

Re/DeTrans Canada

COMMUNITY REPORT

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What is the Re/DeTrans Canada Project?

We applied the term Re/DeTrans to be inclusive of a wide range of non-linear gender transitions and experiences such as those reported by trans, nonbinary, detrans, and retrans people.

We defined transition as inclusive of any social, legal, and/or medical interventions to affirm a transgender/nonbinary identity.

We defined detransition as inclusive of any social, legal and/or medical interventions to discontinue or reverse a past gender transition, specifically associated with a change in how someone identifies or thinks about their sex or gender.

We defined retransition as re-initiating a transition following a temporary detransition, and we also recognize that some individuals may apply to term "retransition" as a term to describe transition discontinuation/reversal or shifting from a binary trans identity (eg. FTM to nonbinary).

Re/DeTrans Canada was the first qualitative, interview-based research study in Canada that seeks to build knowledge and supports for Canadian detransitioners, retransitioners, people who stop transitioning and people who experience shifts in gender identity after starting a gender transition (Re/DeTrans 2023).

There is sparse knowledge about detransition and other non-linear gender transitions. Yet, there is a growing recognition of people who self-label as detransitioners (detrans) or retransitioners (retrans) or who otherwise stop or reverse aspects of their gender transition. Among detrans/retrans narratives is a call for social support, visibility, care, and more research.

Re/DeTrans Canada's study objectives were to examine how individuals understand shifts in their sex, gender, transition and detransition processes (whether their transition, detransition or retransition happens to be social, legal, or medical), and to identify detransition-related healthcare and social support needs. Re/DeTrans Canada also aims to develop better guidance for care providers

who work with trans, non-binary, gender-fluid, detrans/retrans, and other gender diverse populations who change the direction of their transitions (LGBTQ Health 2023).

Detransition is a topic that is heavily stigmatized. The politicization and weaponization of detransition in the United States of America for example make discussions of detransition-related health and social care very difficult. Regardless, detransition is a community and public health issue that is important to study in its own right. It is important to understand sexual and gender minority (SGM) identity development and improve care services for SGMs.

Background to this project

Gender care has been historically offered in a linear fashion starting with interventions that were thought to be the most reversible (e.g. puberty blockers) to those which are irreversible (e.g., genital surgeries). Today, gender care may be non-linear and emphasizes the importance of meeting individualized needs. There is a lot of research and care guidelines focusing on initiating gender-affirming medical care for trans and gender-diverse populations. By contrast, there is very little known about the experiences and care needs of people who are detransitioning. There are few long-term studies on pediatric or adult outcomes following medical/surgical transition in Canada. We do not currently have a complete understanding of the 2SLGBTQ+ population's identity development pathways or their health outcomes. This study provides information about a demographic of people who have been overlooked or shut out of communities because of their gender identities (whether they decide to transition, detransition or retransition), starting to fill the gap in care needs that are required for people experiencing gender identity shifts.

Detransition involves discontinuing - or seeking to reverse - some or all aspects of a past gender transition.

Detransition is often connected to a change in how an individual understands or expresses their gender or sexual orientation. Detransition may involve social and/or medical cessation of transition to better align with an individual's current identity. This may include name, pronouns, or legal gender changes, discontinuing or switching hormones, and/or surgical reversal/reconstruction.

Analyzing case note analyses of gender clinic samples in Spain, Australia, and the UK, discontinuing or reversing a transition with a change in gender identity may occur in <1%-10% of those who seek gender-affirming medicine (Boyd et al., 2021; Butler et al., Elkadi et al., 2023; Hall et al., 2021; Pazos Guerra et al., 2020).

However, these clinical samples may not represent broader TGD (transgender) communities, and such rates may be underestimated due to methodological issues such as a decline in numbers of detransitioned people in clinics, who sometimes avoid returning to the clinic due to stigma. These

people are not counted by researchers (MacKinnon et al., 2022). In the United States, Turban et al. (2021) found that 13% of over 17,000 TGD people reported a history of temporarily detransitioning to their assigned gender. Other studies with smaller sample sizes conducted in the US have found that identity shifts are not uncommon, especially among TGD young people. One study found 18% shifted from binary trans to nonbinary, or detransitioned (Strang et al., 2018), within a study period, and another reported that 40% moved from affirming a TGD identity to a cisgender identity.

There is an urgent need for comprehensive care resources to support individuals who are detransitioning and who may have a more fluid experience of sexual/gender identity. Early research indicates that many within this group identify along the Two-Spirit, lesbian, gay, bisexual, transgender, queer (2SLGBTQ+) spectrum.

In terms of on-going care needs, those who detransition may require peer and social supports, particularly from 2SLGBTQ+ communities and organizations. Experiencing rejection or social alienation from 2SLGBT+ communities

has been reported by those who detransition. Care and support must also be offered on an individualized basis, reflecting unique pathways to detransition and on-going social, psychological, or medical/surgical care needs.

Why do some people stop transitioning or detransition?
Existing research has pointed to these following possible and non-exhaustive reasons:

- They desire no further changes so they stop treatments
- They experience a change in identity/embodiment desires, or come to re-identify with a new sexual/gender identity
- They realized gender dysphoria was related to something else, such as mental health issues or traumatic life experiences
- A medical or surgical transition did not help with dysphoria or caused new forms of iatrogenic (reverse dysphoria) dysphoria
- They experienced trans-related discrimination, lack of support, or gender minority stressors
- They experienced health concerns or complications from medical or surgical transition
- Felt transition was externally, socially, peer motivated

Methodology

Study design and participant selection

The primary objective of this study was to develop critical, empirical knowledge about detransition and to mobilize this knowledge for care providers who work directly with people who are discontinuing transition or detransitioning. Our study applied a qualitative methodology—constructivist grounded theory (CGT)—to examine in-depth narratives about transition and detransition. CGT is an empirical, inductive methodology. It seeks to uncover the ways in which participants make meaning of their lives within relations of power (Charmaz, 2000; 2014). CGT is also recognized for its utility in shedding light on phenomena that are often disregarded or under-investigated in order to illustrate the systemic inequalities that impact people's lives (Charmaz, 2014). Insofar as the traditional grounded theory approach more generally supports concept and process development, CGT methodology centres co-constructing knowledge together with participants.

To enhance the process of knowledge co-construction from data collection and analysis, the research team engaged in reflexivity practices, including consultations with six detransitioners and retransitioners people living in the US and Canada during the development of participant recruitment and data collection tools as well as during analysis and writing. Members of our research team also bring lived experiences of transition/detransition/retransition which assisted in robust data collection and interpretation processes. We also consulted with two Canadian care providers who work in gender-affirming medicine during the analysis and writing phases. Ethics approval was obtained through the (Blinded) University Research Ethics board and all participants provided consent to participate. Participants received a \$30 CAD incentive.

We employed non-probability and internet-based sampling from October 2021 to January 2022. To recruit a heterogeneous sample of participants, we circulated advertisements over social media (Twitter, TikTok, Facebook, and Instagram). From our study Twitter account, the

-recruitment flyer was retweeted by several additional TGD-affirming, LGBTQ+, and detrans Twitter accounts. The flyer was also directed to six clinicians working with TGD populations across Canada, and snowball sampled through participants' social networks. To be eligible, participants had to self-identify with one or more of the following: detrans/detransitioned/detransitioning; retrans/retransitioned/retransitioning; re-identifying with cisgender identity". Participants were included if they were living in Canada, ages 18 and older, and could partake in an interview conducted in English or French (Canada's two official languages). We also circulated a tailored flyer to invite participants who were Black, Indigenous, and other people of color, as well as transfeminine/AMAB people. This was also circulated on our study accounts on Twitter, Instagram, Facebook, and TikTok to maximize sample heterogeneity. This targeted recruitment advertisement contained the same language and inclusion criteria as the standard flyer, with the addition of calling for participants who were transfeminine and/or Black, Indigenous, or people of colour. Twenty-eight participants currently residing in Canada with experiences of detransition

completed in-depth interviews and a demographics questionnaire.

Data collection and analysis

In-depth qualitative data was collected through virtual, semi-structured, one-on-one interviews conducted by the principal investigator and two additional research team members who all identify as part of the TGD community. Interviews were conducted by researchers trained in qualitative interviewing, including the principal investigator. Twenty-six interviews were conducted in English and two interviews were conducted in French. The interview guide contained questions about transition, detransition, experiences with care providers, gender and sexual identity evolution, among other related themes. Some of the interview questions included:

- To affirm a trans or nonbinary identity, what steps did you take to transition the first time?
- 'Can you tell me more about your previous gender identity?
- In which settings (school, work, home, shelter, therapy) were you open about this gender identity?

- Did you encounter any challenges during your gender transition?
- How did your parents, or friends, or teachers react?
- What do you think may have led you to de/retransition or stop transitioning?
- What do you think influenced your shift in gender identity?
- Could you tell me more about your detransition timeline?
- At the time, what did you know about detransitioning?
- Were you connected with any detransition supports (such as online support groups, other detransitioners)?
- Looking back, do you feel like transitioning was the right or wrong decision for you at the time?

Interviews ranged between 50-90 minutes, and they were transcribed and analyzed using Dedoose software. Data collection and analysis was dynamic and inductive, following a two-pronged approach consistent with CGT. Upon completion of the first 20 interviews, we reviewed these transcripts and developed an initial draft coding framework which conceptualized preliminary findings thematically. In the second step of data collection and analysis, the final eight interviews were conducted and

then these transcripts were also reviewed, to confirm data saturation and to finalize the thematic coding framework. As saturation had been reached across the dataset, a codebook was completed by analyzing the last eight interview transcripts. Focused coding was then completed for each transcript to identify narrative themes and this step was completed. Emergent themes were identified using a CGT analytic approach which recognizes the mutual role of the researcher and participant in constructing meaning from the data, and comparing themes to one another. We further used the constant comparative method of analysis to discover underlying typologies of detransition which involved comparing and contrasting similar and dissimilar themes within the participant narratives. This latter step occurred during the process of data analysis, following CGT's iterative approach, and after initial analyses had been completed. The constant comparative method of analysis enabled us to categorize and construct discrete detransition subtypes based on themes that emerged from the dataset.

Participants

Who did we interview (demographics)?

- The Re/DeTrans Canada study interviewed 28 individuals from across Canada about their experience of stopping, shifting, or reversing a gender transition. Among participants, 64% were assigned female at birth (AFAB) and 36% were assigned male at birth (AMAB).
- Although efforts were taken to achieve a heterogeneous sample in terms of racial diversity and assigned sex, the sample comprises a majority AFAB and a majority white participants. 75% were white, 7% were Jewish and white, and 18% were racialized (Black, Indigenous, Arab, South Asian, Latinx).
- A majority of the participants felt they detransitioned largely due to internal factors such as gender identity evolution, health concerns with hormones, dissatisfaction with binary transition, and/or mental health challenges (MacKinnon et al. 2022).
- All of the participants identified within the 2SLGBTQ+ community. They were between the ages of 20 – 53.

Demographics from the study:

- Aged 20-29 - 72% of participants
- AFAB - 64% of participants
- White - 75% of participants
- Bisexual/Pansexual - 32% of participants
- Disabled - 57% of participants
- Social Transition/Detransition - mean average of 5.32 years
- Age of medical transition - 54% were between 18-24 years of age
- Number of past gender identities - 43% had 2 past gender identities
- Current identity - most identified as non-binary after transitioning to trans men or trans women

Mental Health and Neurodivergence

- Out of 16 people, 5 were autistic and 2 reported being generally neurodivergent, 4 were living with borderline personality disorder, 3 identified as having ADHD, 4 identified as 3 identified as living with Bipolar, and a few additional mental health challenges were reported.

Why did the participants join this study?

- “I realized this experience is becoming increasingly common...there’s more people who transition, there are also more people who transition again. And there’s not - there still is a dearth of information or knowledge - anything - for those people. Or for people who provide them care.” - Participant #23, Non-binary Woman, Age 25-29, Trans Masc
- “When I decided to transition... I felt pretty lost... especially coming off hormones. I didn’t know what to expect and was really overwhelmed...I thought [participating in the study] was a really great opportunity to - I don’t know, just try to get supports for people and just talk about my experience with it all.” - Participant #22, Female, Lesbian, Age 25-29, Trans Man

Results

Identity shifts and detransitioning

All participants discussed fluidity and dynamic understandings of their gender identity and expression, and for many of these individuals, their gender-affirming care needs persisted over their life course due to shifts in gender (MacKinnon 2022). For instance, some participants discussed initially transitioning, shifting their identity and detransitioning for a temporary period, then experiencing another identity shift, and then retransitioning again later. These non-linear, fluid transitions were accompanied by numerous complex interfaces with social, legal and medical gender-affirmation, such as multiple name/pronoun changes and stopping or switching gender-affirming hormones. Several participants expressed regret or ambivalence regarding their initial transition, wishing they had of taken the process slower or been provided with more non-medical transition options. Others were dissatisfied about changes made to their bodies after gender-affirming interventions, particularly surgeries. Still, the majority felt satisfied with their past decision to medically transition, their bodies, and reported a sense of empowerment. During detransition, participants frequently

described having stigmatizing encounters with providers who were unprepared or judgmental about detransition. Participants offered recommendations for improved care delivery, including more information about non-linear transition, more awareness of nonbinary identities, and formal supports made available within 2SLGBTQ community organizations.

The majority of the participants did not detransition to their assigned sex/gender. And many felt that even though they are “technically” no longer trans living as binary trans men or trans women for a period of time “changed that baseline” such that now they embody sex and gender somewhere between cisgender and trans. Others were questioning or unsure about their identities while they were taking active steps to socially and/or medically reverse their initial gender transition. For some of these individuals, detrans/detransitioner may replace their former trans identity; however, based on our analysis this comes with considerable social risks and minority stressors such as being labelled with detransphobic terms like “trans-trender,” or being assumed as anti-trans and experiencing social exclusion.

What is Detransphobia?

By analyzing participants' narratives, we developed the concept of Detransphobia to understand detransition-related stigma and stereotyping. Detransphobia is defined as a fear or hatred of detransitioners and the existence of detransition (jouissancepastance, 2018).

Participants demonstrated protective coping strategies from detransphobic misrecognition of their beliefs and experiences, such as defining and narrating their own subjectivities. Although participants expressed feelings of hurt or grief about community or friends lost due to detransphobia, they often voiced empathy and recognition of the socio-political context, thereby attempting connection despite overt prejudice. Participants often expressly worked to eliminate negative stereotypes about detransition while also using empathy to challenge negative prejudices. In doing so they offered support towards the trans community, while at the same time coping with detransition-related minority stressors and resisting detransphobia.

- "[Trans] people that I know who have been out for a long time, are usually pretty comfortable in their own skin...Whereas, in the few instances where I've crossed paths with people who are early transitioning. [My detransition] seems to be more problematic for them... This has happened online, too, where [trans] people will say that straight cis people who are on the right are going to see [detransition] as proof that transitioning is wrong. And so, we shouldn't detransition. Or that we weren't ever really trans or that kind of thing. - Participant #9, AFAB, Queer, Age 37
- "I'm still friends with that I still talk to. Most of them, I trigger their dysphoria and invalidate them by existing... I haven't found community within [the 2SLGBTQ+ community centre], any of those spaces." - Participant #10, AFAB, Female, Homosexual/Lesbian, Age 29
- "I think the biggest thing I would want the public to know is just because someone you know detransitions doesn't make the trans community any less valid. And vice versa. Like you know, we're all human. We all deserve rights." - Participant #20, AFAB, Female, Gay, Age 25

Discrimination and TGD Identity Repression

Externally-driven detransition due to lack of familial or social support, discrimination within employment or school settings, or difficulty accessing desired gender-affirming medicine was a theme found in some interviews. These narratives appeared most prominently among detransitioned AMAB participants and transgender women who had a history of temporary detransition followed by retransition. These participants who detransitioned due to discrimination or a lack of familial or social support, talked about implementing a coping strategy such as avoiding thinking about gender and/or repressing their TGD identity and feelings of gender dysphoria in ways they described as “dissociation” and “repression”:

- “If I was told like the full out truth [lack of access to surgery] I think I would have just started work and moved to another province and then considered [transition], in a place where it was accessible and I had the full knowledge... I would not have done it here [province] at least... some days it's difficult to leave the house. It's difficult to let people see me [a visible trans

- ...person]. I want to just hide away... that is actually like the main thing that's kind of influenced me to have such radical identity and expression changes honestly."
- Participant #27, AFAB, Unsure/Questioning, Gay, Age 25
- "There were some people who didn't respect my gender identity, and that was excruciating... It [was] psychologically almost intolerable to be openly trans, I was also feeling like "I don't feel 100 percent like a girl"...It was sort of like any time I recognized a way in which I didn't feel like a woman, it just defaulted back to like, "Oh, then I must just actually be a boy, then." ... But my theory is that subconsciously my brain was just like, "This information that I'm trans is too threatening to deal with. So I'm going to repress it." ... those feelings of dysphoria started to get repressed again." - Participant #26, Nonbinary Trans Woman, Queer Questioning, Age 29

Gender-Affirming Hormone Discontinuation and Evolving Identity

A second pathway to detransition illustrated how discontinuing hormones due to physical health, mental health, or sexual health concerns, may co-occur with shifts in gender identity/expression. After experiencing negative side effects from hormones, participants across the sex/gender spectrum felt that detransition afforded an opportunity for self-reflection and more gender expansiveness:

- "I might have to start taking testosterone to deal some of these negative symptoms [from estrogen]. And that'll have masculinizing effects... I think it was especially after the orchiectomy and I had sort of this realization that like there's no like pure detransitioning for me anymore... I viewed it as like well, "my gender is kind of like open to me. And it's something I can like take in different ways." And it doesn't have to be fixed one way or another. - Participant #17, AMAB, Genderfluid age 32

- “I think all throughout my transition, there were always times when I had doubt [about my gender and transition]... Probably about five or six years into my transition, I went through a period of time where I stopped taking testosterone. And, like at home, just at home, experiment[ed] with a more feminine expression, gender expression.” - Participant #9, AFAB, Unsure (She/Her) Queer, Age 37

Detransition frequently occurred in response to mental health concerns, with similar patterns of gender identity/expression shifts occurring. Some felt that they originally identified as TGD and sought medical transition as a way to improve their mental health. However, over time they felt their mental health declined and they felt alienated from themselves. A theme of detransitioning to inhabit a more “authentic” sense of self coalesced within these narratives and some expressed feelings of relief at the prospect of detransition.

- “When I decided to detransition... I was in therapy for the very first time in my life... So I was processing a lot of [mental-health and trauma-related] stuff I had never

- "...death with before. I understood that for me, personally, transition was me running away from my past. I have a lot of trauma." - Participant #22, AFAB, Female, Lesbian, Age 29

Over time, participants uncovered a new interpretation as to why they originally sought medical transition, such as running from, or escaping, past trauma. While AFAB participants expressed this narrative more often, some AMAB participants also reflected they thought their experience of gender dysphoria or discomfort in their body may have been related to trauma or mental health concerns. However, participants seemed to understand this in hindsight, rather than when they initially began the process of gender transition. Many reported they initially felt "euphoria" and relief for a period of time, but these feelings were ultimately replaced with a sense of unease, as explained below:

- "I don't even know—being perceived as male gave me more confidence, but it made me into a different person, so I got to escape a lot of my things that I was struggling with. It was a pretty happy time in my life,

- "...between ages 14 and 19...it deflected from—if that's the word—it blocked a lot of [emotional] progress that I could have made. It kind of just distracted me." - Participant #13, AFAB, Nonbinary, Transmasculine, Bisexual, Age 25

In this detransition sub-type, participants often discussed feeling "happy" for several years before feelings of dissatisfaction in their new gender role crystalized. Some discussed regretting medical interventions, while others felt content and satisfaction with their gender transition process.

Initiating detransition was initially approached with significant fear, apprehension, and feelings of shame for the vast majority of participants. However, many described social factors, such as greater societal awareness about gender diversity, changing jobs, or moving to a new city, as enabling them to actualize their desire to detransition. As one participant stated:

- "When I started to be more out [about being trans] and less stealth, and noticing that people didn't care as much... that was also the point where I started to really

- ...think about detransitioning... At that point I had already fully transitioned and I was working [in a male dominated industry] and you know, detransitioning would just be a big mess. But then later on just being a little bit more out [and changing careers]. You know, it kind of confirmed that maybe I could detransition and that it would be a safe thing to do." - Participant #9, AFAB, Unsure (She/Her), Queer, Age 37

AFAB participants specifically spoke about how online detrans communities shaped to some degree their detransition pathway and provided them with a new understanding of their past TGD identity/transition. Some explained that hearing detransitioned women's stories impacted how they understood themselves and exposed them to different frameworks to understand their sex, gender, and sexuality. Engaging with detrans narratives resonated and reflected back to them challenging experiences from their own lives, precisely during a time in which they were already questioning their gender transition, feeling dissatisfied in a male/masculine gender role, or dealing with chronic pain or other health issues from gender-affirming interventions.

Several participants sought out information online to explore “stopping” transition. Through this process they discovered detrans YouTube videos, online groups, and detrans message boards. While some AMAB participants discussed viewing detrans content online, none shared that this content personally resonated for them. By contrast, several AFAB participants discussed how engaging within online detrans spaces initiated a pathway to re-identifying with their birth sex:

- “When I first started thinking about it, I just wanted to go off testosterone. At first, I just thought, “I’ll keep living the way I am [a trans man], but I won’t be on T anymore.” ... I had just Googled ‘FTM stopping testosterone’ and [Reddit and YouTube videos] popped up. And then when I saw that there were women who actually detransitioned I just was like, “Wow, you can do this?”... Hearing some of the women’s stories I just was like, “Wow, I can relate a lot to this – a lot.”... Because I’m a lesbian and especially the women that are lesbians and I could just relate a lot to – and there’s a couple women that also had went through sexual abuse and they were younger... It really

- ...overwhelmed me and scared me to think about regretting it... I had joined a [detrans] Facebook group but I just... sat back and just listened to what other people have to say..." - Participant #22, AFAB, Female, Lesbian, Age 29

Gender Dysphoria, Neurodiversity and the Social Context

Detransition frequently occurred in response to mental health concerns, with patterns of gender identity/expression shifts occurring. Some felt that they originally identified as TGD and sought medical transition as a way to improve their mental health. However, over time they felt their mental health declined and they felt alienated from themselves. Some participants felt that, in hindsight, experiences of trauma, neurodivergence, or other mental health issues may have intersected with their gender dysphoria or gender identity development.

- "I don't think that all of my body discomfort really was gender-related... some of it was just related to other traumas in my life and other discomforts... I started

- ...started thinking of myself through this lens of, maybe gender dysphoria had something to do with this, maybe gender transition would relieve some of this and make my life easier. I've had at various points feelings of regret about transition, both in terms of regretting going on hormones or regretting how soon I decided to go on hormones. I think maybe I should have explored my identity a bit before I just jumped into that." - Participant #25, Nonbinary, Queer, HRT, Trans Woman, Age 25-29
- "When I was growing up, I had undiagnosed autism, which I think does relate to my gender identity... I realized that some of my feelings [that] I didn't fit in socially with other women was just because I was neurodivergent. When I detransitioned... I had some space to process some of the reasons why I thought I had to identify away from womanhood in the first place. I know it's not everyone's experience... it really bothers me that a narrative like mine is being used by the media to try to deny trans people care." - Participant #7, AFAB, Cis Woman, Lesbian, HRT, Top Surgery, Trans Man, Age 25-29

- “I wish somebody would’ve gone into the [sexual] trauma first. To really figure out what was going on, why was I feeling the way I was feeling. Because the feelings [of gender dysphoria] were real. I hated my breasts. I hated my genitals. I hated my body... what made me feel frustrated was after I had my double mastectomy... my mental health started spiralling pretty quick... I had this expectation that transition was just - everything was going to be better... and it wasn’t. I think what hurt was [my doctor] had sent me to the hospital to get an assessment done and I got diagnosed with BPD and PTSD... I was like: “Oh wow.” I was like, “Is this why I feel this way?” I didn’t understand why this stuff was getting diagnosed after and not before.”... So I was processing a lot of [mental-health and trauma-related] stuff I had never dealt with before. I understood that for me, personally, transition was me running away from my past. I have a lot of trauma. - Participant #22, AFAB, Female, Lesbian, Age 29

Re-identifying from binary to nonbinary

Discovering an unexpressed nonbinary identity years after having socially and physically transitioned as a binary trans person was a prominent theme. Many of these participants explained that they realized that a binary trans embodiment ultimately did not suit them and they wanted to express themselves more androgynously or mixed masculine/feminine. Others noted undesirable physical changes with hormonal therapy such as an older AMAB participant who felt physically weak after being on estrogen therapy for several years which he felt negatively impacted his enjoyment of physical activities. Some AFAB participants described the onset of a new form of “dysphoria” caused by testosterone—male-pattern baldness and generally appearing too physically masculine in society. This dysphoria intersected with how they experienced masculinity and aging, permeating all their social relations. In turn, they questioned their binary trans man identity, discontinued testosterone, re-identified as nonbinary and expressed their gender more androgynously or feminine.

Although at the time of interview they identified as nonbinary, many participants (AFAB and AMAB) discussed how they initially embodied a binary which evolved to nonbinary: “it’s almost like my body completely plateaued all on its own, and it was waiting for me, as a person, to catch up with my [nonbinary] identity.” (Participant #6, age 36, transmasculine nonbinary). Participants also reflected an array of factors that may have influenced their initial binary transition pathways, such as having been “swallowed up” by dominant transnormative cultural narratives and external pressure to engage in medical transition:

- “It was very much a very binary narrative and kind of got swallowed up in that... I think I just realized that some part of [medical transition] wasn't... an internal motivation, so much as an external motivation. And I put [hormones] on pause and started to detransition from trans woman and arrived at nonbinary... I wasn't on estrogen for me, I was on estrogen for other people.” - Participant #15, AMAB, Nonbinary, Queer, Age 29

- “30 years ago, I would have just been, you know, pardon the language, a nelly fag, who identified very much as a super femme gay man... But in today's political context, I feel like that caused a bit of a shift and destabilised a bit of my identity with the very binary ways that people talked and thought about trans people 10 years ago, or, I guess it was 15 years ago now... There was an initial [transition] goal of androgyny. Like I said, the external narratives of just the binary trans people I had around me... It became a bit of a fervor with that.” - Participant #15, AMAB, Nonbinary, Queer, Age 29

Reflecting the confluence of multiple factors that often motivated the decision to detransition, this participant felt that external pressure to be on estrogen and live in a binary trans woman role was part of her pathway to discontinue estrogen and re-identify as nonbinary.

Many participants' narratives also indicated medical transition being motivated by social factors, such that transnormativity and external pressure to adhere to a binary transition, which influenced the approach they took

regarding their initial transition. Others speculated that medical providers only presented binary medical transition options largely because of limited awareness of individualized, nonbinary transition options. Over time, they re-evaluated their past identities, discontinued medical treatments, and they reflected on the lasting social and embodied imprint of their binary gender transition:

- "I did not know anything about being trans other than that what the doctors, the cisgender specialists were telling me... I think if [I transitioned] in this day and age, and not 11 years ago—if [transition] wasn't presented to me in the way it was [by medical providers]... I would probably have held off on the testosterone, and I think I probably would have always explored my gender and always identified as trans. [But] I don't know if I would be this masculine if it hadn't - if I didn't alter my body [with testosterone] in a way where I can only really exist—I feel only comfortable—I'm always going to be treated as more masculine, and I was also socialized [as male] at the age of 14... I had a pretty male socialization for a long time and I don't think I can undo all of that... Every time I've detransitioned... I've gone—tried to

- ..."hyper-femininize myself—I have no idea what to do, I feel like I'm 13... I recently started retransitioning after having detransitioned for five years." (Participant #13, nonbinary, age 25).

In this way, transnormativity[KM1] and strict adherence to binary gender was shown through transition and detransition processes. Some who expressed an evolution from binary to nonbinary identity discussed feeling regret from the impact of gender-affirming medicine and challenges with detransitioning.

- "I realized that the only reason I was still taking the testosterone at that point was that it was stopping me from having periods. That's one of the only major physical dysphoria issues I have now. Like I had chest surgery. I had a mastectomy. And after that I didn't have any physical dysphoria to do with my body anymore. Except for having periods makes me feel dysphoric... And I realized that, the testosterone had been really good for me when I was young, but I didn't think it was going to continue to work with me for the kind of aging-related hormonal changes. And actually

- "...the first time I had experienced any physical dysphoria in quite a while was I realized that I was starting to have some hair loss in like kind of a male pattern baldness way." - Participant #16, AFAB, Nonbinary, Bisexual, Queer, Age 30
- "My transition was extremely, extremely binary. I took testosterone, I refused to shave my mustache when I got it, I was extremely, extremely dysphoric but in a way where I don't think it would have occurred to be that way on my own." - Participant #13, AFAB, Nonbinary, Transc masculine, Bisexual, Age 25
- "After gender confirmation surgeries, having been on hormones [cisgender] is not the right fit... I'm still queer, but I do present as male, and I'm OK with male pronouns... I might have to start taking testosterone to deal with some of these negative symptoms (from estrogen). And that'll have masculinizing effects, I think it was especially after the orchiectomy I had this realization that there's no pure detransitioning for me anymore... I viewed it as, well, "my gender is kind of open to me. And it's something I can take in different ways." - Participant #17, AMAB, Genderfluid Male, Queer, Age 32

Detransition Myth-Busting

By exploring the life experiences and perspectives of people who detransitioned/retransitioned, Re/DeTrans Canada study examined common myths about detransitioning.

Misconception

Nuance

"Everyone who stops or reverses a gender transition is 'retransitioning'."	Language is evolving. Some people prefer 'detransition', others prefer 'retransition'. Retransition can also mean resuming a gender transition after a pause.
"People who detransition are not part of the 2SLGBTQ+ community."	Many people who detransition identify as trans, nonbinary, or gender-fluid. They are often 2SLGBTQ+.
"People who detransition are transantagonistic."	Many people who detransition are trans-affirming and worry their stories will be used to hurt trans people.
"Everyone who detransitions regrets their transition."	Detransition happens with or without regret. Some regret having little support in clarifying gender embodiment desires and exploring individualized treatment options.

Discussion

It is difficult to predict how gender-affirming medical/surgical interventions will be experienced by individuals over their life course. More research is needed to examine and understand pathways to detransition. Changes in self-conceptualized identity after initiating transition does occur for some people. Detransition, if it occurs, can happen between a range of months to more than 15 years following initial transition. Detransition is often a socially, medically, and psychologically challenging process and care provider avoidance is common due to shame and fear of judgement (MacKinnon et al. 2022).

Participants who identified as nonbinary at the time of their interview comprised of over half of the sample (60%), sharing that their binary transition was externally motivated, by “societal factors” among others, resulting in gender questioning and detransition to affirm a nonbinary identity. They expressed criticism of transnormative narratives (such as an overemphasis on medical transition to affirm trans identity, or to be perceived as the “opposite” gender). Some no longer felt dysphoric, while others felt a new type of dysphoria caused by masculinizing hormones (such as male pattern baldness,

typically “male” way in society) which made them want to discontinue.

The majority of our participants described multiple gender identity shifts alongside hormone discontinuation, which is consistent with emerging evidence suggesting identity fluidity is common among TGD young people (Cohen et al., 2022; Gonzales Real et al., 2023; Strang et al., 2018). Several participants speculated that trauma and mental health-related factors intersected with their own gender dysphoria and/or pursuit of medical interventions. These narratives are consistent with results from other studies analyzing detransitioners who are predominantly AFAB ((Haarer, 2022; Littman, 2021; Pullen Sansfaçon et al., 2023; Slothouber, 2021; Vandenbussche, 2021). Nonbinary (AFAB and AMAB) participants had similar experiences, who felt their initial binary transition was mediated by a transnormative social text and had challenges detransitioning. Care providers who work with people who stop gender-affirming hormones should consider exploring the reasons for discontinuation, whether an identity shift has occurred, and how the person feels about any physical changes caused to their body.

Moving research and care practices forward

Having more longitudinal research on the topic is needed to understand identity development in sexual and gender minority populations, particularly youth populations. Cross-sectional 2SLGBTQ+ research studies could collect data on past and current identities. Studies examining mental health and well-being outcomes 5-10+ years following gender care interventions are needed 2010-onwards. The nature of detransition/retransition care services also needs to change - gender care clinicians should encourage people to return for detransition-related care and trauma informed care practices. There are currently no detransition/retransition support groups in Canada.

Recommendations

1. While dealing with patients who are interested in socially or medically transitioning, follow an informed consent model. Discuss with those who are contemplating transition that changes in identity do occur for some people and this can affect satisfaction with interventions. What might detransition look or feel like?
2. Support detransition for patients who go through that experience and explore the individualized care needs they require to successfully detransition.
3. Acknowledge that detransition is a complex and often isolating process. People sometimes lose community supports, some may feel mistrust towards the healthcare system and grief/mourning over permanent changes made to the body by gender-affirming interventions.
4. Provide information and resources that are 2SLGBTQ+ inclusive and/or peer support groups for those questioning their gender transition and/or detransition.

Limitations

The nature of our exploratory, qualitative study about detransition/retransition in Canada offers only preliminary insights into the experiences of people who have discontinued a gender transition, including some who self-label as detransitioners. More work needs to be done to develop fulsome and comprehensive knowledge about transition discontinuation/detransition.

Due to the cross-sectional, retrospective design of our study, participants recalled experiences that spanned many years, some detransitioning within the past year, with others detransitioning for several years. Prospective longitudinal research into transition is needed to understand detransition and unmet care needs. The study was not designed to examine causal associations, so our findings surrounding themes of trans-related discrimination and TGD identity repression should be interpreted with caution. The approach to gather information on neurodivergent or mental health conditions was unstructured and was largely volunteered information, or unprompted by participants who were asked as part of the demographics questionnaire if they identified as having a

disability. Many participants interpreted this question in such a way that they provided details about neurodivergent or a mental-health related disability and discussed these themes within their interviews. Finally, our typology likely does not capture the full scope of detransition pathways because the study was designed to explore only how this sample of 28 individuals in Canada experienced their transition/detransition, not to generalize to broader TGD or detrans populations. Still, our study can help to inform care providers who work with TGD people as well as detransitioning people.

Our study results are not directly generalizable or applicable to the experiences of 2SLGBTQ+ people or SGMs in other countries. Experiences of transition/detransition are heterogenous.

Definitions

We define transition as inclusive of any social, legal, and/or medical interventions to affirm a transgender/nonbinary identity. We define detransition as inclusive of any social, legal and/or medical interventions to discontinue or reverse a past gender transition, specifically associated with a change in how the individual experiences their sex or gender. We define retransition as re-initiating a transition following a temporary detransition, and we also recognize that some individuals may apply to term "retransition" as a term to describe transition discontinuation/reversal or shifting from a binary trans identity (eg. FTM) to nonbinary.

Constructivist Grounded Theory: A qualitative research methodology that seeks to understand and explore a social process where no adequate prior theory exists. CGT uses an inductive approach to generating a new theory from the data gathered through participant interviews or focus groups.

Desistance: The remission of gender dysphoria and/or ceasing to identify as transgender prior to initiating any

gender-affirming medical interventions. The term desistance dates back to older clinical research with preadolescents who were either gender non-conforming and/or who met criteria for gender dysphoria in childhood, before the dysphoria subsided in puberty. Some individuals within the detrans population self-label as “desisters” and some also consider themselves gender diverse/gender-nonconforming.

Detransition: 1. Detransition is defined as the material process of stopping or reversing a gender transition, specifically shifting away from the gender into which the individual initially transitioned. Detransition may involve social and/or medical cessation of transition to better align with an individual’s current identity. These may include name, pronoun or legal gender changes, discontinuing or switching hormones, and/or surgical reversal/reconstruction. The term discontinuation can refer to stopping the transition process for reasons unrelated to an identity change (e.g., lack of support, medical treatment side effects, or having already achieved the desired physical transition changes), whereas detransitioning can imply an evolving self-conceptualization. Those who self-

1. ...-abel as detransitioner (or detrans) may feel a sense of belonging within detrans networks. There are few formal supports available for those who are detransitioning. Currently filling this care and service void are several different online detrans peer networks on Reddit, Facebook, Youtube, and Discord where detransitioning people connect with one another and offer peer connection and support. (Re/De Trans Canada)
2. The process of discontinuing or reversing a gender transition, often in connection with a change in how the individual identifies or conceptualizes their sex or gender since initiating transition. For example, a person may have started transitioning as a trans man, initiated gender-affirming testosterone, and planned for top surgery. Several years into transition they began to question their identity, re-identified as a nonbinary lesbian, and discontinued testosterone and discarded plans for surgery

Detrans: A term claimed by some individuals with an experience of detransition. This label is often used alongside another description, such as “detrans lesbian”,

“detrans male”, or “detrans nonbinary”. Some individuals may prefer the term “detransitioner”. Detrans is a personal, self-applied label that should not be used to describe someone unless they use it themselves. Detrans should be not be conflated with “ex-trans.”

Neurodiversity: A term used to explain the unique ways people’s brains work. While everyone’s brain develops similarly, no two brains function just alike. Being neurodivergent means having a brain that works differently from the average or “neurotypical” person.

Non-Probability: A sampling technique in which the researcher selects samples based on the subjective judgment of the researcher rather than random selection. It is a less stringent method. This sampling method depends heavily on the expertise of the researchers.

Re-Identifying: A shift in how someone identifies, understands their sex, gender, sexuality, often referring to a change from one identity to another. Some people re-identify as lesbian or gay following a period of affirming a transgender identity and engaging in a gender transition.

Retransition:

1. The word retransition is sometimes used as a synonym for detransition. However, within detrans communities, retransition has a different, temporal meaning. Retransition may convey that someone is re-identifying as transgender after a period of detransitioning to their birth-assigned gender, such that if they are retransitioning, the transition has been resumed. This is also how many scholars define retransition. Within online detrans networks, some people refer to themselves as desisters having identified as transgender for a period of time (often in childhood or adolescence) ultimately re-identifying with their assigned gender. Desisters may have socially transitioned, but never initiated any medical or surgical gender care. Of note, desistance is often applied within the literature to discuss the gender journey of preadolescent children who cease to express themselves as gender-diverse, however this term may have a different meaning to people within detrans spaces. (Re/De Trans Canada)
2. A shift in how someone identifies and understands their sex, gender, or sexuality, often referring to a change

1...from one identity to another. Some people re-identify as lesbian women or gay men following a period of affirming a transgender identity and engaging in a gender transition.

Questioning: The process of questioning one's gender identity. Questioning can occur not only prior to initiating a gender transition, but following social, legal, and/or medical gender transition. Prior to detransitioning, individuals may feel regret regarding their transition and question their identity and/or decision to transition.

Transnormativity: A normative ideology that holds trans people's experiences and identities accountable to a binary, medical framework (NCBI 2023)

Typology: A system used for putting things into groups according to how they are similar. The study of how things can be divided into different types (Encyclopedia Britannica 2023)

Contact Us

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Gabriel Enxuga (he/they), MSW RSW, is a social worker in Kjiptuk (Halifax). They are a co-founder of Lambda Health, Canada's only 2SLGBTQ+ focused health cooperative, where he works as a clinical social worker.

Gabriel also works as the Program Coordinator for a 2SLGBTQ+ employment support program run through the Christie Ossington Neighborhood Centre in Tkaronto (Toronto). Gabriel has over 10 years of experience working with 2SLGBTQ+ communities as an organizer, educator, social worker, and researcher. Gabriel is passionate about imagining systems of care that are truly adapted to the needs of our communities.

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Travis Salway (he/him) is a social epidemiologist who works to understand and improve the health of Two-Spirit, lesbian, gay, bisexual, transgender, and queer (2S/LGBTQ) populations. Since 2019, Travis is an Assistant Professor in the Faculty of Health Sciences at Simon Fraser University and conducts research in affiliation with the BC Centre for Disease Control and the Centre for Gender and Sexual Health Equity.