia)."
Unable to access gender-affirming hormones	"Living in rural area, couldn't get hormones"
	"I lost access to HRT and stopped passing."
Internal factors	
Psychological reasons	"Wasn't emotionally ready, I was scared of my identity."
	"Transition had to be put on hold due to mental health issues."
	"suicide attempt"
Uncertainty or doubt around gender	"Unsure of my exact gender identity"
	"Thought I might have been wrong/confused"
Fluctuations in identity or desire	"My gender feels complicated and changing all the time."
	"I enjoy having the ability to go back and forth between genders."

*Denotes other additional sexual and gender minority identities.
HRT, hormone replacement therapy; LGBTQ, Lesbian, Gay, Bisexual, Transgender, and Queer.

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a highly personal and individualized process, and not all TGD people will desire all domains of gender affirmation at all times, as has been highlighted in case literature regarding people who desire medical but not social affirmation.[11]

It is important to highlight that detransition is not synonymous with regret. Although we found that a history of detransition was prevalent in our sample, this does not indicate that regret was prevalent. All existing data suggest that regret following gender affirmation is rare. For example, in a large cohort study of TGD people who underwent medical and surgical gender affirmation, rates of surgical regret among those who underwent gonadectomy were 0.6% for transgender women and 0.3% for transgender men.[26] Many of those identified as having ''surgical regret'' noted that they did not regret the physical effects of the surgery itself but rather the stigma they faced from their families and communities as a result of their surgical affirmation.[26] Such findings mirror the qualitative responses in this study of TGD people who detransitioned due to family and community rejection.

Strengths and limitations

The strengths of our study include its unprecedented sample size with broad representation of participants across the United States and its novel examination of the most robust dataset currently available on reasons for detransition. The generalizability of our study is limited by the nonprobability sampling design of the USTS. Prevalence estimates should therefore be interpreted with caution. Of note, the USTS sample is younger, with fewer racial minority participants, fewer heterosexual participants, and higher educational attainment when compared with probability samples of TGD people in the United States.[27] Because the USTS only surveyed currently TGD-identified people, our study does not offer insights into reasons for detransition in previously TGD-identified people who currently identify as cisgender. This study only utilized single informants, although the most important informants, that is, the very people who detransitioned. Given that external factors (e.g., harassment based on gender identity) can lead to internal factors (e.g., uncertainty regarding gender identity), it is possible that some individuals may later come to understand that their perceived internal factors may have in fact been driven by external factors. Future research would benefit from additional data from other informants, including clinicians and social supports, as well as data on how perceptions of driving factors may evolve over time.

Conclusion

Although there have been published guidelines for gender affirmation,[8,9] case studies regarding detransition,[10–12] and published data on the uncommon experience of regret following gender affirmation,[26] there has been little rigorous study with large TGD community samples regarding detransition. This study offers novel insights into the prevalence of this phenomenon and its drivers. These findings are of key clinical importance, as most of the reasons identified for detransition were adverse external factors that clinical care teams can work to ameliorate, to support TGD patients' autonomy and health.

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Authors' Contributions

J.L.T. conceptualized the study. J.L.T., S.S.L., and A.S.K. performed all qualitative coding. S.S.L. and A.N.A. completed all statistical analyses. J.L.T. and A.N.A. wrote the initial article draft. All coauthors edited the article for scientific content and clarity. A.S.K. supervised the design, writing, and revision of the article, as well as provided clinical expertise regarding mental health considerations for TGD communities. All coauthors reviewed and approved the article before submission.

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Disclaimer

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Author Disclosure Statement

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Supplementary Material

Supplementary Table S1
Supplementary Table S2

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