

## A retrospective analysis of the gender trajectories of youth who have discontinued a transition

Annie Pullen Sansfaçon<sup>a,b</sup>, Élio Gravel<sup>b</sup>, Morgane Gelly<sup>b</sup>, Tommly Planchat<sup>b</sup>, August Paradis<sup>b</sup> and Denise Medico<sup>c</sup>

<sup>a</sup>School of Social Work, University of Montreal, Montreal, Quebec, Canada; <sup>b</sup>Canada Research Chair on Partnership Research and Empowerment of Vulnerable Youth, University of Montreal, Montreal, Quebec, Canada; <sup>c</sup>Departement of Sexology, Université du Québec à Montréal, Montreal, Quebec, Canada

### ABSTRACT

**Background:** Detransition is frequently covered in the media as a return to a cis identity after transition. Detransition is often studied in isolation and fails to examine it in context of various stages leading to detransition.

**Aim:** To present the perspectives and reflections of youth who have detransitioned on their journey from early transition to discontinuation, focusing on three key dimensions: gender modalities, sexual modalities, and dysphoria experiences, and their evolution during this journey.

**Method:** We drew from 20 in-depth interviews with young people aged 16 to 25 who have discontinued a transition and examined various stages of the gender journey from early transition to detransition. Youth narratives were analyzed thematically and longitudinally. Results: We developed three main themes related to the gender journey: nonlinear gender modalities, navigating sexual modalities along with gender modalities, and coping with dysphoria and body discomfort. We found a great diversity of experiences with regard to these within each participant and across the sample.



**Discussion:** Transition and detransition trajectories are nonlinear and heterogeneous, without any identified commonalities that enable the prediction of outcomes after transitions. However, transnormativity may influence how people who detransition are expected to conform to a certain narrative despite the diversity of experiences present in this community.

### KEYWORDS

Detransition; discontinuation of gender transition; gender dysphoria; gender modalities; sexual modalities

World Professional Association for Transgender Health's Standards of Care (SOC8) (Coleman et al., 2022) currently suggest that access to multiple sources of gender affirmation (e.g. medical or social transition processes) are being effective in decreasing experiences of self-harm and improving overall mental health in people who experience gender incongruence. For example, research shows that medical gender affirmation, such as hormone therapy, tends to decrease depressive symptoms and psychological distress (Doyle et al., 2023) and improve overall well-being (Chew et al., 2018; Clark et al., 2020; Pullen Sansfaçon et al., 2019; Sorbara et al., 2020; Tordoff et al., 2022; Turban et al., 2020). Other forms of gender affirmation, such as having one's chosen name respected, reduce depressive symptoms and suicide rates (Russell et al., 2018).

Recently, there has been an increase of media reporting stories of youth who, after undertaking a transition, decide to “detransition” (Millette & Turbide 2022) a term that remains poorly understood (Expósito-Campos, 2021) and lacks of consensus (Vandenbussche, 2022). Expósito-Campos (2021) describes detransition as a process of ceasing to identify as trans after engaging in transition (whether socially, legally, or medically) and generally implies a reversal or cessation of transition steps, such as discontinuing transition care without necessarily ceasing to identifying as trans. Detransition can also include the changing of names, pronouns, or gender expression (Vandenbussche, 2022). The term “detransitioner” is often used as an identity and implies a shift in one's subjective understanding of oneself, and it must be distinguished from detransition as an act

**CONTACT** Annie Pullen Sansfaçon  [a.pullen.sansfacon@umontreal.ca](mailto:a.pullen.sansfacon@umontreal.ca)  School of Social Work, University of Montreal, CP6128 Downtown station, Montreal, QC H3C3J7, Canada.

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(Hildebrand-Chupp, 2020). In this study, we use “detransition” as inclusive of young people under the age of 25 who embarked on a transition process (whether social, medical, and/or legal) and have since discontinued it (whether they fully or partially ceased the medical process, changed their gender presentation, and/or stopped identifying as trans). We refer to this group as youth who have discontinued their transition (YDT).

The idea of detransition is often conflated with experiences of regret after a gender transition. In the media, it is often portrayed as the result of a misdiagnosis and deep regret over their experience (Millette & Turbide, 2022). However, negative transition experiences may only be a subcategory within experiences of detransition (Hildebrand-Chupp, 2020). Although regret may accompany a detransition, other feelings can be presenting such positive one or ambivalence and can evolve over time (Littman, 2021; MacKinnon et al., 2022; Pullen Sansfaçon et al., 2023).

Rates of detransition are difficult to estimate because studies use different methodologies and samples, among other factors (Cohn, 2023). Olson et al. (2022) have shown that five years after a social transition in childhood, 2.5% re-identify as cisgender, and 3.5% move toward a nonbinary identity. Another study of older youth and medical transition have shown that 6% of adolescents discontinued GnRHa treatments (blockers) after a median duration of 0.8 years of which 3.5% mentioned they did not wish to continue gender-affirming treatment (Brik et al., 2020). Another cohort study of 1,089 youth who medically transitioned in the United Kingdom shows that 5.3% of participants ceased treatment (blockers or hormones) and reverted to their gender assigned at birth at the time of their discharge (Butler et al., 2022). In the Netherlands, 2% of youth discontinued treatment (van der Loos et al., 2022). This suggests that detransition remains infrequent among youth.

Studies have begun to highlight the complexity of transition and detransition experiences and call for research that produces more nuance (MacKinnon et al., 2022; Pullen Sansfaçon et al., 2023; Turban et al., 2021; Vandebussche, 2022). Currently, research often neglects important factors contributing to detransitioning, like age and previous

transition types. Some studies focus on internal factors, such as the realization that gender dysphoria may have other causes (Littman, 2021; Vandebussche, 2022). For instance, some participants reported increased comfort identifying with their assigned gender at birth, no mental health improvements post-transition, transitioning for reasons they later regarded as wrong (like internalized homophobia or difficulty accepting their sexual identity), or prior experiences of trauma (Littman, 2021) or a change in gender identity (Turban et al., 2021). Studies have also identified external factors such as experiences of discrimination (Littman, 2021), family or community pressure, stigma (Turban et al., 2021) or pressure to conform to a certain discourse (Ashley, 2023). Some studies have focused on experiences of regret (Bustos et al., 2021) or its potential impact on professional practice (MacKinnon et al., 2022).

However, much existing research has yet to incorporate a life course perspective for examining experiences across the various stages leading to detransition or discontinuation. While detransition is often studied in isolation, it is inherently intertwined with the broader gender journey process, necessitating a more holistic understanding<sup>1</sup> (Pullen Sansfaçon et al., 2023). A life course approach entails studying a phenomenon with consideration of temporal and societal factors, acknowledging the interconnectedness of various life stages for individuals, their families, and communities. It also accounts for how risk and protective factors affect individual’s physical and mental well-being throughout their lives (World Health Organization (WHO), 2018).

Thus, this article presents the perspectives and reflections of YDT on their journey from early transition to discontinuation. It examines three specific dimensions related to their gender journey: their gender modalities, sexual modalities, and experience of dysphoria and their evolution from early transition to discontinuation. The following section covers the study’s methodology, detailing the sample and analytical procedures. Results are presented under three primary themes: nonlinear gender expressions, navigating sexual modalities alongside with gender modalities, and managing dysphoria and body-related issues. The article concludes with a

discussion of these findings and the study's limitations.

## Method

The data in this article were derived from The Detrans Discourses Project a larger research collaboration with Gender Creative Kids, a nonprofit organization working with families of gender-diverse children and trans youth. The project's goal is to examine detransition discourses from three angles: Youth (YDT) themselves, trans-care providers, and media sources. This article exclusively explores the perspectives of YDT. Twenty YDT took part in semi-structured, in-depth video interviews conducted in both English and French between October and November 2020. Each interview lasted for a maximum of two hours.<sup>2</sup> All 20 participants, aged 16 to 25, had previously undergone gender transitions, which could be legal, medical, or social, but had since discontinued. Nineteen of them were assigned female at birth. They were recruited internationally through advertisements posted in various social media groups, including those for trans and nonbinary youth, as well as support groups for detrans or detransitioners. These participants also shared the ad in their networks, leading to a snowball effect. The call for participation mentioned the following inclusion criteria: "Have begun a gender transition (whether it be social, legal, or medical) and have discontinued this transition" and "be 15 to 25 years old (inclusively)." It also provided some examples of situations leading to detransition:

Whether it is because you have lacked familial, peer, or academic support, because you have experienced discrimination, because you feel more nonbinary, because you are not sure you have made the right choice, because you didn't feel comfortable in your new body or new social identity, because you have experienced physical or mental health issues, or for any other reason, we would like to hear from you.

We purposely adopted broad inclusion criteria and definition of YDT because when the research started in 2020, little was known about detransition. We refrained from offering precise definitions for transition and detransition, as this exploratory study sought to investigate the varied

experiences that individuals recognize as discontinued transitions. Therefore, participants were selected based on their self-identification of "having begun and then discontinued a gender transition." The project was approved by the PI (University of Montreal) and all of the coresearchers' university ethics board (University of Ottawa and University of Quebec in Montreal). Participants were required to sign a consent form explaining the project and were given a \$30 gift card as compensation.

The participants came from Canada, the United States, France, Belgium, Indonesia, Scotland, and Finland. The interviews explored various dimensions of their gender journey, such as their discovery of gender, motivations for beginning and discontinuing a gender transition, and current and past perspectives on transition and detransition. The interviews also explored participants' interactions with friends, family, peers, and medical institutions throughout their gender journey. The interviews were transcribed verbatim, then checked for accuracy.

We first analyzed the data using reflective thematic analysis (TA) (Braun & Clarke, 2022) with MAXQDA software to facilitate the organization of codes. The process of engaging in reflective TA is influenced by theoretical assumptions (Braun & Clarke, 2022). The team's theoretical framework was based on an anti-oppressive, fluid, and gender-affirming perspective. (Baril & Silverman, 2022; Medico & Pullen-Sansfaçon, 2017), which asserts that gender can be experienced beyond the categories of male/female, evolve over time, and is impacted by social context. The broader Detrans Discourse team is diverse in terms of its positionalities and includes trans and cis coresearchers, a cis collaborator who is also a clinician, a nonbinary research coordinator, cis and trans research assistants, and a YDT consultant who advised on the interpretation of the data. In terms of authorship of this manuscript, the Principal Investigator (PI) (Pullen Sansfaçon) and coresearcher (Medico) designed the study, Gelly conducted the interviews, and Gelly and Gravel coded the data under Pullen Sansfaçon's supervision. The analysis was performed by Pullen Sansfaçon, Gravel and Gelly and the interpretation was reviewed by Paradis during the writing up stage.

The thematic analysis process led to the development of several themes and categories, with four being notably significant across various stages of the gender journey: gender identity, sexual identity/orientation, adherence to gender norms, and experiences of dysphoria and body discomfort. As theme development progressed during both the writing process and peer review, it became apparent that terms like ‘gender identity,’ ‘gender fluidity,’ and ‘gender journey’ had limitations in discussing discontinuation. YDT sometimes distance themselves from these concepts when moving from transition to detransition, as explained below. Additionally, some individuals who detransition undergo a significant shift in their perception of, or connection to the concept of gender identity. As we refined the themes, we opted to merge the prior categories of ‘gender identity’ and ‘relationship to gender norms’ into a new theme: “navigating nonlinear gender modalities.” This new theme not only aligns with the comprehensive life course perspective we embraced but also encompasses both the personal, subjective facets of gender and its societal dimensions. Thus, we developed three main themes related to the gender journey: nonlinear gender modalities, navigating sexual modalities along with gender modalities, and coping with dysphoria and body discomfort. The word ‘modality’ aligns better with the life course perspective and the meanings conveyed by the youth in their discussions of transition and detransition. A ‘modality,’ that is “a particular way of doing or experiencing something” (Cambridge University Press & Assessment, 2023) offers a more inclusive framework that extends beyond the cis-trans dichotomy, highlights the possibility of change over time and allows multiple dimensions to interact simultaneously (Ashley, 2022). Moving away from dichotomies has been suggested as a progressive approach to grasp detransition and discontinuation (Pullen Sansfaçon et al., 2023).

The themes were then examined for each YDT using Saldaña’s (2003) longitudinal analysis matrix. This approach is typically employed for monitoring changes in prospective longitudinal research, was still valuable in retrospectively identifying changes and consistency across cases and comparing them with the entire sample at

different moments in time (i.e., before, during and after transition, during detransition, and today) as well as the factors that contributed to these changes.

## Sample

The participants’ trajectories were unique and diverse, beginning with the types of transition that they pursued. They all socially transitioned, and most changed their name and pronouns. Half of participants socially transitioned before age 18, and four socially transitioned at age 18 or after; six participants did not mention the age at which they transitioned. Seven participants only socially transitioned, 13 also medically transitioned. Of those who medically transitioned, 12 participants took hormones and eight underwent at least one surgical intervention. Two participants took blockers before hormones, and one participant had surgery without taking hormones. Among the 13 youth who medically transitioned, only three participants began their transition before age 18. [Table 1](#) summarizes participants’ demographic.

To detransition, an initial transition is a prerequisite. Consequently, participants’ choices and paths during detransition were influenced by the nature of their prior transition (social, medical, or legal), the specific steps they had taken, and their current gender identity (e.g., gender fluidity, reassertion of their assigned birth sex with or without the intention of medical procedures, name changes, etc.). Thus, detransition pathways could include medical, social, and/or legal changes. These simplified categories couldn’t capture the complexity of each participant’s experience, making it challenging to precisely categorize their detransition process. For instance, most participants reverted to their previous pronouns after detransition, but some retained their transition pronouns or adopted new ones, including gender-neutral pronouns. Some individuals also expressed comfort with various pronouns or any pronouns. In a few cases, participants retained their transition pronouns or names but altered their gender expression to align more closely with their assigned gender:

**Table 1.** Participant demographics and the types of transition initiated.

Participant pseudonym and pronouns	Gender assigned at birth	Social transition	Approx. age at the beginning of social transition	Medical transition	Type of medical interventions received			Approx. age at the beginning of medical transition
					Blockers	Hormone therapy	Surgery	
Andréanne ( <i>elle</i> )	F	Yes	N/A	No	N/A	N/A	N/A	N/A
Yaël ( <i>il/iel</i> )	F	Yes	16–17	Yes	No	Yes	Yes	18
Lou ( <i>elle/iel</i> )	F	Yes	22–23	No	N/A	N/A	N/A	N/A
Iris ( <i>elle</i> )	F	Yes	16–17	Yes	No	Yes	Yes	19
Jada ( <i>she/her</i> )	F	Yes	16	Yes	No	Yes	Yes	18
Chris ( <i>she/her</i> )	F	Yes	14	No	N/A	N/A	N/A	N/A
Sam ( <i>she/her</i> )	F	Yes	N/A	Yes	Yes	Yes	Yes	16
Shane ( <i>she/her</i> )	F	Yes	16	Yes	No	Yes	No	18
Sasha ( <i>she/her</i> )	F	Yes	13	Yes	No	Yes	Yes	14
Lea ( <i>she/her</i> )	F	Yes	14	Yes	Yes	Yes	No	15
Sun ( <i>he/she, whatever feels authentic</i> )	F	Yes	18	Yes	No	No	Yes	19
Eleanor ( <i>she/her</i> )	F	Yes	14–15	Yes	No	Yes	No	21
Jona ( <i>she/her</i> )	F	Yes	19–20	Yes	No	Yes	Yes	21
Billie ( <i>she/her</i> )	F	Yes	N/A	No	N/A	N/A	N/A	N/A
Olivia ( <i>she/her</i> )	F	Yes	13	No	N/A	N/A	N/A	N/A
Dylan ( <i>he/him</i> )	F	Yes	19	No	N/A	N/A	N/A	N/A
Addie ( <i>she/her</i> )	F	Yes	N/A	Yes	No	Yes	No	At least 20
Emma ( <i>she/her</i> )	F	Yes	11	No	N/A	N/A	N/A	N/A
Nolan ( <i>they/them</i> )	M	Yes	N/A	Yes	No	Yes	No	At least 19
Aren ( <i>she/her</i> )	F	Yes	N/A	Yes	No	Yes	Yes	At least 19–20

I very much enjoyed changing my name, and I'm still so glad I changed it to Shane, from what my, like, birth name was, feels immensely more comfortable, even—even now that I use she/her pronouns. (Shane, age 21, No gender identification, just female sex)

I came back a little late after school started, but my senior year I came back and I just kind of went back to using Emma. No one really knew what happened over the summer cause, like, I didn't tell anyone what happened. But I was just like, yeah, Emma's fine, I don't really care anymore. (Emma, age 18, identifies as lesbian, butch, agender, and a gender-nonconforming woman)

Out of the 12 participants who underwent hormone therapy, all but one stopped the treatment. The single participant who continued hormone therapy did so for medical reasons after a surgical procedure.

## Results

This section presents the results from the retrospective analysis of the three themes 'navigating nonlinear gender modalities', 'navigating sexual modalities along with gender 'modalities' and 'coping with dysphoria and body discomfort'.

### *Navigating nonlinear gender modalities*

The study's findings reveal that youth employed a range of gender modalities throughout their gender journey, often aligning with the labels they used to define themselves. These descriptions were closely linked to their understanding of gender in society and their evolution within it. While participant labels changed at different stages of their journey, we also noted some similarities in how they experienced and performed gender and related to gender norms today.

Regarding participants' gender self-descriptions, the analysis revealed a nonlinear progression in the labels they employed, with these shifts occurring at various times for different participants. Table 2 illustrates this evolution for a small subsample of participants and the labels that they used to discuss gender modalities over time.

Before transition, the participants used different labels to describe themselves. Moreover, some mentioned that they did not question their gender identity during this period. During childhood, several participants noted the association of gender with distinct norms and expectations. Some recollected perceiving the world in a binary manner and many described experiencing



**Table 2.** Nonlinear gender modalities.

Participant pseudonym	Gender assigned at birth	Label used to describe gender before transition	Label used to describe gender during transition	Label currently used to describe gender
Andréanne	F	Did not think about or question gender identity because did not have the words. knew about being a girl but was neither like boys nor girls	Boy	Fluid, woman and queer, feminine bisexual man
Lou	F	Tomboy, not like boys or girls	Genderfuck → genderfluid → xenogender → demi-boy	Nonbinary (but only talks about it in safe spaces)
Iris	F	Girl	Trans	Does not think about gender identity
Shane	F	Did not feel like a girl	Nonbinary → trans	No gender identification, just female sex
Sasha	F	Did not think about or question gender identity	Trans	Detrans woman, female
Sun	F	Did not think about or question gender identity	Trans	Does not have a gender identity
Jona	F	Woman, tomboy, did not think about or question gender identity	Nonbinary (gender-neutral)	Does not think about gender identity
Dylan	F	Back and forth between male and female identification for years	Trans man → nonbinary	Woman/lesbian
Nolan	M	Did not want to be a man	Trans	Nonbinary but prefers not to define themselves

pressure to conform to expectations linked to their assigned gender:

Well, judging based on how my brothers were treated and how I was treated, just like in day-to-day life, there was, you know, "Don't go out and get muddy. You're a girl." Or like, "You've got to keep yourself covered up. You're a girl." [...] And they got to play video games and I couldn't, because I was a girl. They got to go play sports and I couldn't 'cause I was a girl. Um, so a lot of those expectations I wanted to get away from. (Dylan, age 22, identifies as a woman lesbian)

While a few participants did not question their gender at certain points in their journey and may have partially adhered to societal gender norms, the majority described or hinted at some degree of childhood gender nonconformity (GNC). In essence, they felt or behaved in ways that diverged from gender expectations. This GNC manifested in various forms, such as feeling distinct from peers of the same assigned birth sex, desiring to belong, or sensing a disconnect from gender norms and their sense of belonging. Several participants reported that their GNC was intertwined with discomfort over their gender or sex assigned at birth. This discomfort often resulted in frustration and a rejection of gender norms, including resistance to being treated according to their assigned gender, and traditional femininity or masculinity. For example, 25-year-old Nolan, who identifies as nonbinary, said, "I just, um, like, I just didn't see masculinity as anything to aspire

to. I didn't, I just, um, I just very much did not want to be that thing." During transition, most participants related to the experience of transness. For example, Sun explained,

I would say that one of the things [laughs] that convinced me so strongly that I, like, must be trans was the fact that my mental health was the best ... it probably was for about a month, two months after coming out as trans, just because I finally felt like "Oh, I figured it out." (Sun, age 20, No gender identity)

Participants used diverse terms like "demiboy," and "trans guy," to express their identity to others. These labels may reflect their experiences with gender norms during transition, with some feeling liberated from the norms linked to their assigned gender. For example, with regard to binding practices, Dylan expressed, "It felt good to see myself that way. It felt like I was, like, finally free of the expectation of being a woman" (Dylan, age 22, identifies as a woman/lesbian). However, transition, while relieving the expectations tied to participants' assigned gender, introduced new pressures to adhere to gender norms and conform to transnormative narratives, often binary ones.

I felt like there were kind of very concrete steps to transitioning. Um, because when I got top surgery, I definitely planned to start T [testosterone] next. And yeah, it just felt like there was this unspoken pressure to kind of keep going with each step to almost prove myself. (Sun, age 20, No gender identity)

A few participants also mentioned their desire to be “stealth” (e.g., be perceived by others as cis-gender and keep their transness private) as a source of pressure to perform a gender that aligned with social expectations. Pressure also originated from feeling as though they not fit into or related to being read as cis (or hetero) or no longer belonged to any gender categories:

I was bit sad because not because I felt like I'd lost something. But because it was finally dawning on me that yeah, I would never technically be male. And I'd also never fit in with a lot of girls who are just naturally feminine and like to hang with other feminine girls. It just felt like I'm always gonna be somewhere in the middle. 'Cause yeah, I'm a girl, but there's not many masculine girls. (Billie, age 16, identifies as a girl or “boyish” girl)

After enduring pressure to conform to the gender norms that came with their gender post transition, many YDT began to question those norms. This process often resulted in disengagement from gender norms and an initial sense of liberation at the start of their detransition journey. Many described this shift away from gender norms as a change in perspective, which they attributed to various factors, such as viewing gender as a social construct, redefining their concept of gender, or defining themselves beyond the constraints of gender norms.

During the interviews (post-detransition), participants employed a wide range of labels to define their gender. Some identified with gender diversity (i.e., neutral, fluid, nonbinary) while others use no labels or re-embraced their assigned birth gender. Furthermore, a few participants had no strong preference for how they were addressed. For example, Olivia said, “When people ask me, I'll say I'm a woman, though still I don't mind being called with ‘they’ or ‘them’” (Olivia, age 19, identifies as a woman). Some participants labeled their identity in relation to the step of the transition/detransition process that they were at: “I'm a detrans woman because I lived as a man, I transitioned to male, um, for several years (Sasha, age 21, identifies as a detrans woman and female).” Several participants mentioned that they no longer identified with or think about gender.

Participants' gender modalities evolved throughout their gender journey, often following

a non-linear path. Some individuals explored multiple labels within a short time frame. For instance, Emma employed multiple labels during her transition and continues to identify with ‘agender,’ the label she adopted during that period. Often, the labels participants used to define their gender were linked to evolving perceptions of social gender norms. This is an important dimension of gender modalities, as identity is inseparable from an understanding of societal expectations for gender expression. Several YDT acknowledged shifts in their views on gender during their journey, resulting in a decision to no longer identify as transgender.

At the time of the interviews, over half of the participants shared experiencing reduced gender pressure and greater freedom to express their authentic selves, each person interpreting this in a unique way. For instance, some participants redefined the concept of gender or gave less significance to external opinions. Others identified less with gender and more with other facets of their identity, forgoing the use of gender-related labels. A few participants mentioned that the labels they used changed but not the way that they identified:

I stopped identifying as trans and nothing really happened because I was where I wanted to be and I just realized that I was the same me all along, so I didn't have to change anything. Um, it was really just the word I was using to describe myself that changed. (Dylan, age 22, identifies as a woman and lesbian)

Furthermore, some participants employed multiple labels or shifted between them for strategic or safety reasons within the same time frame. They described adapting their presentation based on the context, using one label in certain situations and another elsewhere. In summary, the descriptions of participants' gender modalities displayed a significant degree of variability and complexity. Nevertheless, commonalities arose in terms of their experiences of gender nonconformity, gender performance, and interactions with societal gender norms. The data analysis also revealed that several YDT related their gender modalities to their sexual modalities, which is the focus of the next theme discussed in this article.

### Navigating sexual modalities along with gender modalities

During the interviews, certain YDT engaged in discussions regarding their sexual orientation (i.e., the gender they felt attracted to) or their sexual identity (i.e., how they labeled themselves in the context of their sexual orientation). At times, distinguishing between the two was not possible. Once more, the concept of modalities proved helpful in capturing these multifaceted dimensions, as it encapsulates diverse experiences of sexuality. We noted that shifts in participants' gender modalities frequently coincided with change or questioning of their sexual modalities, and vice versa. Table 3 presents a sample of participants' sexual modalities throughout their gender journey.

Much like gender modalities, sexual modalities varied between participants and over the course of their journey, reflecting a certain fluidity and evolution. Over half of the participants who discussed sexual modalities before transitioning mentioned being attracted to individuals of their gender assigned to them at birth. However, not all participants had the words to describe this

**Table 3.** Navigating sexual modalities along with gender modalities.

Participant pseudonym	Age at time of interview	Sexual identity before transition	Sexual identity during transition	Current sexual identity
Yaël	23	Attracted to girls, thought they were lesbian (began to question)	Realized that they were not just lesbian (were trans)	"Tapette" (faggot)
Jada	22	Attracted to women but did not know that she was lesbian because she did not have the words and representation of what a lesbian is.	Lesbian	Lesbian
Sam	25	Lesbian, trying to be heterosexual	Bi (because she was attracted to trans men)	Lesbian
Shane	21	Bisexual	Bisexual	Bisexual
Lea	19	Did not think that she was lesbian	Unsure	Lesbian
Billie	16	Liked girls but thought that she was a boy	Straight	Lesbian
Nolan	25	N/A	Bisexual	Pansexual or queer

and though they could express their attractions, they might not have identified with labels such as LGBT+ prior to transitioning.

And I've only dated women all of my life, but I've never, like, I've never been sexually attracted to men and I've never been in a relationship with somebody who is male, but I didn't ... it was not something I thought about when I was younger. Like there is not enough representation for young Black lesbians. I couldn't see it, so I didn't think it applied to me. (Jada, age 22, identifies as female but does not overly think about gender identity)

At times, YDT associated same-sex attraction with feelings of shame or discomfort. A few participants tried to conceal or suppress their attraction to the same sex, opting to date individuals of the opposite sex or using labels that didn't align with their experiences (e.g., identifying as 'bisexual' while exclusively attracted to the same sex). These behaviors seemed to stem from internalized homophobia. In certain cases, they didn't even question their opposite-sex attraction, as it was considered the norm. Some young people found themselves questioning both their sexual and gender modalities simultaneously. For example, Billie explained that she "did equate liking girls to somehow being a boy," while Addie and Sun said that realizing their attraction to girls intensified their desire to be masculine or to be born a male. For certain participants, embracing or expressing a different gender was perceived as an enhancement to their romantic relationships: "I felt better about my looks because I felt more wanted [...] And I also always gave a lot of value to romantic relationships. [...] So getting that romantic, um, attention was really important to me." (Jona, age 23, does not think about gender identity).

During transition, participants expressed a wide range of sexual modalities, such as lesbian, bisexual, gay, and straight. Sometimes, even when sexual orientation remained the same (i.e., the participant still felt attracted to the same gender[s] as before their transition), sexual modalities changed along with gender modalities. For example, Addie explained that, by transitioning to a man, she would "just be like a straight dude instead of having to be lesbian." Participants notably shared that how others



perceived their sexual identity underwent changes. For instance, an individual who appears as a man dating women may be perceived as heterosexual. This shift allowed some young people to openly navigate their relationships, but for others, it generated discomfort when their label didn't align with their personal experience, sometimes even leading youth to question their transition:

And like, for me, especially, like, the thought of being like, a straight man or, like, a bi-leaning straight man, just, like, it just wasn't me at all. [...] Like, if I feel that I'm male and I'm attracted mostly to women then why don't I feel straight? (Eleanor, age 24, identifies as a masculine lesbian and detransitioned woman)

The ways YDT described their sexual modalities post-transition varied. Some identified as queer, bisexual, lesbian, or pansexual. A few participants employed a label typically associated with sexual modalities to affirm their gender identity, either wholly or partially (e.g., “lesbian” or “*tapette*”).

And now for the most part I just identify fully as a lesbian, if that makes sense. Like not a man, not a woman, a lesbian, um, which is, it probably sounds odd based on, like, the definition. (Dylan, age 22, identifies as a woman and lesbian)

Some also use a sexual modality label such as using the label “butch” to clarify experienced their gender identification:

Like, I almost consider butch to be my gender, but it's still a butch woman, it's just a different way of being a woman. (Emma, age 18, identifies as lesbian, butch, agender, and a gender-nonconforming woman)

In summary, akin to gender modalities, youth expressed a range of sexual modalities. The majority identified within the realm of sexual diversity, labeling themselves as lesbian, bisexual, queer, pansexual, and more. We noted that shifts in participants' gender modalities and how others perceived their gender could influence their connection to their sexuality and its interpretation by others, subsequently affecting their relationship with gender. Conversely, participants' sexual orientation was at times cited as a motivation for transitioning.

### **Coping with dysphoria and body discomfort**

Participants' complex relationship with their own bodies was a recurring theme, and it appeared that how they interpreted this experience played a role in shaping their decisions regarding transition and detransition. All who discussed this aspect reported being uncomfortable with their bodies before transitioning. At the outset of their transition, this discomfort was attributed to early puberty changes, such as discomfort with their breasts, hips, voice, and so forth. However, participants held diverse and multifaceted current interpretations of this past discomfort, which could be linked not only to dysphoria or incongruence but also to other facets of mental health, such as eating disorders or trauma, or neurodiversity. For most, this sense of discomfort drove them toward a desire to attain the physical attributes associated with a different gender. Some individuals regarded body issues as a marker of their transgender identity, fostering an expectation that transitioning would enhance their comfort with their bodies and alleviate distress. [Table 4](#) offers a condensed account of how a subset of young people characterized their connection with their bodies over the course of their gender journey.

During transition, most participants mentioned feeling better in their bodies, at least for some aspects, and/or experiencing less gender dysphoria:

So, the lower my voice dropped, and just, like, not having to bind anymore, and just people seeing my flat chest, and being able to pass as male was very comforting. (Jada, age 22, identifies as female and lesbian).

The participants also highlighted encountering a range of challenges linked to their transition journey. For instance, some continually grappled with dysphoria and felt that the changes were insufficient or progressing too slowly. Sam discussed her experience as follows:

What worked about [transition] for me was the kind of hope for the future and the plan and the structure of all the steps, and then when that was gone, I'd already finished it. And now I'm supposed to just be satisfied with my body, and I'm not. (Sam, age 25, identifies as a detransitioned woman and lesbian)

**Table 4.** Coping with dysphoria and body discomfort.

Participant pseudonym	Before transition	During transition	During detransition	Now
Yaël	Realized that they did not want to die in their body when their grandparent died	Gender euphoria about growing a beard, which made them feel good Dysphoria about voice that stayed in between Losing hair at age 19 was difficult to accept	Felt good without injections, Injection did not make a difference	Sometimes feels dysphoric about in-between voice Strong distress over consequences of forced hysterectomy Losing hair is complicated Still feels good about beard and in their "in-between" body Prefers to face long-term risks of decreasing hormone therapy than committing suicide by taking it Not being able to stop testosterone or get pregnant due to forced hysterectomy is annoying
Iris	Dysphoria at age 16: hated the breasts, found hands too small, face was not masculine enough	Experienced dysphoria Liked hormone therapy, happy to start it at beginning of transition Enjoyed flat chest, not having to bind (happy about mastectomy) Happy about changes: closer to her embodiment goal When a step, started to worry about the next one Never experienced enough changes with hormone therapy	Reverse dysphoria: missing breasts, did not want a beard anymore Did not want hormone therapy injections anymore	Regrets not having breasts, needs them to feel like a woman Feels bad about mastectomy, voice, and body hair Youth wish it was possible to go to pre-transition state
Jada	Puberty was traumatic, did not expect breasts to grow Did not like parts of her body because she did not like being female	Happy about body changes: flat chest (mastectomy), not having to bind, deepening voice Did not expect hairline to recede so much, nervous about hair falling out, fear of balding	Did not want to grow as an old man	Nervous because changes could not be reversed Some distress over differences in appearance and identity Reverse dysphoria: breasts that she will never get back, voice, and being perceived as a man More comfortable in her sex than she ever was
Sun	Dysphoric about voice and breasts and not having male sexual anatomy	Felt that he/she was seeing himself/herself for the first time (after cutting hair and looking at himself/herself in the mirror) First time that youth stopped engaging in eating disorders in years Had a period of euphoria	Felt ugly and unattractive after mastectomy because of scars Felt mutilated, unlovable, and ruined Reverted to ED behaviors because he/she was embarrassed	Still has dysphoria over hips, paired with dysmorphia over feeling fat Glad that he/she had mastectomy
Olivia	Body changed as a child (White child to growing as Asian woman), which caused distress Experienced body dysmorphia as a child (eating disorders) Worsened at puberty: growing breasts and hips created a disconnect Wanted to look like men because they are skinny, do not have breasts, and are more childlike Wished they were born male Dysmorphia as a result of growth stopping because of eating disorder Puberty fueled eating disorder and body dysmorphia and dysphoria	Felt good about binding/packing and cutting hair short Happy to look like her self-image and men Trying to fit into trans narratives worsened her dysphoria and body hate Did not want to have hips or breasts Mental image of themselves looked like a boy Thinking of being trans worsened their eating disorder	Still had to contend with eating disorder and body dysmorphia, but therapy helped Anger at having believed that she had to be trans and hated her body even more, but anger gradually subsided	Relapsed a bit with the eating disorder Thankful not to have started testosterone injections Still does not like how she looks, wants to look male

*(Continued)*

**Table 4.** Continued.

Participant pseudonym	Before transition	During transition	During detransition	Now
Emma	Hated fem body parts because it is associated with trauma (hated breasts after being sexually abused) Feelings about body went hand in hand with eating disorder Extremely uncomfortable with being feminine (wearing dresses, etc.)	Began starving herself because of distress caused by feminine body after trauma Starvation to reduce feminine traits (breasts and periods) Thought that being uncomfortable with one's body was a sign of being trans	Hospitalization for eating disorder: periods and breasts came back, which was difficult Treatment for eating disorder allowed to slowly learn how to accept body Did sports, feeling strong helped becoming more comfortable with own body	Still uncomfortable with chest or breasts but making progress Still unhappy about body but happy about how she presents
Aren	Uncomfortable with female body parts: discomfort over breasts Youth feels like a stranger to their own body; Eating disorder	Felt comfortable taking testosterone for the rest of her life Felt good to wear binder (flat chest): felt relief when wearing binder because breasts were less prominent; enjoyed control over their body Began starving themselves to reduce hips and breasts (eating disorder) Felt less dysphoria, more comfortable with body No longer felt dysphoria at the time Experienced vaginal atrophy	Meditation: major relief for dysphoria Greater feeling of own body	Identifying as a woman again was tough, eating disorder returned Feels positive (and mixed) feelings over mastectomy, which relieves dysphoria (sometimes still has nightmares about breasts coming back) Still struggles with vaginal atrophy, has to recover from it

Note. Due to space constraints, this table only includes a selection of participants.

Others expressed discontent with the changes, adverse reactions to treatment side effects, or even an escalation of dysphoria due to various factors, including social one. These difficulties were experienced in various ways and at different points in the gender journey. For some individuals, a challenge arose during their transition, causing their feelings about a specific change to shift from satisfaction to dissatisfaction (or reduced satisfaction): “I had a lot of complications postsurgery and it kind of led me to question everything because everything that was supposed to be making my life better, was going wrong” (Sun, age 20, No gender identity). Others reported simultaneously experiencing positive and negative feelings, which led to internal conflicts, such as Nolan who initially felt excited about the changes before experiencing difficulties:

I still looked like, um, more masculine than I desired, [...] and because of that I would just be very insecure [...] I had a lot of loathing about that. A lot of, like, frustration [...]. I thought, like, I would just go on these medications and then slowly uh, resemble a cis woman and it, it just does put you in this sort of uh, third gender box that I wasn't necessarily uh, prepared for. (Nolan, age 25, identifies as nonbinary but prefers not to define themselves)

After detransition, participants' feelings toward their bodies remained diverse, encompassing both positive and negative feelings. Some still expressed negative emotions regarding their bodies. Several participants primarily described two types of experiences related to body discomfort: either a resurgence or persistence of dysphoria, or the emergence of a new form of dysphoria. Others mentioned experiencing dysphoria related to the physical changes that occurred as a result of the medical transition, which some participants, like Eleanor, described as a “reverse” form of dysphoria:

I think the permanent effects of T, like, sometimes can be difficult if you, like, just identify as a woman, like, having, like, a much deeper voice for example, or having facial hair and, like, I don't have much but there's still some and, just coping with that and, like, I guess, like, coping with that and then the feelings that it brings up in you, like, it's, it's kind of this way for every trans woman but for me there's just, there's an extra layer of, like, I did this to myself basically and on days when I'm feeling really bad, like, it can feel, like, it would be easier to just retransition and, like, not feel that way. (Eleanor, age 24, identifies as a masculine lesbian and detransitioned woman)

Following discontinuation, they reported experiencing more positive emotions as they felt

increasingly at ease (or, at least, less uncomfortable) with their bodies. As Lou expressed, their discomfort decreased: "I stopped wearing my binder, but not because I no longer see the point of it, I simply am ... less uncomfortable regarding my feminine attributes" (Lou, age 25, identifies as nonbinary).<sup>\*</sup> Some also noted changes in their personal perception of their bodies and expressed an increased sense of acceptance.

Like the two other themes, participants' experiences concerning their bodies were diverse and evolved over time, often not in a linear way. Indeed, while most youth experienced relief from transition, this experience also brought new expectations and challenges for some, often leading to new discomfort. That said, even after detransition, some YDT remained satisfied with the physical changes. Hence, participants' experiences with regard to their body are also diverse and evolve both individually and over time.

## Discussion

The retrospective analysis of participants' entire gender journey, covering three themes—nonlinear gender modalities, navigating sexual modalities in conjunction with gender modalities, and addressing dysphoria and body discomfort—revealed both diversity and commonalities in their experiences at various stages. Previous research on detransition has already emphasized individualized experiences and the heterogeneity within YDT groups (Expósito-Campos, 2021). Our findings contribute to the understanding of detransition by illustrating the diversity of experiences among YDT throughout their entire gender journey, encompassing the transition to detransition, even in a homogeneous sample with respect to participants' assigned sex at birth.

The great variation in gender modality throughout the gender journey underscores the need for a longitudinal examination of gender modalities in YDT. Indeed, an in-depth analysis of youth narratives shows that understanding gender identity, and gender modalities in a broader context, requires moving beyond mere label descriptions at detransition point. Labels can convey various concepts, as shown in the participants' stories. Therefore, viewing gender modalities as a

concept "related to" rather than strictly "corresponding to" one's gender identity and assigned gender at birth (Ashley, 2022) offers greater flexibility in exploring YDT experiences and encourages YDT individuals to assess their gender positioning more broadly. We found that understanding gender modalities requires considering young peoples' connection to others and societal gender norms. In our study, participants mentioned that social gender norms pressured them to conform to binary gender expectations before or during their transition. Cisnormativity—the unspoken assumption that those assigned male at birth always grow up to be men and those assigned female at birth always grow up to be women (Bauer et al., 2009)—can also impact the transition process by pressuring youth to follow a binary path and become "stealth." Trans narratives and journeys may be influenced by cisnormativity, leading to a new normative influence called transnormativity. Transnormativity can empower but also restrict youth, including those not undertaking a medical transition, in the expression of their gender modality (Johnson, 2016). Transnormativity place expectations of conformity and on consistency on trans individuals (Medico & Pullen-Sansfaçon, 2017), resulting in detransition potentially being seen as an outcome to be avoided. Some participants' narratives indicated that their gender journey was influenced by what we categorize as transnormative and cisnormative factors. Notably, participants described the pressure to "prove themselves" by achieving certain transition steps, or to follow a path that didn't align with their authentic, often evolving identity, leading to prolonged transitions. Many participants described detransition as breaking free from gender norms, experiencing liberation, redefining or rejecting gender, and embracing a life beyond societal gender expectations. Despite diverse gender journeys, detachment from gender norms and a decreasing role of gender in participants' identities appeared as recurring themes in our participants' interviews.

The results also underline shifts in how youth discussed their sexual modalities over time, indicating again fluidity and diversity. Prior research has shown that people may find it difficult to differentiate between gender identity and sexual

orientation until they explore new forms of sexuality during their transition (Pazos Guerra et al., 2020), and that “falling in love” may be instrumental in defining interests and behaviors related to gender, regardless of gender outcomes (Steensma et al., 2011). In our study, participants described how their exploration of sexual orientation and identity led them to question their gender before transitioning. Same-sex or same-gender attraction was sometimes seen as inconceivable or linked to gender nonconformity. Post-transition, some participants felt discomfort because of being perceived as cisgender and heterosexual. This helped them affirm their gender but erased their sexual identity. Hence, we propose that the traditional labels of homosexuality and heterosexuality may restrict gender-questioning youth when thinking about their sexual and romantic preferences or when reflecting on the influence sexual and gender norms may have on them questioning their gender. The concept of sexual modalities, which considered feelings and perceptions from others, may offer YDT greater validation for navigating their sexuality as their gender modality evolved through time. Exploring experiences through sexual modalities may lead to a clarification of gender modalities, helping youth pinpoint their “sweet spot”—where they feel most at ease regarding sexuality and gender without the need to identify with a label. This may foster fluidity and growth and aid in challenging “compulsory heterosexuality” (Rich, 1980) or heterosexuality as the default sexual orientation.

Regarding embodiment, our research indicates three possible outcomes following a detransition: 1) A feeling of relative comfort with one’s body as a result of the process, 2) the resurgence of gender dysphoria as experienced pre-transition, and 3) the development of “reverse” dysphoria arising from physical changes provoked by transition, persisting beyond detransition. The first two outcomes have been examined in literature (Expósito-Campos, 2021; Littman, 2021; Steensma et al., 2011; Vandebussche, 2022). The third one has not been covered in the literature beyond the identification of possible transition regrets, which are typically discussed as an emotional aspect of the process (Jorgensen, 2023). Consequently, our research contributes to a deeper understanding of

detransition outcomes beyond the concept of regrets.

Currently, research shows that YDT often experience a breakdown in care services (MacKinnon et al., 2022). As dysphoria may occur in two of the three outcomes, trans-care providers should attempt to apply more broadly a life course approach, offering support beyond transition care and early on in the process (WHO 2018). For example, discussing and deconstructing heteronormativity and cisnormativity with gender-creative children early can normalize diverse gender and sexual modalities, fostering positive attitudes and preventing internalized homophobia.

The WHO’s (2018) also recommends health interventions that evaluate risks, protective factors, and preparations for overcoming barriers in life transition. Our result suggests the providers can aid youth in understanding the impact of transition on their gender and sexual modalities, as well as address discussions on potential experiences of ambiguous loss (Boss, 1999; Pullen Sansfaçon et al., 2023) or on the potential invisibility of queer experiences amid community loss. These discussions can enhance informed consent by preparing youth for upcoming challenges.

Interventions should be non-coercive, particularly in discussions about sexual modalities, meaning youth must not be pressured or forced to explore these topics as a requirement for accessing gender-affirming care. Interventions aligned with a life course perspective should aim to enhance daily life conditions and foster healthy environments (WHO, 2018). This involves creating inclusive sexual education programs in schools to promote awareness of trans and YDT experiences, advocate for their rights, and foster a more inclusive society where people can be their authentic selves whatever their gender journey outcome.

### Limitations

This study’s results are retrospective rather than prospective, which has limitations. While offering fresh insights into an understudied phenomenon, not all narratives provided data on every examined theme. Participants’ transition narrative may



be constraints by their current perspectives on detransition (Caruana et al., 2015) and by recall bias (Talari & Goyal, 2020). This could impact how some participants recall their experiences. Their gender journeys may continue to evolve, possibly even leading to retransition in the future (MacKinnon et al., 2022; Turban et al., 2021), which may affect detransition outcome. Moreover, we had only one participant assigned male at birth, limiting the direct applicability of the results to this group.

## Conclusion

YDT undergo diverse gender journeys and changes in various aspects of their experiences. Our findings enhance understanding of their transition-to-discontinuation journey, but future research should prospectively examine their experience. For example, future studies could follow youth from the moment they question their transition and examine how heteronormativity and transnormativity affect their decision to pursue transition or to detransition in greater detail. Nonetheless, our study revealed nuances and evolving perspectives in youth, challenging previous research that simplified discontinuation as a single set of factors outcome. This insight encourages providers to critically assess narratives as presented in the media and refine their practice to better support youth, regardless of their gender journey direction.

## Notes

1. We use the term gender journey to facilitate the comprehension, but some youth may not relate to that term to describe their experience.
2. French citations were translated into French and indicated with an asterisk.

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## References

- Ashley, F. (2022). 'Trans' is my gender modality: A modest terminological proposal. In L. Erickson-Schroth (Ed.), *Trans bodies, trans selves: A resource by and for transgender communities* (2nd ed.). Oxford University Press.
- Ashley, F. (2023). Interrogating gender-exploratory therapy. *Perspectives on Psychological Science: A Journal of the Association for Psychological Science*, 18(2), 472–481. <https://doi.org/10.1177/17456916221102325>
- Baril, A., & Silverman, M. (2022). Forgotten lives: Trans older adults living with dementia at the intersection of cisgenderism, ableism/cogniticism and ageism. *Sexualities*, 25(1–2), 117–131. <https://doi.org/10.1177/1363460719876835>
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). "I don't think this is theoretical; this is our lives" : How erasure impacts health care for transgender people. *The Journal of the Association of Nurses in AIDS Care*, 20(5), 348–361. <https://doi.org/10.1016/j.jana.2009.07.004>
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Brik, T., Vrouenraets, L. J. J., de Vries, M. C., & Hannema, S. E. (2020). Trajectories of adolescents treated with gonadotropin-releasing hormone analogues for gender dysphoria. *Archives of Sexual Behavior*, 49(7), 2611–2618. Article 7. <https://doi.org/10.1007/s10508-020-01660-8>
- Bustos, V. P., Bustos, S. S., Mascaró, A., Del Corral, G., Forte, A. J., Ciudad, P., Kim, E. A., Langstein, H. N., & Manrique, O. J. (2021). Regret after gender-affirmation surgery : A systematic review and meta-analysis of prevalence. *Plastic and Reconstructive Surgery. Global Open*, 9(3), e3477. <https://doi.org/10.1097/GOX.0000000000003477>
- Butler, G., Adu-Gyamfi, K., Clarkson, K., Khairi, R. E., Kleczewski, S., Roberts, A., Segal, T. Y., Yogamanoharan, K., Alvi, S., Amin, N., Carruthers, P., Dover, S., Eastman, J., Mushtaq, T., Masic, U., & Carmichael, P. (2022). Discharge outcome analysis of 1089 transgender young people referred to paediatric endocrine clinics in England 2008–2021. *Archives of Disease in Childhood*, 107(11), 1018–1022. <https://doi.org/10.1136/archdischild-2022-324302>
- Cambridge University Press & Assessment. (2023). Modality. <https://dictionary.cambridge.org/dictionary/english/modality>
- Caruana, E. J., Roman, M., Hernández-Sánchez, J., & Solli, P. (2015). Longitudinal studies. *Journal of Thoracic Disease*, 7(11), E537–540. <https://doi.org/10.3978/j.issn.2072-1439.2015.10.63>
- Chew, D., Anderson, J., Williams, K., May, T., & Pang, K. (2018). Hormonal treatment in young people with gender dysphoria : A systematic review. *Pediatrics*, 141(4), e20173742. <https://doi.org/10.1542/peds.2017-3742>
- Clark, B. A., Marshall, S. K., & Saewyc, E. M. (2020). Hormone therapy decision-making processes : Transgender youth and parents. *Journal of Adolescence*, 79(1), 136–147. <https://doi.org/10.1016/j.adolescence.2019.12.016>

- Cohn, J. (2023). The detransition rate is unknown. *Archives of Sexual Behavior*, 52(5), 1937–1952. <https://doi.org/10.1007/s10508-023-02623-5>
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(Suppl 1), S1–S259. <https://doi.org/10.1080/26895269.2022.2100644>
- Doyle, D. M., Lewis, T. O. G., & Barreto, M. (2023). A systematic review of psychosocial functioning changes after gender-affirming hormone therapy among transgender people. *Nature Human Behaviour*, 7(8), 1320–1331. <https://doi.org/10.1038/s41562-023-01605-w>
- Expósito-Campos, P. (2021). A typology of gender detransition and its implications for healthcare providers. *Journal of Sex & Marital Therapy*, 47(3), 270–280. <https://doi.org/10.1080/0092623X.2020.1869126>
- Hildebrand-Chupp, R. (2020). More than ‘canaries in the gender coal mine’: A transfeminist approach to research on detransition. *The Sociological Review*, 68(4), 800–816. <https://doi.org/10.1177/0038026120934694>
- Johnson, A. H. (2016). Transnormativity : A new concept and its validation through documentary film about transgender men. *Sociological Inquiry*, 86(4), 465–491. <https://doi.org/10.1111/soin.12127>
- Jorgensen, S. C. J. (2023). Transition regrets and detransition: Meanings and uncertainties. *Archives of Sexual Behavior*, 52(5), 2173–2184. <https://doi.org/10.1007/s10508-023-02626-2>
- Littman, L. (2021). Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned: A survey of 100 detransitioners. *Archives of Sexual Behavior*, 50(8), 3353–3369. <https://doi.org/10.1007/s10508-021-02163-w>
- MacKinnon, K. R., Kia, H., Salway, T., Ashley, F., Lacombe-Duncan, A., Abramovich, A., Enxuga, G., & Ross, L. E. (2022). Health care experiences of patients discontinuing or reversing prior gender-affirming treatments. *JAMA Network Open*, 5(7), e2224717. <https://doi.org/10.1001/jamanetworkopen.2022.24717>
- Medico, D., & Pullen-Sansfaçon, A. (2017). Pour des interventions anti-oppressives auprès des jeunes trans : Nécessités sociales, évidences scientifiques et recommandations issues de la pratique. *Service Social*, 63(2), 21–34. <https://doi.org/10.7202/1046497ar>
- Millette, M., & Turbide, O. (2022). Detrans in the Media. 25th Congress of the World Association for Sexual Health (WAS) and SASHA (South African Sexual Health Association). *International Journal of Sexual Health*, 34, 1–331. <https://doi.org/10.1080/19317611.2022.2017618>
- Olson, K. R., Durwood, L., Horton, R., Gallagher, N. M., & Devor, A. (2022). Gender identity 5 years after social transition. *Pediatrics*, e2021056082. <https://doi.org/10.1542/peds.2021-056082>
- Pazos Guerra, M., Gómez Balaguer, M., Gomes Porras, M., Hurtado Murillo, F., Solá Izquierdo, E., & Morillas Ariño, C. (2020). Transexualidad : Transiciones, detransiciones y arrepentimientos en España. *Endocrinología, Diabetes y Nutrición*, 67(9), 562–567. <https://doi.org/10.1016/j.endinu.2020.03.008>
- Pullen Sansfaçon, A., Gelly, M. A., Gravel, R., Medico, D., Baril, A., Susset, F., & Paradis, A. (2023). A nuanced look into youth journeys of gender transition and detransition. *Infant and Child Development*, 32(2), e2402. <https://doi.org/10.1002/icd.2402>
- Pullen Sansfaçon, A., Temple-Newhook, J., Suerich-Gulick, F., Feder, S., Lawson, M. L., Ducharme, J., Ghosh, S., & Holmes, C, Stories of Gender-Affirming Care Team. (2019). The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming speciality clinics. *The International Journal of Transgenderism*, 20(4), 371–387. <https://doi.org/10.1080/15532739.2019.1652129>
- Rich, A. (1980). Compulsory heterosexuality and lesbian existence. *Signs*, 5(4), 631–660. <https://doi.org/10.1086/493756>
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *The Journal of Adolescent Health*, 63(4), 503–505. <https://doi.org/10.1016/j.jadohealth.2018.02.003>
- Saldaña, J. (2003). *Longitudinal qualitative research: Analyzing change through time*. AltaMira Press.
- Sorbara, J. C., Chiniara, L. N., Thompson, S., & Palmert, M. R. (2020). Mental health and timing of gender-affirming care. *Pediatrics*, 146(4), e20193600. <https://doi.org/10.1542/peds.2019-3600>
- Steensma, T. D., Biemond, R., de Boer, F., & Cohen-Kettenis, P. T. (2011). Desisting and persisting gender dysphoria after childhood: A qualitative follow-up study. *Clinical Child Psychology and Psychiatry*, 16(4), 499–516. <https://doi.org/10.1177/1359104510378303>
- Talari, K., & Goyal, M. (2020). Retrospective studies—Utility and caveats. *The Journal of the Royal College of Physicians of Edinburgh*, 50(4), 398–402. <https://doi.org/10.4997/JRCPE.2020.409>
- Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open*, 5(2), e220978. <https://doi.org/10.1001/jamanetworkopen.2022.0978>
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), e20191725. <https://doi.org/10.1542/peds.2019-1725>
- Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors leading to “Detransition” among transgender and gender diverse people in the United States :

- A mixed-methods analysis. *LGBT Health*, 8(4), 273–280. <https://doi.org/10.1089/lgbt.2020.0437>
- van der Loos, M. A. T. C., Hannema, S. E., Klink, D. T., den Heijer, M., & Wiepjes, C. M. (2022). Continuation of gender-affirming hormones in transgender people starting puberty suppression in adolescence : A cohort study in the Netherlands. *The Lancet. Child & Adolescent Health*, 6(12), 869–875. [https://doi.org/10.1016/S2352-4642\(22\)00254-1](https://doi.org/10.1016/S2352-4642(22)00254-1)
- Vandenbussche, E. (2022). Detransition-related needs and support : A cross-sectional online survey. *Journal of Homosexuality*, 69(9), 1602–1620. Article 0. <https://doi.org/10.1080/00918369.2021.1919479>
- World Health Organization (WHO). (2018). *The life-course approach: From theory to practice. Case stories from two small countries in Europe*. <https://apps.who.int/iris/handle/10665/342210>